



Relationship Between Standard Of Living And Quality Of Life In Patients With Parkinson's Disease, Department Of Neurology, Malang Hospital, Muhammadiyah University

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ABSTRACT

Parkinson's disease is the second most common chronic exacerbation of neurodegenerative diseases after Alzheimer's disease. Various studies have been conducted on the factors that affect the quality of life of people with Parkinson's disease. Meanwhile, studies on the quality of life of Parkinson's patients in Indonesia are still scarce. Researchers are recommended to monitor the relationship between disease stage and quality of life in patients with Parkinson's disease and significantly improve neurological comprehensive outpatient care at Muhammadiyah University Malang Hospital (UMM Hospital). This study used a randomized controlled trial design. From February to March, thirty-seven patients who met the selection criteria were selected using a random sampling method. Post-hoc analysis showed that 13 respondents (35.1%) had a moderate quality of life, 12 respondents (32.4%) had a good quality of life, and one respondent (2.7%) had a moderate quality of life. Meanwhile, 8 participants (21.6%) were in the intermediate stage, 7 participants (18.9%) had a good quality of life, and 1 (2.7%) had a moderate quality of life. The significance value of the Chi-Square test and Kruskal Wallis surrogate test was 0.014 ($\alpha < 0.05$). This study showed that Spearman's scale between disease stage and quality of life in patients with Parkinson's disease in the Neurology Clinic of UMM Hospital was 0.485 with a significant number (score) of 0.002. ($0.002 < 0.05$). In other words, there is a significant relationship between stage and quality of life in patients with Parkinson's disease and the relationship between disease stage and quality of life in patients with Parkinson's disease at the UMM Hospital was large, strong.

Keywords : Parkinson's, Neurology, Alzheimer's.

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INTRODUCTION

Parkinson's disease is the second most common chronic exacerbation of neurodegenerative diseases after Alzheimer's disease (Bahrudin, 2017). Indonesia ranks 12th in the world and 5th in Asia in the total number of deaths from Parkinson's disease, which killed 1,100 people in 2002

(Noviani, 2010). The main clinical symptoms of Parkinson's disease are slow movements (kinesia), tremors, stiffness, and postural instability (Fahn, 2013). motor and neuropsychiatric symptoms should be classified according to the severity of the symptoms at a given stage to determine the severity of the disease. Clinical steps based on Hoehn and Yahr (1967) were used. Differences in the severity of Parkinson's disease certainly affect the quality of life of Parkinson's disease. This concept is comprehensive and influenced by many factors, such as physical and mental health and social and environmental relations (Kurniawan, 2018).

Various studies have been conducted on the factors that affect the quality of life of people with Parkinson's disease. Meanwhile, studies on the quality of life of Parkinson's patients in Indonesia are still scarce. Because ethnic and environmental factors are confusing variables that can significantly impact, differences in location and population can lead to different outcomes. Based on the above description, researchers are recommended to monitor the relationship between disease stage and quality of life in patients with Parkinson's disease and significantly improve neurological comprehensive outpatient care at Muhammadiyah University Malang Hospital. Parkinson's disease. Medical services for sick patients.

METHODS

This study used a randomized controlled trial design. From February to March, thirty-seven patients who met the selection criteria were selected from the Neuropolyclinic at Muhammad Yamaran University Hospital for Parkinson's disease using a random sampling method. Quality of life PD for several months. Researchers asked various questions in the form of a questionnaire and investigated the answers. Respondents chose only one, and the chicken and straw balance determined the severity of the patient's condition. Researchers' data and surveys were analyzed using Product and Service Statistics Solutions (SPSS). The Variable Analysis Hypothesis Test used Spearman's classification for the categorical correlation test to determine the relationship between process and quality of life. The results of Spearman's test are used to assess the direction and strength of the relationship and its importance.

RESULTS AND DISCUSSION

Table 1. Data on Gender of Patients with Parkinson's Disease

Variable		Frequency	Percentage (%)
Gender	Male	20	54.1%
	Female	17	45.9%
		37	100%

Twenty respondents (54.1%) and 17 males (45.9%), based on a study of 37 patients with Parkinson's disease at the Neurological Clinic of the University of Muhammadiyah Malang. This is due to the close relationship between sex and the amount of gray matter that regulates body movements and processes emotions. In men, function deteriorates faster than in women, and the subcortical structures of the brain deteriorate. In addition, the size distribution and changes in subcortical structures are often the same as in many neuropsychiatric diseases and Parkinson's disease (Kirali, 2015).

The results of this study are consistent with previous research by Moisan (2016). The survey results showed that the number of males was more than females, with 62 males and 58 females. The analysis found that Age affects incidence, especially in men and women, and increases gradually. The age ratios for this study were 1.34 (40-59 years), 1.46 (60-79 years), and 1.93 (>80 years). Previous studies have also reported that Parkinson's disease is 1.5 times more common in men than women (Wooten, 2014).

Table 2. Data on Age of Patients with Parkinson's Disease

Variable	Frequency	Percentage (%)
Early Elderly Age (46-55 years old)	3	8.10%
Late Elderly (56-65th)	34	91.9%
	37	100%

When categorizing food, three respondents (8.1%) belonged to young Age (46-55 years) and 34 (91.9%) to late Age (56-65 years). Here is the following data from the World Health Organization (WHO), Parkinson's disease in Asia occurs between the ages of 60 and 69 and is rarely detected within 50. Perdusi (2010) states that the prevalence of Parkinson's disease is mainly between the ages of 40 and 70, with an average age of 58 to 62 years. It is also the basis for determining whether respondents meet the study inclusion criteria.

The results of this study are consistent with previous work by Pagano (2016) analyzing elderly responders with severe motor and non-dyskinetic phenotypes, more significant dopaminergic impairment in DaTSCAN, CSF synuclein, and total tau. The most common movement disorders have two or three symptoms (slow movement, trembling at rest, and stiffness). In the age group <50 years, 21 participants had two motor symptoms, 34 had three motor symptoms, 43 participants aged 50-59 years had two motor symptoms, 52 respondents had three motor symptoms, and 60 respondents aged 60-69 years. They had two motor symptoms, and 80 subjects had three motor symptoms (Pagano, 2016).

Table 3. Results of Disease Between Quality of Life for Patients with Parkinson's Disease

Variable	Quality of Life						Sig. (2-tailed)	
	Good		Middle		Bad		Total	
Stadium	n	%	n	%	n	%	n	%
Considered	12	32,4%	1	2,7%	0	0%	13	35,1%

Middle	7	18,9%	1	2,7%	0	0%	8	21,6%
advanced	7	18,9%	8	21,6%	1	2,7%	16	43,2%
Total	26	70,3%	10	27%	1	2,7%	37	100%

Post-hoc analysis showed that 13 respondents (35.1%) had a moderate quality of life, 12 respondents (32.4%) had a good quality of life, and one respondent (2.7%) had a moderate quality of life. Meanwhile, 8 participants (21.6%) were in the intermediate stage, 7 participants (18.9%) had a good quality of life, and 1 (2.7%) had a moderate quality of life. Another 16 respondents (43.2%) experienced an acute phase, 7 participants (18.9%) had a good quality of life, 8 participants (21.6%) had a moderate quality of life, and 1 participant (2.7%) had a moderate quality of life Difference from life. The significance value of the Chi-Square test and Kruskal Wallis surrogate test was 0.014 ($\alpha < 0.05$), so from these results, it can be said that there is a significant relationship between stage and quality of life in patients with Parkinson's disease in neurology polyclinics. Muhammadiyah Malang University Hospital.

About 90% of respondents had a good quality of life in the mild and moderate stages. According to the interviews, this is because most respondents are still able to carry out their daily activities independently. After all, their physical condition does not make much of a difference in Parkinson's disease. The acute phase is also dominated by a good to moderate quality of life emotionally and socially.

This is consistent with Asih (2017) research that quality of life can be influenced by multiple factors such as attitude, family support, knowledge, and lifestyle. Attitudes, i.e., individuals who positively view problems, can positively affect themselves, and individuals who negatively view problems can also hurt themselves. Family support refers to how the family understands and provides a sense of security and comfort for the patient being treated for Parkinson's disease. While a lifestyle implements an individual's lifestyle, one of them is related to the lifestyle associated with a healthy lifestyle (Asih, 2017).

Table 4. Results of Correlation Analysis Between Disease Stage and Quality of Life for Patients with Parkinson's Disease

Variable	Correlation Coefficient	Sig. (2-tailed)
Stadium	0.485	0.002
Quality of Life		

This study showed that Spearman's scale between disease stage and quality of life in patients with Parkinson's disease in the Neurology Clinic of Muhammadiyah Malang Hospital was 0.485 with a significant number (score) of 0.002. ($0.002 < 0.05$). In other words, the relationship between disease stage and quality of life in patients with Parkinson's disease at the Neurology Clinic of Muhammadiyah Malang Hospital was large, strong, and unidirectional.

The results of this study are consistent with previous studies, such as that by Chilitonga (2007). In the association between disease stage and quality of life, the mean PDQ score for mild stage (30.7) and moderate to the severe stage (50.5) was nonpaired = 0.015. This indicates that patients with more severe stages of Parkinson's disease will have a lower quality of life than patients with milder stages on the Hoehn and Yahr scale.

This is also in line with Renata's research (2017), the response of Parkinson's patients, knowing that they have an incurable, progressive disease, will become physically, emotionally, and financially dependent, leaving them with quality-of-life problems and influenced by a variety of factors including factors Mental. Factors affecting the quality of life in patients with Parkinson's have been studied in the United Kingdom (Chrag, 2012) and Norway (Carlsen, 2010). From the above research findings, disease stage, cognitive impairment, and depression are associated with Parkinson's disease quality of life.

CONCLUSION

There is a relationship between disease stage and quality of life in patients with Parkinson's disease at the Neurology Polyclinic, University of Muhammadiyah Malang Hospital.

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