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Subhati, Dewi Janani

Deskripsi Lengkap: <https://lib.fkm.ui.ac.id/detail.jsp?id=138332&lokasi=lokal>

Abstrak

<div style="text-align: justify;">Penelitian mencakup aspek hipertensi sudah umum dilakukan, tetapi, penelitian yang berfokus pada kejadian hipertensi tidak terkontrol, yaitu tidak tercapainya target tekanan darah (<140/90 mmHg) sesuai protokol hipertensi baik mono terapi atau terapi kombinasi serta penelitian mengenai faktor risikonya masih terbatas. Oleh karena itu, penelitian ini bertujuan untuk mengidentifikasi faktor risiko hipertensi tidak terkontrol pada pengguna obat antihipertensi usia ≥18 tahun di Indonesia dengan pendekatan teori HL.Blum yang terdiri dari faktor risiko yang tidak dapat diubah, lingkungan, gaya hidup, dan pelayanan kesehatan. Penelitian berdesain studi cross-sectional dengan model analisis regresi logistik. Sebanyak 4.143 responden studi memiliki karakteristik berikut: rata-rata usia 57 tahun (SD = ±11,33), berjenis kelamin perempuan (72,3%), mayoritas tinggal di perkotaan (63,8%), dan berpendidikan menengah (41,5%). Hasil penelitian ini menunjukkan prevalensi hipertensi tidak terkontrol sebesar 80,6%. Model regresi logistik memperlihatkan kondisi kebiasaan konsumsi natrium (faktor risiko gaya hidup) dengan frekuensi jarang (aOR: 2,445; 95% CI 1,225 – 4,884) dan sering (aOR: 2,051;

95% CI 1,059 – 3,970), tingkat pendidikan (faktor risiko lingkungan) responden yang tidak bersekolah (aOR: 2,053; 95% CI 1,479 – 2,848) dan pendidikan dasar (aOR: 1,956; 95% CI 1,495 – 2,559), tidak patuh minum obat antihipertensi (faktor risiko pelayanan kesehatan) (aOR: 1,502; 95% CI 1,161 – 1,942), tidak memiliki asuransi kesehatan (faktor risiko pelayanan kesehatan), (aOR: 1,407; 95% CI 1,068 – 1,854), IMT yang lebih tinggi (faktor risiko gaya hidup), (aOR: 1,022; 95% CI 1,004 – 1,03) berasosiasi dengan outcome penelitian kami. Selain itu, usia (faktor risiko yang tidak dapat diubah) (aOR: 0,990; 95% CI 0,983 – 0,998), tempat tinggal di perkotaan (faktor risiko lingkungan) (aOR: 0,764; 95% CI 0,639 – 0,913), memiliki komorbiditas (faktor risiko gaya hidup), (aOR: 0,709; 95% CI 0,567 – 0,874), dan mantan perokok (faktor risiko gaya hidup), (aOR: 0,609; 95% CI 0,422 – 0,857) menunjukkan hubungan protektif dengan hipertensi tidak terkontrol. Tingginya kejadian hipertensi tidak terkontrol dan faktor determinannya, terutama yang bersifat modifiable sebaiknya menjadi pertimbangan kementerian kesehatan dalam merumuskan program pencegahan dan penanggulangan penyakit tidak menular di Indonesia.

Study on various aspects of hypertension is common, yet, studies that specifically focus on the incidence of uncontrolled hypertension – defined as the failure to achieve the target blood pressure (<140/90 mmHg) according to hypertension protocols, whether through monotherapy or combination therapy– and research on its risk factors remain limited. This study aims to identify risk factors of uncontrolled hypertension among antihypertensive drug users aged >=18 years in Indonesia using HL. Blum theoretical framework, which consists of unmodifiable risk factors, environment, lifestyle, and healthcare services. This study used a cross-sectional study design with logistic regression analysis. Our 4,143 respondents had the following characteristics: an average age of 57 years (SD = ±11.33), a higher proportion of females (72.3%), lived in urban areas (63.8%), and had a secondary education (41.5%). The results of this study showed the prevalence of uncontrolled hypertension was 80.6%. Logistic regression model shows sodium consumption habits (lifestyle risk factor), infrequent (aOR: 2.445; 95% CI 1.225 – 4.884) and frequent (aOR: 2.051; 95% CI 1.059 – 3.970), education level (environmental risk factor) of respondents with no formal education (aOR: 2.053; 95% CI 1.479 – 2.848) and only primary education (aOR: 1.956; 95% CI 1.495 – 2.559), nonadherence to antihypertensive medication (healthcare risk factor) (aOR: 1.502; 95% CI 1.161 – 1.942), no health insurance (healthcare risk factor), (aOR: 1.407; 95% CI 1.068 – 1.854), a higher BMI (lifestyle risk factor), (aOR: 1.022; 95% CI 1.004 – 1.03) was associated with our study outcome. In addition, increasing age (non-modifiable risk factor) (aOR: 0.990; 95% CI 0.983 – 0.998), living in urban areas (environmental risk factor) (aOR: 0.764; 95% CI 0.639 – 0.913), having comorbidities (lifestyle risk factor), (aOR: 0.709; 95% CI 0.567 – 0.874), and being a former smoker (lifestyle risk factor), (aOR: 0.609; 95% CI 0.422 – 0.857) showed a protective association with uncontrolled hypertension. The high prevalence of uncontrolled hypertension and its determinants, especially those that are modifiable, should be taken into consideration by the Ministry of Health when formulating programs for the prevention and control of non-communicable diseases in Indonesia.