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SELF EFFORTS TO CHRONIC KIDNEY DISEASE PREVENTION Nikmatul Fadilah, Asnani, Loetfia D Rahariyani, Dyah Wijayanti Nursing Department Health Polytechnic Surabaya Email : nikmatul_fadilah@yahoo.com [ABSTRACT](#)
[Background: Chronic kidney disease](#) has now become a serious public [health](#) problem [in the](#) world. [The](#) disease increase is due to lack of public awareness will lead a healthy lifestyle as well as the increasing incidence of the disease is a risk factor. Aim of [this study was to](#) identify [risk factors](#) and independent efforts at prevention of chronic kidney disease. Method This study was cross sectional. Sample was 70 villagers Kawis Anyar Kebomas Gresik, that was taken by purposive sampling. Variable were risk factors and self efforts prevention of chronic kidney disease. Data were collected in October 2016 by assessment medical history, blood pressure measurement, laboratory tests, and check-list. Descriptive statistics were used to depict the pattern (frequency, percent). Results showed that risk factors were diabetes mellitus 28.57% and hypertension 27.14%. Data of measurement were hypertension 37.15%, hyperglycemia 28.13%, hyperuricemia 28.57%. Self-prevention efforts include regular exercise 41.43%, smoking 5.71%, drinking alcohol 1.43%, consumption of drugs without a prescription 12.86%, 30% consumption of instant food, beverage consumption in packaging 22.86 %, adequate water consumption 92.86%, utilization of health services 92.86%, and laboratory examinations previously 70%. Results Identification of two medical history becomes a risk factor are diabetes mellitus and hypertension. Lack of healthy behavior are lack of exercise, consumption of instant food and beverages in containers. The habit could be factors that increase incidence of chronic kidney disease. That condition must become attention of individual, community leaders and government especially community health centers as a place to carry out primary health care (promotive and preventive). Keywords:

chronic kidney disease, prevention, risk factors. INTRODUCTION Chronic kidney disease (CKD) or chronic renal failure (CRF) has now become a serious public health problem in the world. Chronic renal failure is getting a lot of attention and the more studied, because in addition to requiring expensive treatment, CKD although it has reached the stage of terminal renal failure (end stage renal disease), the patient can live a long life with quality of life is quite good (Putra , 2015). In Indonesia, data from several parts of nephrology, CKD was estimated 100-150 per 1 million population and the prevalence reaches 200-250 cases per million inhabitants. In East Java, 1-3 of the 10,000 inhabitants experienced CKD. Head of Ibnu Sina Hospital of Gresik said that the hospital serves some 142 dialysis patients with chronic kidney disease were enrolled. Prof. Rully MA. Roesli, MD., PhD. FINASIM, kidney disease experts Jakarta Cipto Mangunkusumo has stating the possibility of increasing the number of patients with kidney failure 19 612 to 100,000 between 2014 until 2019. The population increase is due to lack of public awareness will lead a healthy lifestyle. The common causes of these cases include dehydration, so the body prone to urinary tract infections that develop into kidney infections, chronic inflammation of the filters of the kidneys (glomerulonephritis), the treatment of kidney stones and urinary tract inadequate, the consumption of modern medicine and traditional in the long term, as well as energy supplements that contain preservatives, food colorings, flavorings and artificial sweeteners (Putra, 2015; Nugroho, 2016). Effort to overcome the issues regarding the disease of the kidney failure and the expensive treatment of kidney disease, various preventive measures, one of which is to adopt a healthy lifestyle. Adequate treatment and diet management is focused on the regulation and control of energy intake, protein, fluids and electrolytes for someone suffering from chronic renal failure risk. The setting and controlling intake of energy, protein, and fluid electrolyte needs to be done, because there is a decrease in renal failure filtration glomerulus (a blood filtration in the kidneys) which caused the number of damaged nephron function. Nephron functions as a regulator of water and electrolytes in the body by filtering the blood and then reabsorb fluid and molecules that are still needed by the body (Hidayati, 2008). Knowledge of healthy lifestyles to prevent chronic kidney disease, treatment and management of diet and fluid intake in patients with kidney failure is important to note, not only for those who have been suffering from kidney problems, but good for those who are determined to reduce the risk of renal impairment, because if patients with renal impairment do not know, can lead to weight gain fast (exceeding 5%), edema, ronchi wet lungs, eyelid swelling and shortness of breath caused by fluid volume overload and symptoms of uremic that may threaten soul, especially for those who have been at the stage of chronic renal failure (Brunner & Sudart, 2002). The problem is, not all people especially people know and understand the prevention and treatment of this disease. Therefore required solutions and anticipating the various steps, including early detection of disease causes and prevention efforts. Nugroho (2015) concluded that there is a significant correlation between the consumption of supplements energy and stage of Chronic Kidney Disease on Hemodialysis room of Ibnu Sina Hospital Gresik. Research data of Fadilah (2016) in Hemodialysis room of Dr Soetomo Surabaya Hospital recorded that patients who undergo hemodialysis room of not only residents ID cards Surabaya, but some came dar some of the surrounding area, namely Gresik, Sidoarjo, Mojokerto and Madura. Based on these considerations, the site selection study conducted in Kawis Anyar village Kebomas subdistrict Gresik district, which is one area of potential cases of kidney stones which are the cause of CKD. RESEARCH METHOD A cross sectional survey research design was used. Population study was required villagers of Kawis Anyar Kebomas Gresik. Sample was 70 villagers who met

the inclusion criteria. The inclusion criteria were villager who public figure or health cadre at the time sampling. Sample was taken by purposive sampling. Variable were risk factors and self- efforts prevention of chronic kidney disease. Data were collected in October 2016 by assessment medical history, blood pressure measurement, random blood sugar and uric acid laboratory tests, and check-list of chronic kidney disease prevention. Descriptive statistics were used to depict the pattern (frequency, percent). RESULT All of respondent were villagers at Kawis Anyar village, Kebomas subdistrict, Gresik district, Indonesia. Overall 11 male and 59 female were involved in this study with majority of them 46-55 years of age (41,43%) (see table 1) Table 1. characteristic of demographic of respondent Respondent'characteristic

Frequency (n)	Percentage (%)
Age (years) : 26-35	3 4,29
36-45	12 17,14
46-55	29 41,43
56-65	16 22,86
≥65	10 14,29
Gender : Male	11 15,71
Famale	59 84,29

Table 2. Medical History and Measurement Medical History and Measurement Frequency (n) Percentage (%) History of hypertension 19 27,14 History of diabetes mellitus 20 28,57 History of kidney disease 3 4,29 Blood pressure (mmHg): Normal 38 54,29 Pra hypertension 6 Hipertension level I 17 Hipertension level II 9 8.57 24,29 12,86 Random blood glucose: Normal Hyperglycaemia Uric acid: Normal Hyperuricaemia 23 9 50 20 71,88 28,13 71,43 28,57 Table 3. Self-effort of chronic kidney disease prevention Self-effort of chronic kidney disease prevention Frequency (n) Percentage (%) Regular exercise 29 41,43 Consumption of water about 2 liters / day 65 92,86 Utilization of health services 65 92,86 Laboratory tests prior 49 70,00 The consumption of instant food 21 30,00 Consumption of beverages in containers 16 22,86 Drinking alcohol 1 1,43 Consumption of drugs without a prescription 9 12,86 Smoking 4 5,71 Table 2 showed that in term of medical history, 2 majority disease that risk factor of chronic kidney disease were diabetes mellitus (28.57%) and hypertension (27.14%), otherwise kidney disease were only 3 villagers (4,29%). In term of measurement, 26 villagers (37.15%) were hipertension (level I and II), 9 villagers (28,13%) were hyperglycemia, and 9 villagers (28.57%) were hyperuricemia. Table 3 showed self- effort of chronic kidney disease prevention. Positive health behavior were done by regular exercise (41.43%) , adequate (2 liters) water consumption (92.86%), utilization of health services (92.86%), and laboratory examinations previously (70%). Whereas negative health behavior were done by consumption of instant food (30%), beverage consumption in packaging (22.86 %), drinking alcohol (1.43%), consumption of drugs without a prescription 12.86%, and smoking (5.71%). DISCUSSION Two majority disease that risk factor of chronic kidney disease were diabetes mellitus (28.57%) and hypertension (27.14%). This medical history was supported by data of measurement. Data were 28,13% hyperglycemia and 37.15% hipertension. category of hypertension are (level I and II). Even though this incident are nearly half, but this situation must be alertness each person. One of Complication of diabetes mellitus is nephropaty diabetic that can cause chronic kidney disease. Remuzzi (2002), quoted by Nurrahmah (2015) stated that the number of patients with diabetic nephropathy Asia is higher than those of the west. The condition is caused by the diabetes mellitus type II in Asia occur at relatively younger ages so that the chance to experience greater diabetic nephropathy. In Indonesia the figure is approximately 2.0 to 39.3%. Hypertension could cause lack vascularization to renal blood flow. In long term, that condition makes decreased renal function, then pre-renal of acute renal failure is happened. Hidayati study (2008) mentioned that patients with chronic kidney disease 59% between ages 26-35, 51% aged 36-45 years and 54% aged 46-55 years. A history of comorbid chronic kidney disease in order are hypertension (30%), diabetes mellitus (8%) and urinary tract stones (6%). Diabetic nephropathy as the primary cause of terminal renal failure, with a ratio of 17 times greater risk of

suffering from kidney disorders (Permana, 2007). [in line with](#) previous research, [the results of](#) this [study](#) also identified [that](#) most respondents are aged 36-45 years at 17.14%, 46-55 years at 41.43%, and 56-65% years at 22.86%. The risk factors of chronic kidney disease, diabetes mellitus and hypertension should be aware since the middle-age adults. Eventually, adequate treatment of the two risk diseases can be lower the risk of complications of chronic kidney disease. Positive health behavior were done by regular exercise (41.43%), adequate (2 liters) water consumption (92.86%), utilization of health services (92.86%), and laboratory examinations previously (70%). Negative health behavior were done by consumption of instant food (30%), beverage consumption in packaging (22.86 %), drinking alcohol (1.43%), consumption of drugs without a prescription 12.86%, and smoking (5.71%). Smoking and drinking habits based energy supplement known that 40% of patients with chronic kidney disease were smokers and 32% were consuming energy drinks supplement (Hidayati, 2008). The Department of Health recommends that more careful and remain confine himself to consume a supplement that contains taurine and caffeine because there is no epidemiological evidence of safety basis for long-term use (Depkes RI, 1996). Several other studies have previously stated that the various prevention efforts that have proven useful in preventing kidney disease is the treatment of hypertension, blood sugar; blood fat; and anemia control, smoking cessation, increased activity, and weight control. Rindiastuti (2006) recommended screening examinations such as examination of creatinine serum and albumin excretion in the urine is recommended for people who suffer from [risk factors of chronic kidney disease](#), namely in [patients with](#) diabetes mellitus and hypertension, people with obesity or smokers, individuals aged over 50 years, individuals with a history of diabetes mellitus; hypertension; and kidney disease in the family. Patients with diabetic nephropathy should have annual checks especially blood and urine for early identification of kidney problems. Patients with kidney disease should avoid contrast dye containing iodine, avoid foods / beverages that contain high protein, sodium, and phosphate. Physical exercise is highly recommended because it can improve blood glucose control and weight loss. Villagers of Kawis Anyar has done many positive efforts in preventing chronic kidney disease should be continued and disseminated to other of population. The positive behavior are adequate (2 liters) of water consumption, utilization of health services, and laboratory examinations regularly, do not smoke, do not consume alcohol, and do not consume drugs without a prescription. Several attempts to prevent chronic kidney disease that has been done but needs to be improved is regular exercise, avoiding consumption of instant food and beverage consumption in packaging. Villagers who participated in this research have important social role in public life is as health workers and community leaders. Through this role is expected that some people will carry out their duties in assisting the development of public health especially in Kawis Anyar village. Along with health workers in health centers Kebomas, they will cooperate in health promotion and prevention efforts especially of chronic kidney disease.

CONCLUSION AND RECOMMENDATION Conclusion Identification of 2 medical history becomes a risk factor are diabetes mellitus and hypertension. Lack of healthy behavior are lack of exercise, consumption of instant food and beverages in containers. The habit could be factors that increase incidence of chronic kidney disease. Recommendation Being risk factors (diabetes mellitus and hypertension) and some of lack of healthy behavior (lack of exercise, consumption of instant food and beverages in containers) must become attention of individual, community leaders and government especially community health centers as a place to carry out primary health care (promotive and preventive).

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