

Hubungan Kadar Albumin saat Admisi dengan Gastrointestinal Dysfunction Score pada Pasien Sakit Kritis = Association Between Albumin Levels at Admission with Gastrointestinal Dysfunction Score in Critically Ill Patients

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Abstrak

Latar Belakang: Disfungsi saluran cerna berhubungan dengan luaran klinis yang lebih buruk pada pasien sakit kritis. Kadar albumin serum yang rendah merupakan salah satu faktor yang dapat meningkatkan risiko disfungsi saluran cerna. Hubungan kadar albumin dengan disfungsi saluran cerna masih inkonklusif karena pendekatan diagnostik disfungsi saluran cerna yang belum terstandarisasi dengan baik. Gastrointestinal dysfunction score (GIDS) instrumen dengan subjektivitas minimal dan reproduktifitas maksimal, diharapkan dapat menegakkan diagnosis disfungsi saluran cerna dengan objektivitas yang lebih baik. Penelitian ini dilakukan untuk mengetahui hubungan antara kadar albumin saat admisi dengan terjadinya disfungsi saluran cerna yang dinilai menggunakan GIDS. Metode: Penelitian ini merupakan penelitian kohort prospektif pada subjek berusia 18 tahun yang dirawat di ruang rawat intensif Rumah Sakit Umum Pusat Nasional (RSUPN) dr. Cipto Mangunkusumo dan Rumah Sakit Universitas Indonesia (RSUI). Karakteristik subjek penelitian berupa usia, jenis kelamin, status gizi, penyakit komorbid, diagnosis admisi intensive care unit (ICU), waktu inisiasi pemberian nutrisi oral atau enteral, kebiasaan mengonsumsi alkohol, dan skor sequential organ failure assessment (SOFA). Dilakukan analisis bivariat untuk menilai hubungan kadar albumin saat admisi dengan disfungsi saluran cerna. Hasil: Diperoleh 64 subjek, kelompok kadar albumin rendah 32 subjek dan kelompok kadar albumin normal 32 subjek. Rerata usia subjek $50,2 \pm 15,7$, laki-laki 64,1%, 26,6% subjek dengan status gizi berat badan normal berdasarkan indeks massa tubuh (IMT), 50% subjek dengan malnutrisi secara klinis, 21,9% subjek dengan diagnosis komorbid diabetes melitus dan 3,1% subjek dengan parkinson, 34,4 % subjek dengan diagnosis admisi bedah, 95,3% subjek mendapatkan nutrisi oral atau enteral 48 jam, median skor SOFA 3 (0-12). Rerata kadar albumin subjek dengan disfungsi saluran cerna $2,7 \pm 0,6$ g/dL, rerata kadar albumin subjek tidak disfungsi saluran cerna $3,7 \pm 0,7$ g/dL. 31,3% subjek mengalami disfungsi saluran cerna. Terdapat hubungan signifikan secara statistik antara kadar albumin saat admisi dengan disfungsi saluran cerna RR 9 (95%CI 2,3-35,6; $p < 0,001$) dan skor GIDS, $p < 0,001$. Kesimpulan: Terdapat hubungan bermakna antara kadar albumin saat admisi dengan disfungsi saluran cerna. Pemeriksaan kadar albumin saat admisi ICU idealnya dilakukan secara rutin dan diikuti dengan koreksi kadar albumin apabila ditemukan kondisi hipoalbuminemia.

.....Background: Gastrointestinal dysfunction is associated with worse clinical outcomes in critically ill patients. Low serum albumin levels are one factor that can increase the risk of gastrointestinal dysfunction. The relationship between albumin levels and gastrointestinal dysfunction is still inconclusive because the diagnostic approach to gastrointestinal dysfunction is not yet well standardized. Gastrointestinal dysfunction score (GIDS) is an instrument with minimal subjectivity and maximum reproducibility, which is expected to provide a diagnosis of gastrointestinal dysfunction with better objectivity. This research was conducted to determine the relationship between albumin levels at admission and the occurrence of gastrointestinal dysfunction as assessed using GIDS. Methods: This study is a prospective cohort study of subjects aged 18

years who were treated in the intensive care unit at RSUPN dr. Cipto Mangunkusumo and RSUI. Characteristics of research subjects included age, gender, nutritional status, comorbid diseases, ICU admission diagnosis, time of initiation of oral or enteral nutrition, alcohol consumption habits, and SOFA score. Bivariate analysis was carried out to assess the relationship between albumin levels at admission and gastrointestinal dysfunction. Results: There were 64 subjects, 32 subjects in the low albumin level group and 32 subjects in the normal albumin level group. Mean age of subjects 50.2 ± 15.7 , 64.1% male, 26.6% subjects with normal weight nutritional status based on BMI, 50% subjects with clinical malnutrition, 21.9% subjects with comorbid diagnosis of diabetes mellitus and 3.1% subjects with Parkinson's, 34.4% subjects with surgical admission diagnosis, 95.3% subjects received oral or enteral nutrition 48 hours, median SOFA score 3 (0-12). The mean albumin level of subjects with gastrointestinal dysfunction was 2.7 ± 0.6 g/dL, the mean albumin level of subjects without gastrointestinal dysfunction was 3.7 ± 0.7 g/dL. 31.3% of subjects experienced gastrointestinal dysfunction. There was a statistically significant relationship between albumin levels at admission and gastrointestinal dysfunction RR 9 (95%CI 2.3-35.6; $p < 0.001$) and GIDS score, $p < 0.001$. Conclusion: There is a significant relationship between albumin levels at admission and gastrointestinal dysfunction. Albumin levels examination during ICU admission should ideally be carried out routinely and followed by correction of albumin levels if hypoalbuminemia is found.