

Dinamika perubahan indeks masa tubuh dan tekanan darah pada wanita pasca menopause di kota Bogor, tahun 2011-2014

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Abstrak

ABSTRAK

Disertasi ini menilai dinamika perubahan IMT dan tekanan darah pada wanita pasca menopause di Kota Bogor, dengan desain studi longitudinal dan kualitatif. Analisis data panel dilakukan pada data sekunder dari "Studi Kohor Faktor Risiko Penyakit Tidak Menular"; dengan follow up 2. Hasil penelitian pada wanita pasca menopause antara lain prevalensi hipertensi 66,1 dan insiden rate 5 kasus per 100 orang-tahun. Model fixed effect menemukan hubungan bermakna antara perubahan IMT dengan perubahan sistolik dan diastolik. Dinamika IMT dengan sistolik dengan R^2 within 2. Setelah disesuaikan dengan tingkat aktifitas fisik, peningkatan 1 kg berat badan pada normotensi telah meningkatkan tekanan darah sistolik 1,5 mmHg dan diastolik 0,9 mmHg, pada hipertensi terkontrol sistolik 2,7 mmHg dan diastolik 1,3 mmHg, pada hipertensi tidak terkontrol sistolik 3,7 mmHg dan diastolik 1,3 mmHg. Setelah disesuaikan dengan derajat merokok, penurunan dinamika IMT 1 telah menurunkan sistolik sekitar 2-3 mmHg dibandingkan IMT stabil. Trigliserida berpotensi menjadi marker lipid baru, sedangkan faktor psikososial dan merokok berkontribusi pada pengendalian hipertensi.

ABSTRACT

This study aims at evaluating the dynamics of change in BMI and blood pressure of postmenopausal women in Bogor by using both longitudinal data and qualitative study. Analyzing the 2 years follow up panel data of A Cohort Study of Non Communicable Diseases "Risk Factors", this study showed that the prevalence of hypertension in postmenopausal women is 66.1, while the incidence rate reaches 5 cases per 100 person years. The fixed effect estimations confirmed that changes in systolic and diastolic pressure would follow changes in BMI. Moreover, after controlling with a physical activity, this study still found that there is strong correlation between dynamics of BMI and systolic pressure, Normotensive patients experienced 1 kg of weight gain will increase their systolic pressure by 1.5 mmHg, their diastolic pressure by 0.9 mmHg. Furthermore, patients with under controlled hypertension who are experienced 1 kg of weight gain will increase their systolic pressure by 2.7 mmHg, diastolic pressure by 1.3 mmHg. In contrast, patients with uncontrolled hypertension would have higher systolic pressure 3.7 mmHg and diastolic pressure around 1.3 mmHg. By controlling smoking activity, 1 reduction in dynamic BMI would lower a systolic pressure as much as 2-3 mmHg compared to a stabilized BMI. Other findings of this study are that triglyceride serves a potential of new lipid marker, while psychosocial factors and smoking behavior could contribute to controlled hypertension.