

Adaptasi lintas budaya Eating Assesment Tool (EAT 10) dalam bahasa Indonesia sebagai alat skrining disfagia pada lanjut usia = Cross-Cultural adaptation of Eating Assesment Tool (EAT-10) in Indonesian language as dysphagia screening tool in the elderly

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Abstrak

Latar belakang: Disfagia merupakan salah satu tanda yang dapat menggambarkan hipofungsi oral pada lansia. Kondisi ini biasanya tidak diperhatikan dan tidak disadari oleh lanjut usia (lansia) serta keluarganya, akibatnya menyebabkan kecacatan dan kematian. Eating Assesment Tool (EAT-10) merupakan alat ukur pemeriksaan awal/skrining terhadap keluhan disfagia. Namun, alat ukur tersebut belum tersedia dalam Bahasa Indonesia. Penelitian hubungan faktor usia, jenis kelamin, pendidikan, dan jumlah penyakit sistemik terhadap disfagia pada lansia masih terbatas sehingga perlu diteliti lebih lanjut. Tujuan: Penelitian ini untuk mendapatkan EAT-10 berbahasa Indonesia (EAT-10-ID) sebagai alat skrining disfagia yang valid dan reliabel pada lansia. Selanjutnya dianalisis hubungan antara faktor sosiodemografi dan jumlah penyakit sistemik dengan disfagia serta mengetahui faktor yang paling berperan terhadap disfagia. Metode: Dilakukan adaptasi lintas budaya EAT-10 dengan metode translate-backward translate. Selanjutnya dilakukan uji validitas dan reliabilitas EAT-10-ID, dianalisis hubungan antara usia, jenis kelamin, pendidikan dan jumlah penyakit sistemik dengan disfagia serta dianalisis faktor yang paling berperan terhadap disfagia pada 121 responden laki-laki dan perempuan berusia 60 tahun yang mampu berkomunikasi secara lisan atau tulisan dengan bahasa Indonesia. Hasil: Validitas isi dan validitas muka EAT-10-ID terpenuhi dengan baik. Reliabilitas konsistensi internal baik (Cronbach's alpha=0,896) dan reliabilitas konsistensi eksternal sangat baik (ICC =0,935). Hasil uji validitas konvergen menunjukkan nilai yang baik antara EAT- 10-ID dan kualitas hidup (GOHAI) ($r = -0,449$; $p=0,000$). Selain itu, EAT-10-ID memiliki hubungan dengan 3 Oz Water Swallow Test sebagai alat ukur gejala klinis disfagia ($p=0,00$) yang berarti EAT-10-ID memiliki validitas konstruk yang baik dalam membedakan responden yang memiliki risiko dan tidak berisiko disfagia. Titik potong EAT-10-ID yang menunjukkan individu memiliki disfagia dengan skor 3 dengan nilai sensitivitas 94,7% dan spesifisitas 97,1%. Dari keempat variabel yang dianalisis, usia (OR=2,023) dan jumlah penyakit sistemik (OR=2,261) memiliki hubungan bermakna dengan disfagia ($p < 0,05$) serta merupakan faktor yang paling berperan terhadap terjadinya disfagia Kesimpulan: EAT-10-ID merupakan alat ukur yang valid dan reliabel untuk pemeriksaan awal/skrining disfagia dengan titik potong 3. Usia dan jumlah penyakit sistemik merupakan faktor yang paling berperan terhadap terjadinya disfagia.

.....Introduction: Dysphagia is one of the signs that can describe oral hypofunction in the elderly. This condition is usually not noticed nor realized by the elderly and their families, resulting in disability and death. The Eating Assessment Tool (EAT- 10) is an initial examination/screening tool for dysphagia complaints. However, this measurement tool is not yet available in the Indonesian language. Studies on the relationship between age, gender, education, and the number of systemic diseases towards dysphagia in the elderly are still limited, so further research is needed. Objective: To obtain a valid and reliable EAT-10 in the Indonesian language (EAT-10-ID) as a dysphagia screening tool in the elderly and to analyze the relationship between sociodemographic factors and the number of systemic diseases with dysphagia and find

out which factors contribute the most to dysphagia. Method: A cross-cultural adaptation of EAT-10-ID was carried out using the backward-translation method. The EAT-10-ID was given to 121 male and female respondents, aged ≥ 60 years who were able to communicate in Indonesian both orally and in writing in order to test for validity and reliability. Subsequently, the EAT-10-ID was analyzed for the relationship between age, sex, education, and the number of diseases with dysphagia. Moreover, factors that contributed the most to dysphagia were also analyzed. Results: The EAT-10-ID had achieved good content validity and face validity. Internal consistency reliability was good value (Cronbach's $\alpha=0.896$) and excellent external consistency reliability (ICC =0.935). The convergent validity test showed a good value between EAT-10-ID and quality of life (GOHAI) ($r = -0.449$; $p= 0.000$). In addition, the EAT-10-ID showed a correlation with the 3 Oz Water Swallow Test as the clinical symptom measurement tool for dysphagia ($p=0.000$), meaning that the EAT-10-ID had a good construct in distinguishing respondents whether they risk having dysphagia or not. The EAT-10-ID cut off score of 3 which indicated an individual had dysphagia, sensitivity value of 94.7% and specificity value of 97.1%. Of the four variables analyzed, age (OR=2.023) and number of systemic diseases (OR= 2,261) had a significant relationship with dysphagia ($p < 0.05$) and was the most contributing factor to dysphagia. Conclusion: The EAT-10-ID with cut off score of 3 is a valid and reliable measurement tool for the initial examination/screening of dysphagia. The age and number of systemic diseases are the factors that contribute the most to the occurrence of dysphagia.