INTISARI

Diabetes melitus dengan dislipidemia meningkatkan risiko penyakit kardiovaskular akibat adanya kelainan pada profil lipid. Terapi utama bagi pasien yang didiagnosis diabetes dan dislipidemia adalah statin, yang berfungsi sebagai terapi lini pertama untuk menurunkan kadar LDL. Intensitas terapi statin dikategorikan menjadi tiga tingkat. Selain itu, efektivitas pengobatan sering kali terhambat oleh faktor ketidakpatuhan terhadap terapi. Tujuan penelitian untuk menganalisis hubungan antara intensitas dan kepatuhan terapi statin terhadap profil lipid pada pasien diabetes melitus tipe 2 di beberapa rumah sakit umum daerah di Bali. Penelitian ini merupakan studi *observasional* dengan desain *kohort retrospektif*. Sebanyak 359 pasien berpartisipasi dalam penelitian ini, namun hanya 124 pasien yang memenuhi seluruh kriteria inklusi dan eksklusi. Uji *Chi Square* dan regresi logistik *bivariat* digunakan untuk menganalisis hubungan data. Mayoritas pasien berjenis kelamin laki-laki (53,2%) dengan rata-rata usia
65 tahun. Terapi statin dengan intensitas sedang merupakan yang paling banyak digunakan (91,1%) dan umumnya sesuai dengan rekomendasi pedoman (69,4%). Analisis profil lipid menunjukkan bahwa sebagian besar pasien memiliki kadar LDL yang tidak terkontrol (64,5%), sedangkan HDL (58%), trigliserida (61%), dan kolesterol total (55,2%) sebagian besar berada dalam kategori terkontrol. Tidak terdapat hubungan yang signifikan antara intensitas statin dan kesesuaian terhadap profil lipid (P>0,05). Hanya kolesterol total yang dipengaruhi oleh kepatuhan (P = 0,01, OR (95%CI) = 0,35 (0,15–0,79)). Analisis *multivariat* menunjukkan bahwa kombinasi antara intensitas dan kepatuhan terapi statin tetap signifikan secara statistik setelah disesuaikan dengan usia dan jenis kelamin (OR(95%CI) = 0,17 (0,04–0,66)), serta tetap signifikan setelah penyesuaian lebih lanjut terhadap variabel tambahan termasuk status merokok dan kategori intensitas statin (OR(95%CI) = 0,21 (0,07–0,63)). Kombinasi antara kesesuaian intensitas terapi statin dan/atau kepatuhan berpengaruh terhadap kadar kolesterol total. Penelitian lebih lanjut diperlukan untuk mempertimbangkan faktor-faktor lain, termasuk durasi diabetes, status kendali glikemik, dan interaksi obat.

Kata kunci: Statin; intensitas; kepatuhan; diabetes melitus; profil lipid

ABSTRACT

Type 2 diabetes mellitus accompanied by dyslipidemia increases the risk of cardiovascular disease due to abnormalities in the lipid profile. Statins are the first-line therapy for patients diagnosed with diabetes and dyslipidemia, primarily to reduce low-density lipoprotein (LDL) cholesterol levels. Statin therapy is classified into three intensity levels. However, treatment effectiveness is often compromised by poor medication adherence. This study aimed to analyze the association between statin therapy intensity, adherence, and lipid profile outcomes among patients with type 2 diabetes mellitus treated at several regional public hospitals in Bali.

This observational study employed a retrospective cohort design. A total of 359 patients were identified, of whom 124 met all inclusion and exclusion criteria. Associations were analyzed using the Chi-square test and bivariable logistic regression. The majority of participants were male (53.2%), with a mean age of 65 years. Moderate-intensity statin therapy was the most commonly prescribed regimen (91.1%) and was generally consistent with guideline recommendations (69.4%). Lipid profile analysis showed that most patients had uncontrolled LDL cholesterol levels (64.5%), whereas HDL cholesterol (58%), triglycerides (61%), and total cholesterol (55.2%) were predominantly within the target range. No significant association was found between statin intensity or the appropriateness of statin intensity and lipid profile outcomes ($P > 0.05$). Medication adherence was significantly associated only with total cholesterol levels ($P = 0.01$; OR [95% CI] = 0.35 [0.15–0.79]). Multivariable analysis demonstrated that the combination of appropriate statin intensity and adherence remained significantly associated with total cholesterol levels after adjustment for age and sex (adjusted OR [95% CI] = 0.17 [0.04–0.66]) and remained significant after further adjustment for smoking status and statin intensity category (adjusted OR [95% CI] = 0.21 [0.07–0.63]).

The combination of appropriate statin therapy intensity and medication adherence was associated with better total cholesterol control among patients with type 2 diabetes mellitus. Further studies are warranted to evaluate additional factors that may influence lipid outcomes, including diabetes duration, glycemic control, and potential drug interactions.

Keywords: Statins; statin intensity; medication adherence; type 2 diabetes mellitus; lipid profile.