

Efektifitas modified mobility interaction fall chart sebagai prediktor risiko jatuh pada populasi lansia di panti wreda = The Effectiveness of modified mobility interaction fall chart as a predictor of fall risk for the elderly population in nursing homes

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Abstrak

Tesis ini disusun untuk mengetahui efektifitas alat ukur Modified Mobility Interaction Fall Chart (Modified MIF Chart), sebagai alat ukur untuk menapis risiko jatuh, khususnya pada populasi lansia di panti wreda. Desain penelitian adalah cohort prospective dengan menilai komponen performa fisik menggunakan Stop walking when talking (SWWT) dan Difference Time Up and Go (DiffTUG), komponen fungsi visual yang menilai ketajaman penglihatan dengan Snellen chart, dan komponen kognisi yang dinilai menggunakan Montreal Cognitive Assessment versi Bahasa Indonesia (MoCA-INA) pada awal studi dan ditentukan tingkat risiko jatuh. Didapatkan subjek penelitian (n=111) yang menyelesaikan Modified MIF Chart kemudian dilakukan observasi kejadian jatuh selama tiga bulan. Terdapat 12 (10,8%) kejadian jatuh dari seluruh subjek. Terdapat perbedaan bermakna ($p=0,038$) antara kelompok risiko jatuh tinggi yang mengalami kejadian jatuh sebanyak 8 (18,6%) dibandingkan 4 kejadian jatuh (5,9%) pada kelompok risiko jatuh rendah dengan AUC 0,657 (95% CI: 0,49-0,82). Didapatkan sensitifitas dan spesifisitas Modified MIF chart secara berurutan adalah 64,6% dan 66,7%. Kesimpulan penelitian ini adalah Modified MIF Chart dapat digunakan sebagai alat penapis risiko jatuh pada lansia di panti wreda, tetapi tetap perlu memperhatikan faktor-faktor risiko jatuh internal dan eksternal lain yang belum dinilai oleh Modified MIF Chart.

.....This thesis is designed to determine the effectiveness of the Modified Mobility Interaction Fall Chart (Modified MIF Chart) as a tool to screen the risk of falls, especially in the elderly population in nursing homes. The research design was a prospective cohort by assessing the physical performance components using Stop walking when talking (SWWT) and Difference Time Up and Go (DiffTUG), a visual function component that assessed visual acuity using a Snellen chart, and a cognitive component assessed using the Montreal Cognitive Assessment. Indonesian language version (MoCA-INA) at the start of the study and the level of risk of falling was determined. Obtained research subjects ($n = 111$) who completed the Modified MIF Chart then observed the fall for three months. There were 12 (10.8%) incidence of falls for all subjects. There was a significant difference ($p = 0.038$) between the high risk group who experienced falls as much as 8 (18.6%) compared to 4 falls (5.9%) in the low risk group with AUC 0.657 (95% CI: 0, 49- 0.82). The sensitivity and specificity of the Modified MIF chart are 64.6% and 66.7%, respectively. The conclusion of this study is that the Modified MIF Chart can be used as a means of screening for the risk of falls in the elderly in nursing homes, but still needs to consider other internal and external risk factors that have not been assessed by the Modified MIF Chart.