

ABSTRAK

Latar Belakang: CTS merupakan salah satu mononeuropati *entrapment* perifer yang paling sering terjadi di dunia. Sekitar 80% pasien CTS mengalami gangguan tidur berupa bangun di malam hari atau di tengah tidur akibat keluhan subjektif berupa nyeri, kesemutan, dan rasa terbakar yang menjalar pada daerah inervasi *n. medianus*. Di sisi yang lain, kualitas tidur yang buruk berhubungan dengan tidur miring dan meningkatnya gerakan repetitif fleksi-ekstensi pergelangan tangan yang dapat memperparah CTS. Kondisi psikologis yang memburuk akibat buruknya kualitas tidur juga berhubungan dengan keparahan gejala subjektif yang dialami oleh pasien CTS.

Tujuan: Penelitian ini bertujuan untuk mengetahui hubungan antara kualitas tidur dengan keluhan subjektif CTS berupa skala derajat keparahan gejala dan status fungsional CTS.

Metode: Penelitian ini berbentuk observasional deskriptif dan analitik melalui metode belah lintang (*cross sectional*). Subjek merupakan pasien CTS pada RS Nasional Diponegoro dan RS Umum William Booth yang memenuhi kriteria penelitian berjumlah 41 pasien. Data penelitian menggunakan data primer berupa jawaban responden dari kuesioner penelitian. Signifikansi hubungan antar variabel dianalisis melalui uji *chi square*, uji *fisher exact*, dan uji regresi logistik.

Hasil: Terdapat hubungan signifikan antara kualitas tidur dengan keluhan subjektif CTS berupa skala derajat keparahan gejala CTS ($p=0,041$, OR 3,792, 95% CI 1,033-13,914). Tidak terdapat hubungan antara kualitas tidur dengan keluhan subjektif CTS berupa skala status fungsional CTS ($p=0,427$, OR 1,65, 95% CI 0,478-5,693).

Kesimpulan: Kualitas tidur secara signifikan berhubungan dengan skala derajat keparahan gejala CTS.

Kata Kunci: CTS, FSS, keluhan subjektif, kualitas tidur, SSS

ABSTRACT

Background: Carpal Tunnel Syndrome (CTS) is one of the most common peripheral entrapment mononeuropathy in the world. Around 80% of CTS patients experienced sleep disturbance like waking up at night or during the middle of sleep because of subjective complaints such as pain, paresthesia, and burning sensation which spreaded at n. medianus' innervation areas. On the other hand, poor sleep quality related to side sleeping and increasing flexion-extension repetitive wrist movements that could worsen the CTS severity. Worse psychological condition because of poor sleep quality also related to subjective CTS symptom severity.

Objectives: This study aimed to evaluate the relationship between sleep quality and CTS subjective complaints which consisted of symptom severity scale and functional status scale.

Methods: This study used descriptive and analytical observational approach with cross-sectional design. Forty-one CTS patients of Diponegoro National Hospital and William Booth General Hospital who met the criterias of the study were included as this study's subjects. This study used primary data in the form of respondents' answers which collected through questionnaires. Intervariable relationship significance was tested using chi square test, fisher exact test, and logistic regression test.

Results: There was statistically significant relationship between sleep quality and symptom severity scale of CTS subjective complaints ($p=0,041$, OR 3,792, 95% CI 1,033-13,914). There was no relationship between sleep quality and functional status scale of CTS subjective complaints ($p=0,427$, OR 1,65, 95% CI 0,478-5,693).

Conclusion: Sleep quality significantly related to CTS symptom severity scale.

Keywords: *CTS, FSS, sleep quality, SSS, subjective complaints*