

Penapisan Gejala Kecemasan dan Depresi pada Anak dengan Penyakit Ginjal Kronik (Kortisol sebagai Biomarker dan Kuesioner Screen for Anxiety and Related Disorders, Children Depression Inventory = Screening For Anxiety And Depression Symptoms In Children With Chronic Kidney Disease (Cortisol As A Biomarker And Screen Questionnaire For Anxiety And Related Disorders, Children Depression Inventory)

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Abstrak

Latar belakang: Anak dengan penyakit ginjal kronik (PGK) memiliki tantangan risiko gangguan cemas dan depresi yang besar karena stres fisis dan psikologis yang dialami. Kadar kortisol meningkat pada kondisi stres. Metode: Penelitian potong lintang ini melibatkan 91 anak dan remaja usia 8- 18 tahun dengan PGK di Rumah Sakit Cipto Mangunkusumo (RSCM). Gangguan psikososial melalui pengisian kuesioner screen for anxiety and related disorders dan children depression inventory. Kadar kortisol saliva diperiksa melalui pemeriksaan ELISA. Hasil: Prevalens gejala kecemasan pada stadium 1-3 sebesar 38,6% dan stadium 4-5 sebesar 40,4%. Prevalens gejala depresi pada stadium 1-3 sebesar 29,5% dan stadium 4-5 sebesar 38,3%. Median kadar kortisol pada anak dengan PGK yang mengalami gejala depresi 4,48 µg/dL tidak bermakna secara statistik dibandingkan yang tidak 3,85 µg/dL. Median kadar kortisol pada anak dengan PGK yang mengalami gejala kecemasan 4,57 µg/dL tidak bermakna secara statistik dibandingkan yang tidak 3,87 µg/dL. Median kortisol pada stadium 1-3 dan stadium 4-5 terhadap CDI tidak bermakna secara statistik. Median kortisol pada stadium 1-3 terhadap SCARED tidak bermakna secara statistik, tetapi bermakna pada stadium 4-5 dengan $p=0,034$. Kesimpulan: Kortisol saliva pada PGK stadium 4-5 terdapat perbedaan bermakna antara yang mengalami gejala kecemasan dan tidak.

.....Objective: Children with chronic kidney disease (CKD) have a higher risk of anxiety and depression due to the physical and psychological stress. Cortisol levels increase under stressful conditions. Methods: This cross-sectional study involved 91 children and adolescents aged 8-18 years with CKD at Cipto Mangunkusumo Hospital. Psychosocial disorders through filling out screen for the anxiety and related disorders and children depression inventory questionnaires. Salivary cortisol levels were checked via ELISA. Results: The prevalence of anxiety symptoms in stages 1-3 was 38.6% and stages 4-5 was 40.4%. Prevalence of depressive symptoms in stages 1-3 was 29.4% and stages 4-5 was 38.3%. Median cortisol level in children with CKD who experienced depression symptoms was 4.48 µg/dL which was not statistically significant compared to 3.85 µg/dL for those who did not and who experienced anxiety symptoms was 4.57 µg/dL which was not statistically significant compared to 3.87 µg/dL for those who did not. Median cortisol at stages 1-3 and stages 4-5 for CDI was not statistically significant. Median cortisol at stages 1-3 of SCARED was not statistically significant, but was significant at stages 4-5 with $p=0.034$. Conclusion: There is a significant difference in stage 4-5 CKD who experienced anxiety symptoms and those who did not.