

**PRODI S1 GIZI
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PERBEDAAN ASUPAN ENERGI, KARBOHIDRAT, PROTEIN DAN LEMAK ANTARA PENDERITA PENYAKIT JANTUNG KORONER DAN NON PENYAKIT JANTUNG KORONER PADA WANITA MENOPAUSE DI UNIT RAWAT JALAN RSUP DR. M. DJAMIL PADANG TAHUN 2016

ix + 64 halaman, 16 tabel, 3 gambar, 9 lampiran

ABSTRAK

Tujuan Penelitian

Penyakit jantung koroner (PJK) merupakan masalah kesehatan utama di Indonesia. PJK adalah gangguan fungsi jantung dimana otot jantung kekurangan suplai darah yang disebabkan oleh penyempitan pembuluh darah koroner. Setelah menopause, risiko PJK pada wanita meningkat melampaui risiko pria. Tujuan penelitian adalah mengetahui perbedaan asupan energi, karbohidrat, protein, dan lemak antara penderita PJK dan non PJK pada wanita menopause di Unit Rawat Jalan RSUP Dr.M.Djamil Tahun 2016.

Metode

Penelitian ini bersifat observasional dengan desain penelitian *case control*. Pengambilan sampel dilakukan dengan metode *consecutive sampling*. Jumlah sampel sebanyak 88 orang. Data yang diambil adalah data umum dan asupan zat gizi. Analisis statistik menggunakan uji *Independent Sample T-Test*.

Hasil

Berdasarkan hasil uji statistik diperoleh sebagian besar wanita menopause yang menderita PJK memiliki distribusi rata-rata asupan energi sebesar 2392,8 kkal per hari, karbohidrat sebesar 321,1 gram per hari, protein sebesar 106,4 gram per hari, dan lemak sebesar 73,3 gram per hari. Sebagian besar wanita menopause yang tidak menderita PJK memiliki distribusi rata-rata asupan energi sebesar 1755,5 kkal per hari, karbohidrat sebesar 240,6 gram per hari, protein sebesar 82,4 gram per hari, dan lemak sebesar 51,1 gram per hari. P-value untuk variabel asupan energi, karbohidrat, protein, dan lemak adalah sama yaitu 0,000 ($p \leq \alpha (0,05)$)

Kesimpulan

Terdapat perbedaan rata-rata asupan energi, karbohidrat, protein dan lemak antara penderita PJK dan non PJK pada wanita menopause. Sebaiknya wanita menopause mengkonsumsi energi, karbohidrat, protein, dan lemak sesuai dengan kebutuhan dan tidak lebih dari 120% Angka Kecukupan Gizi (AKG).

Daftar Pustaka

: 66 (2000-2015)

Kata Kunci

: Asupan Zat Gizi, Penyakit Jantung Koroner (PJK)

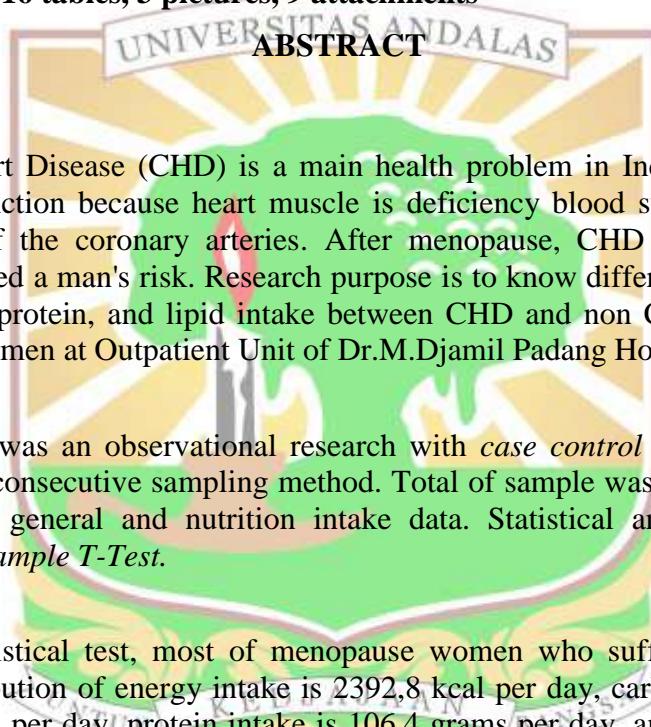
**FACULTY OF PUBLIC HEALTH
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DIFFERENCES OF ENERGY, CARBOHYDRATE, PROTEIN AND FAT INTAKE BETWEEN CORONARY HEART DISEASE AND NON CORONARY HEART DISEASE PATIENTS ON MENOPAUSE WOMEN AT OUTPATIENT UNIT OF DR. M. DJAMIL PADANG HOSPITAL YEAR 2016

ix + 64 pages, 16 tables, 3 pictures, 9 attachments



Objective

Coronary Heart Disease (CHD) is a main health problem in Indonesia. CHD is cardiac dysfunction because heart muscle is deficiency blood supply caused by constriction of the coronary arteries. After menopause, CHD risk on women increases exceed a man's risk. Research purpose is to know differences of energy, carbohydrate, protein, and lipid intake between CHD and non CHD patients on menopause women at Outpatient Unit of Dr.M.Djamil Padang Hospital year 2016.

Method

This research was an observational research with *case control* study. Sampling was done by consecutive sampling method. Total of sample was 88 person. Data collected was general and nutrition intake data. Statistical analysis used the *Independent Sample T-Test*.

Result

Based on statistical test, most of menopause women who suffer CHD has an average distribution of energy intake is 2392,8 kcal per day, carbohydrate intake is 321,1 grams per day, protein intake is 106,4 grams per day, and lipid intake is 73,3 grams per day. The most of menopause women who doesn't suffer CHD has an average distribution of energy intake is 1755,5 kcal per day, carbohydrate intake is 240,6 grams per day, protein intake is 82,4 grams per day, and lipid intake is 51,1 grams per day. P-value for the variable of energy, carbohydrate, protein, and lipid intake are the same, that is 0.000 ($p \leq \alpha (0.05)$)

Conclusion

There are differences average of energy, carbohydrate, protein, and lipid intake between CHD and non CHD patients on menopause women. Menopause women should consumed energy, carbohydrate, protein, and lipid in accordance with their needed and no more than 120% of Recommended Dietary Allowance (RDA).

References : 66 (2000-2015)

Keywords : Nutrition Intake, Coronary Heart Disease (CHD)