Faktor-faktor yang berpengaruh terhadap survival kelanjutan berobat penderita tuberkulosis di wilayah Sudin Kesmas Kota Jakarta Timur tahun 2005-2006

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Abstrak

<p>Pengobatan yang tidak tuntas menyebabkah penyakit tidak akan sembuh, Masalah putus berohar tubedrulosis adalah suatu yang universal, pengobatan tuberkulosis relatif panjang, jika dibandingkan dengan penyakit infeksi lain. Penderila tubedrulosis bila tidak diobati dengan baik akan menyebabkan terjadinya kekebalan pada kesehatan dan dapat menularkan penyak.it pada orang lain. Desain penelilian: Desain penelitian Kohort Retprospektif. Sampel sebanyak 652 orang pasien tuberkolosis yang Ielah menyelesaikan pengobatan tahun 2005 sd. 2006 di wilayah Suku Dinas Kesebatan Masyarakat Kota Jakarta timur. Sampel yang didapatkan 652 ornng dengan menggunakan random sampling yeng didapat dari kelompek tipe penderita baik penderita hero maupun penderita lama. Hasil dan Diskusi: Ditemukan penderita tuberkulosis yang pernah berobat selama tahun 2005-2006 sebesar 24 orang (3,1!6%). Probabilitas kesehatan berobat pasien tuberkolosis adalah sebesar 99,69"/o (hari ke II), 99,38% {hari ke 60), 97,01 {hari ke 90), 96,19% {hari ke 190) dan 96,19% (hari ke 249). Pada analisis Cox regression PMO dan Yankes metupalam varibel indepent pada penderita tuberlrulosis yang PMO bemsal dari non keluarga memiliki resiko pntus berobat 11,75 kali lebih besar dibandingken pasien tubekolosis yang PMOnya hemsa1 dari keluarga (HR :ll,754 95% CI:3,'177-34,737). Demikian juga pasien tuberkulosis pada Runtah Sakit memHiki resiko putus herobat 2,4 kali lebih tinggi dihandingkan pasien tuberkolosis yang di Puskesmas (2,369 95% Cl : 1,011-5,547). Kesimpulan dan saran: Faktor-fuktor yang berpengaruh terhadap survival kelanjutan berobat penderita tuberkulosis adalah Pengawas Minum Obat (PMO) dan Yankes dengan keseluruhan probabilitas survival kelanjutan berobat penderita tuberkulusis adalah 99,38% {hari ke 60 bari}, 97,01% (bari ke 90) dangan median probabilltas kesintasan oads hari ke 191· hari.</p><hr /><p>Treatment for T8 patients who are not complete will affect the disease will not recover.TB treatment not come to compliance is a universal and this condition base on TB drugs intake is needed few months (6 - 9 months), when to be comprised by other infectious diseases. The happening of impenetrability at germ (germ resistance) and can be contagious of disease at others, and it was affected by TB patients were not received a good case management including drugs management. Research Design: Designing of research was Retrospective cohort Sampling was amounting 652 TB patients who have been done on treatment compliance by the year 2005 10 2006 at East Jakarta Health Region of Health Community of Sub Services. Number of sampling 652 people by using sampling random that getting from new case detection (new TB patients), and also old case detection (old TB patients). Result and Discussion: Found by patient of tuberculosis broken medicines during year 2005-2006 equal to 24 people (3,86%). Probability survival of continuation medicines patient of tuberculosis is equal10 99,69% (day to 11), 97,38% (day10 60), 97,01(day 10 90),96,19% (day10 190) and 96,19% (day 10 249). At analysis of Cox PMO regression and of health services represent indepent variable at patient of tuberculosis which is PMO come from non family have broken risk medicines 11,75 bigger limes compared 10 patient of tuberculosis which its this come from family (HR:11,754 95% Cl: 3,977-34,737). And so do 10 patient of tuberculosis at Hospital have broken risk medicines 2,4 higher times compared to patient of

tuberculosis which in Health Center (2,369 95% Cl: 1,011-5,547). Conclusion and Suggestions: Factors having an effect on to survival of continuation treatment of tuberculosis patients was supervisor of drugs intake (PMO) and Health Services with overall of probability survival of continuation treatment of tuberculosis patients was 99,38% (day to 60 day), 97,01% (day to 90) with probability median survival on 191 days after drugs intake. It will be suggersted that should be taken step for increasing quality of Health Services in strategy of DOTS which are: diagnoses, counceling (health education) to the TB patients and Supervisor of Drugs Intake (PMO).</p>