ABSTRACT

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BR Novianty RUMAIT NAIBAHO

MACRO RELATIONS nutrient intake, NUTRITIONAL STATUS, SELF MANAGEMENT, FAMILY SUPPORT AND QUALITY OF LIFE OF PATIENTS TYPE 2 DIABETES MELLITUS IN HEALTH WEST JAKARTA

Background: Diabetes mellitus type 2 is a metabolic gangguang characterized by chronic hyperglycemia and impaired metabolism of carbohydrates, proteins and fats. To guard against hyperglycemia or hypoglycemia, which impacts the quality of life of patients with diabetes mellitus type 2, it takes self-management in order to control the intake of macro-nutrients as needed. To support a good self-management in patients with diabetes mellitus needed family support.

Aim: determine the relationship of macro nutrient intake, nutritional status, self-management, family support and quality of life of patients with type 2 diabetes mellitus in health centers in West Jakarta

Research methods: This cross-sectional study design (cross-sectional). The population of this study were all patients with type 2 diabetes mellitus who went to a community health center in West Jakarta aged from 30 years to 65 years with a sample of 328 respondents. Data collected macro nutrient intake, nutritional status, family support, self-management and quality of life, by researchers and personnel that have been trained. This study data analysis using Spearman correlation.

Research result: The result showed that the majority of respondents aged 51-65 years as many as 167 people (70.3%) and the majority of the respondents were female as many as 172 people (72.3%). It is known that the intake karbidrat have a median value of 173.62 kcal, protein supply 51.97 grams of fat intake 44.45 grams and nutritional status based on BMI largely obesity of 118 people (49.6%), based on the percent of body fat most of obesity as many as 38 people (58.5%) , There is a relationship between nutrient intake of carbohydrates (p = 0.000), nutrient intake of fat (p = 0.013) and quality of life, but there is no relationship between nutrient intake protein (p = 0.999), body mass index (p = 0873), percent body fat (p = 0.430) and quality of life.

Conclusion: In patients with diabetes mellitus nutrient intake of carbohydrates and fats should be consumed as needed and carbohydrates are better consumed ie complex carbohydrates, fats that are good to eat the fat is not saturated due to the intake of complex carbohydrates and unsaturated fats because it is difficult to digest by the intestine, absorption is relatively slowly felt fuller longer and not quick to raise blood glucose levels.

Keywords: Macro nutrient intake, nutritional status, self-management, family support, quality of life.