Analyse The Factor Influencing Relapsing Level at Patient Stroke in Space of Poly Nerve Gambiran Regional Hospital of Town Kediri

Eka Lutfiatus Solehah[*1]**, Novita Ana Anggraini**[2]**, Rahmania Ambarika**[3]

[1,2,3]STIKes Surya Mitra Husada
[*]**Corresponding author:** ekalutfiatus@gmail.com

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ABSTRACT

Relapsing Stroke in causing several factors among other things pattern of eating, being less athletic and patterned thinking which is not controlled, resulting in increased blood pressure, and oxygen supply in the brain is not maximal, and generates the impact of like sluggishness, communications trouble, and awareness degradation. This research target is knowing the pattern influence of eating, stress, compliance of athletic regimen therapy and activity to the occurrence of relapse level at patient of stroke of space of poly of nerve of RSUD Gambiran of Town Kediri. This research design is analytic of correlational with the approach of cross sectional. Population as many as 280 people, and sample as many as 30 respondents taken by technique is purposive sampling. The instrument used represents the questionnaire as many 58 consisting of the eating pattern, stress, compliance of therapeutic regimen, and athletic activity. This research on March, 2015. Results of analysis show there is pattern influence eating the p-value = 0.001, there is no influence of stress p-value = 0.214, compliance of therapeutic regimen p-value = 0.936 and athletic activity of p-value = 0.368 to relapse level in patients stroke in space of poly of nerve of RSUD Gambiran of Town Kediri. Pattern eating to influence the cardiovascular condition till cause the attack of stroke. Relapsing Stroke influenced by eating under the way food, because that matter is more dominant for relapsing stroke, suggested by the respondent of a lot of searching information and motivating one of them is by applying routine control and healthy eating patterns.

I. Introduction

Stroke can cause major problems faced almost all over the world, both in developed and developing countries. Acute stroke attacks cause high rates of physical and mental disability as well as high rates of sudden death in productive and elderly ages. It is estimated that one in three people will experience a stroke and one in seven people will die from a stroke (Dianloka, 2009).

Stroke recurrence can be caused by several triggers, namely unhealthy lifestyle, often eating fatty foods, lack of exercise and unable to control thought patterns resulting in increased blood pressure and causing the oxygen supply to the brain to not be optimal. The first stroke attack will result in a recurrence, and if recurrences occur frequently, it will result in impacts that result in paralysis or an increased risk of death and a lower life expectancy (Sylvia, 2011).

According to WHO (2008), it shows that more than 60% of stroke sufferers in the world are in developing countries. The increase in stroke incidence in several Southeast Asian countries (China, India, and Indonesia) is due to the influence of changing lifestyles, pollution, and changes in diet. Data shows that every year stroke attacks around 15 million people worldwide. In the United States, more than 5 million people have experienced a stroke, while in the UK there are 250,000 people living with disabilities due to stroke. Based on the 2013 Health Worker Diagnosis, the prevalence of stroke in Indonesia is 7.0 per mil and based on symptoms it is 12.1 per mil. Of that number, around 25% of them died, while others experienced mild or severe disabilities, the number of stroke incidents

in Indonesia in 2010 was 523 thousand, with a death rate during the acute phase of 25%. The incidence of stroke is quite high, it is estimated that 25% of people who recover from the first stroke will have a recurrent stroke within 5 years with the number of people experiencing recurrent strokes of approximately 200 people (Basic Health Research, 2013).

Stroke does not only occur in the elderly, but can also attack productive age. Stroke risk factors occur due to two things, the first is uncontrolled factors and the second is controlled factors. Controlled factors are usually diseases and other disorders that have already nested in the body of stroke sufferers. Among others, hypertension, smoking, obesity, high fat levels, heart disease, atherosclerosis, diabetes mellitus, polycythemia, hyperlipidemia, high red blood cells, blood vessel disorders, heart disease, hardening of the arteries, and abnormal heart rhythms. While uncontrolled risks include ethnicity (Negro/Spanish), age, genetics, gender and drug abuse. Without behavioral changes, it is likely that stroke sufferers will experience repeated strokes.

II.   Methods

The design of this study is correlational analytic with a cross-sectional approach. The population was 280 people, and the sample was 30 respondents taken using purposive sampling technique. The instrument used was a list of 58 questions consisting of diet, stress, therapeutic regimen compliance, and sports activities.Pedata processing is done by means ofEditing, Coding, Scoring,and Tabulating. The next process is data analysis. Data analysis is done using logistic regression test.

III.   Results and Discussion

1. Subject Characteristics

The characteristics of the subjects in this study include age, gender, occupation, duration of stroke, type of stroke and frequency of hospitalization, diet, stress level, compliance, exercise and recurrent stroke. The description of the variable characteristics is as in table 1.

Table 1. Characteristics of the subjects in this study include age, gender, occupation, duration of stroke, type of stroke and frequency of hospitalization, diet, stress level, compliance, exercise and recurrent stroke.

No	Characteristics	ΣN	Σ %
1	**Age (yrs)**		
	30-40	5	16
	41-50	3	10
	51-60	14	45
	>60	8	29
2.	**Gender**		
	Man	18	60
	Woman	12	40
3	**Work**		
	Farmer	12	42
	civil servant	1	3
	Private	14	45
	Self-employed	3	10
4	**Stroke duration**		

	<1 year	6	19
	1-5 years	21	71
	>5 years	3	10
5	**Types of stroke**		
	Infarction	21	70
	Bleeding	8	30
6	**Inpatient**		
	1 time	6	19
	2-3 times	21	71
	>3 times	3	10
7	**Dietary habit**		
	Good	3	10
	Enough	11	36.7
	Not enough	16	53.3
8	**Stress levels**		
	Light	11	36.7
	Currently	17	56.7
	Heavy	2	6.7
9	**Compliance**		
	Obedient	9	30
	Not obey	21	70
10	**Sport**		
	Routine	7	23.3
	Not routine	23	76.7
11	**Recurrent stroke**		
	Yes	17	55.2
	No	13	44.8
	Total	30	100

Source: Results of data analysis, 2015.

Based on table 1, it is known that almost half of the respondents aged 51-60 years are 14 respondents (45%). Most of the relapses are male, namely 18 respondents (60%). respondents work as private employees, namely 14 respondents (45%). Respondents who have suffered a stroke for 1-5

years are 22 respondents (71%). Respondents who have experienced an Infarction stroke are 21 respondents (70%). most 2-3 times are 22 respondents (71%).

2. Statistical Test Results

The Relationship Between Diet, Stress, Therapeutic Regimen Compliance and Sports Activities to the Recurrence Rate in Stroke Patients in the Neurology Polyclinic, Gambiran Hospital, Kediri City.

	B	S.E.	Wald	df	Sig	Exp(B)
Dietary habit	3.401	1.197	8,071	1	.004	30,000
Stress	.536	3.061E4	.000	1	1,000	1,709
Therapeutic Regimen Compliance	.076	.825	.008	1	.927	1,079
Sports Activities	.829	.935	.787	1	.375	2.292

Based on the results of the analysis in table 4.6, it is known that the factor with the highest B value is diet (3.401), meaning that the diet factor is the most dominant factor in the occurrence of recurrence rates in stroke patients.

3. Identifying Eating Patterns in Stroke Patients in the Neurology Polyclinic, Gambiran Hospital, Kediri City.

Almost all respondents have a good consumption pattern and do not experience recurrent stroke attacks, namely 3 respondents (10.0%) and respondents who have sufficient diets are 11 respondents (36.7%). While respondents who experience poor diets and experience recurrent strokes are 12 respondents (40.0%), 4 respondents (13.3%) do not experience recurrent strokes.

Healthy eating to a certain extent can help control high blood pressure and reduce the risk of cardiovascular disease. In a survey conducted, it was found that more than half of the population with high blood pressure were overweight or had increased cholesterol levels. The combination of high blood pressure and risk factors greatly increases the development of cardiovascular disease that triggers stroke (Junaidi, 2004).

The results of the study showed that 45% of respondents were aged 51-60 years. At this age, respondents are usually at the peak of their prosperity, which can cause respondents to consume foods that are said to be expensive excessively, which can lead to health problems. In terms of gender, men (60%) and women (40%). So there is a tendency for respondents not to think too much about food diets, so they often do not pay attention to their food consumption patterns. Based on their occupation, most respondents are private workers (45%), as private workers, respondents tend to have a better level of welfare and encourage not to limit their diet.

4. Identifying Stress in Stroke Patients in the Neurology Polyclinic, Gambiran Hospital, Kediri City.

Almost half of the respondents experienced moderate stress and did not experience recurrent stroke attacks, namely 11 respondents (56.7%). 6 respondents experienced moderate stress and experienced recurrent strokes. While respondents who experienced mild stress and experienced recurrent strokes were 5 respondents (16.7%), and those who did not experience recurrent strokes were 6 respondents (20.0%). While 2 respondents experienced severe stress, namely 2 respondents (6.7%).

The results of the study showed that 45% of respondents were aged 51-60 years. So there is a tendency for respondents to experience mild emotions. In terms of gender, respondents are male (60%) and female (40%). Based on work, most respondents are private workers (45%), as private workers there is a tendency for high stress levels with a low economic burden.

5. Identifying Therapeutic Regimen Compliance in Stroke Patients in the Neurology Polyclinic, Gambiran Hospital, Kediri City.

Almost half of the respondents were not compliant and did not experience recurrent stroke attacks, namely 12 respondents (40.0%), 9 respondents were not compliant and experienced recurrent stroke attacks. While 5 respondents (16.7%) were compliant and did not experience recurrent stroke attacks, and 4 respondents (13.3%) were compliant and experienced recurrent strokes.

Adherence is a form that arises from the interaction between health workers and patients, so that patients understand the plan with all the consequences and agree to the plan and implement it. Adherence to treatment requires active patient participation in self-care management and cooperation between patients and health workers (Basic Health Research, 2013).

The non-compliance of 21 respondents was due to the constraints of low family economic conditions, the distance from home to health service facilities which was far, thus increasing the cost burden and the respondents' level of knowledge which was low regarding compliance with therapeutic regimens.

6. Identifying Sports Activities in Stroke Patients in the Neurology Polyclinic, Gambiran Hospital, Kediri City

Almost half of the respondents did not do sports activities and experienced recurrent strokes, namely 11 respondents (36.7%), 12 respondents (40.0%) did not exercise regularly and experienced recurrent strokes. For respondents who did sports activities and did not experience recurrent strokes, there were 5 respondents (16.7%) and 2 respondents (6.7%) did sports activities and experienced recurrent strokes.

A person who is less physically active (who exercises less than three times or less per week for 30 minutes) has almost 50% risk of stroke compared to those who are active. Various conveniences of life such as washing with a washing machine for households, many technological advances make a person's sports activities lighter or easier every day, but the impact of this technological advance is that a person can become passive and tend to cause serious problems and can cause the risk of hypertension which will later trigger atherosclerosis if weight problems are not balanced with sufficient exercise (Wahyu, 2009).

There were 23 respondents who did not exercise regularly because they lacked the motivation to exercise (they were too lazy to move) and only lay in bed or sat in a wheelchair.

Because the trigger for recurrent stroke attacks is an unhealthy diet and an imbalance in the composition of food consumed, and based on the results of the analysis that has been carried out by researchers that sports activities do not affect the occurrence of recurrent strokes. Based on the results of the study, most of the 23 respondents (76.7%) did not do sports activities marked by stiffness of the extremity muscles.

7. The Occurrence of Recurrence Rate in Stroke Patients in the Neurology Polyclinic, Gambiran Hospital, Kediri City.

There are several factors that can attack the stroke disease, including diet, whether you realize it or not, food that tastes good in the mouth is not necessarily beneficial for the body. The tendency for unhealthy eating patterns is due to the imbalance in the composition of the food consumed (Nuansa Persada, 2011).

From the results of the research that has been done, it is known that most respondents have recurrent stroke attacks totaling 17 respondents. Stroke recurrence can be caused by unhealthy diet and lifestyle factors, the tendency for unhealthy diets is due to an imbalance in the composition of food consumed and respondents cannot avoid eating fatty foods such as soto and vegetables with

coconut milk. So there is a harmony between theory and facts where the recurrence rate in stroke patients is influenced by unhealthy diets and lifestyles.

8. The Most Influential Factors on the Occurrence of Recurrence Rates in Stroke Patients in the Neurology Polyclinic, Gambiran Hospital, Kediri City.

Based on the research results, the diet p-value = 0.001, stress p-value = 0.214, therapeutic regimen compliance p-value 0.936 and the last is sports activity p-value = 0.368 which means that the diet factor is the most dominant factor in the occurrence of recurrent stroke. In a healthy diet, food contains all balanced nutritional elements according to the body's needs, both protein, carbohydrates, fat, vitamins, minerals and water. The source must be chosen naturally. Changes in diet leading to ready-to-eat dishes containing high fat, protein and salt but low in dietary fiber, have consequences for the development of degenerative diseases and their complications are stroke (Junaidi, 2004).

IV.   Conclusion

Identifying the majority of poor eating patterns of 16 respondents (53.3%) with the results of logistic regression analysis showing a p-value (0.001) < α (0.05) which means that there is an influence of eating patterns on the occurrence of recurrence rates in stroke patients in the neurology polyclinic at Gambiran Hospital, Kediri City.

Identifying the majority of moderate stress in 17 respondents (56.7%) with the results of logistic regression analysis showing a value of B = .536 and p-value (0.214) > α (0.05) which means there is no influence of stress on the occurrence of recurrence rates in stroke patients in the neurology polyclinic at Gambiran Hospital, Kediri City.

Identifying the majority of non-compliance with the therapeutic regimen of 21 respondents (70.0%) with the results of logistic regression analysis showing a B value = .076 and p-value (0.936) > α (0.05) which means there is no influence of the therapeutic regimen on the occurrence of recurrence rates in stroke patients in the neurology polyclinic at Gambiran Hospital, Kediri City.

Identifying the majority of those who do not do sports activities with the results of logistic regression analysis showing a value of B = .829 and p-value (0.368) > α (0.005) which means there is no influence of sports activities on the recurrence rate in stroke patients in the neurology polyclinic at Gambiran Hospital, Kediri City.

Identifying the occurrence of recurrence rate in 17 respondents (55.2%) in stroke patients in the neurology polyclinic of Gambiran Hospital, Kediri City.

Dietary pattern factors are related to the occurrence of relapse rates with p-value results (0.001), stress p-value (0.214), compliance with therapeutic regimen p-value (0.936), and sports activities p-value (0.368) in stroke patients in the neurology polyclinic of SRUD Gambiran, Kediri City.

V.   References

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