

## **PENERAPAN *GLOBAL INITIATIVE FOR CRONIC OBSTRUCTIVE LUNG DISEASE (GOLD) 2014* PADA PENDERITA PPOK**

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### **ABSTRAK**

Penyakit paru obstruktif kronik ditandai hambatan aliran udara kronik disertai perubahan patologi di paru yang berdampak pada ekstraparu dengan penyakit penyerta yang berkontribusi terhadap derajat berat penyakit. Karakteristik gejala PPOK bersifat kronik dan progresif ditandai sesak, batuk bersputum, dan peningkatan produksi sputum. Penegakkan diagnosis, penilaian klinis, penatalaksanaan PPOK stabil dan eksaserbasi, serta penyakit penyerta menggunakan pedoman *Global Initiative for Chronic Obstructive Lung Disease (GOLD)* yang diperbaharui setiap tahun, mulai pertama kali tahun 2011 sampai 2014. Pedoman GOLD menggabungkan penilaian subyektif dan obyektif pada PPOK untuk menentukan keparahan penyakit, status kesehatan penderita, risiko eksaserbasi, dan morbiditas. Perubahan diagnosis menurut GOLD 2014 mempertimbangkan pengaruh penyakit terhadap gejala dan keterbatasan aktivitas serta risiko perkembangan penyakit khususnya eksaserbasi. Pendekatan diagnosis PPOK dengan melihat gejala, riwayat eksaserbasi, nilai spirometri, serta penyakit komorbid menunjukkan gambaran PPOK yang diklasifikasikan menjadi kelompok A, B, C, dan D. Penilaian gejala menggunakan kuesioner *modified British Medical Research Council (mMRC)* atau kuesioner *COPD Assessment test (CAT)* dan *COPD Control Questionnaire (CCQ)*. Spirometri digunakan dalam penegakkan diagnosis bila rasio volume ekspirasi paksa detik pertama (VEP<sub>1</sub>) dan kapasitas volume paksa (KVP) paska bronkodilator kurang dari 0,70. Eksaserbasi dinilai selama satu tahun. Penilaian komorbid meliputi penyakit sistemik yang berperan pada status kesehatan dan aktivitas fisik yang buruk pada penderita PPOK. Pedoman GOLD 2014 ditekankan pada penatalaksanaan penyakit penyerta secara menyeluruh. Penatalaksanaan PPOK yang efektif mencakup 4 komponen, yaitu penilaian dan pemantauan penyakit, pengurangan faktor risiko, pengendalian PPOK stabil, dan tatalaksana PPOK eksaserbasi. Optimalisasi layanan kesehatan primer berperan besar dalam keberhasilan penatalaksanaan PPOK secara menyeluruh. Sosialisasi dan informasi mengenai pedoman nasional yang mengacu pada pedoman GOLD 2014 untuk tenaga medis, sejawat dokter paru, dokter spesialis terkait, dan dokter umum merupakan hal yang perlu dipertimbangkan. Pengembangan kerja sama lintas ilmu terkait dengan penatalaksanaan penyakit penyerta perlu lebih ditingkatkan sehingga tujuan pengendalian penyakit penyerta dapat dicapai.

Kata kunci: GOLD 2014, PPOK

# **APPLICATION OF GLOBAL INITIATIVE FOR CRONIC OBSTRUCTIVE LUNG DISEASE (GOLD) 2014 IN COPD PATIENTS**

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## **ABSTRACT**

Chronic obstructive pulmonary disease (COPD) is characterized by air flow resistance and chronic pathological changes in the lung that affects extra pulmonary co-morbidities which contribute to severity. Symptoms of COPD are chronic and progressive including dyspnea, cough with sputum, and increased sputum production. The diagnosis, clinical assessment, management of stable COPD and exacerbations, and co-morbidity is using the guidelines of Global Initiative for Chronic Obstructive Lung Disease (GOLD), which is renewed every year, starting in 2011 until 2014. The GOLD Guidelines combine subjective and objective assessment of COPD for determining the severity of the disease, the patient's health status, the risk of exacerbations, and morbidity. The change in diagnosis according to GOLD 2014 is considering the effects of symptoms and disease activity limitations as well as the risk of disease progression, especially exacerbations. COPD diagnosis approach to look at the symptoms, history of exacerbations, spirometry value, and co-morbid disease indicates an overview of COPD that are classified into groups A, B, C, and D. Assessment of symptoms use modified Medical Research Council (mMRC), or COPD Assessment Test (CAT) and Control COPD Questionnaire (CCQ). Spirometry is used in the diagnosis when the ratio of forced expiratory volume in 1 second (FEV1) and forced vital capacity (FVC) post-bronchodilator is less than 0.70. Exacerbations are assessed for one year. The co-morbid assessment is a systemic disease that contributes to the health status and physical inactivity in COPD patient. The GOLD 2014 Guidelines emphasized the overall management of co-morbidities. Effective management of COPD that includes four components: the assessment and monitoring of the disease, risk factor reduction, stable COPD control, and management of COPD exacerbations. Optimization of primary health care plays a major role in the success of the overall management of COPD. Socialization and information on the national guidelines referring to the GOLD 2014 guidelines for medical personnel, peers pulmonary physicians, medical specialists involved, and general practitioners are things to consider. Development of interdisciplinary cooperation regarding the management of co-morbidities should be improved so that the control of co-morbidities can be achieved.

Keywords: GOLD 2014, COPD