

BAB 6

SIMPULAN DAN SARAN

6.1 Simpulan

Profil pasien OSA di RS PHC Surabaya tahun 2013 adalah sebagai berikut.

6.1.1 Sosiodemografi

Paling banyak pasien OSA berumur 51-60 tahun (31%) dan jenis kelamin terbanyak adalah laki-laki (84%).

6.1.2 Faktor Risiko OSA

IMT pasien OSA terbanyak ada dalam kategori obesitas (IMT \geq 30) dan pre-obes (IMT 25,0-29,9) yaitu 36%.

6.1.3 Manifestasi Klinis

Mendengkur dialami oleh semua pasien (100%), *excessive daytime sleepiness* dialami 84% pasien dan yang mengalami apnea saat tidur 76%.

6.1.4 Co-morbid

Pasien OSA yang memiliki co-morbid hipertensi sebanyak 31% dan yang memiliki co-morbid DM tipe 2 sebanyak 15%.

6.1.5 Indikator Derajat Keparahan

Pasien OSA paling banyak di kelompok AHI yang berat (39%). Pasien OSA saat tidur yang mengalami saturasi $O_2 \leq 94\%$ lebih sedikit dibandingkan yang mengalami $> 94\%$. Tabulasi silang umur menurut AHI

didapatkan umur 51-60 tahun paling banyak yang mengalami AHI berat. Tabulasi silang IMT menurut AHI didapatkan semakin tinggi IMT cenderung semakin besar AHInya. Tabulasi silang saturasi O₂ menurut AHI didapatkan pasien paling banyak pada AHI berat dengan saturasi O₂≤ 94%.

6.2 Saran

6.2.1 Bagi Pendidikan Kedokteran

Bagi mahasiswa kedokteran yang masih menempuh pendidikan strata-1, diharapkan dapat mempelajari dengan lebih baik tentang gejala, faktor risiko, indikator derajat keparahan, dan ko-morbid OSA. Pemberian informasi dan edukasi yang lebih optimal lagi pada masyarakat.

6.2.2 Bagi Rumah Sakit

Pemberian edukasi atau penyuluhan kesehatan dapat dijadikan program rutin bagi rumah sakit baik di poli THT maupun di ruang perawatan, jika perlu dilakukan pada masyarakat awam. Perlu dilengkapi media promosi kesehatan agar penyuluhan yang dilakukan mudah dipahami. Media yang bisa digunakan seperti brosur, memasang spanduk dan poster-poster terkait dengan gejala, pencegahan dan ko-morbid OSA.

6.2.3 Bagi Penelitian

Sebagai dasar untuk penelitian selanjutnya, dapat ditingkatkan menjadi penelitian analitik, baik tentang faktor-faktor risiko OSA, hubungan mendengkur atau saturasi oksigen terhadap faktor-faktor tersebut

atau dengan AHI. Sampel dapat ditingkatkan lebih banyak dan waktu yang lebih panjang.

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