ABSTRAK

Penyakit kardiovaskuler menempati urutan pertama dengan total 17,5 juta kematian (46,2% dari total kematian akibat penyakit tidak menular) di dunia. Saat ini telah banyak metode untuk menghitung risiko penyakit kardiovaskuler dalam 10 tahun ke depan. Metode-metode tersebut 3 diantaranya adalah *Framingham Risk Score* (FRS), *Pooled Cohort Equations* (PCE), dan *Systematic Coronary Risk Evaluation* (SCORE). Tujuan penelitian ini adalah membandingkan perbedaan hasil pengukuran risiko 10 tahun terkena penyakit kardiovaskuler serta pebedaan proporsi pengkategorian risiko dan rekomendasi pemberian statin metode FRS dibandingkan PCE dan FRS dibandingkan SCORE. Jenis penelitian adalah observasional analitik dengan pendekatan *cross-sectional*. Subjek penelitian berjumlah 169 responden yang berasal dari Dukuh Somorai, Sembir, Morangan, dan Jragung. Data perhitungan risiko penyakit kardiovaskuler dihitung normalitasnya menggunakan uji *Kolmogorov-Smirnov* dan uji komparatif dilakukan menggunakan uji *Repeated ANOVA*. Uji komparatif proporsi pengkategorian risiko dan rekomendasi terapi statin dihitung menggunakan uji *Marginal Homogeneity*. Hasil rata-rata risiko subjek penelitian metode FRS, PCE, dan SCORE adalah $13,3 \pm 11,2\%$, $6,7 \pm 6,4\%$, dan $2,6 \pm 3,5\%$. Uji komparatif memperlihatkan terdapat perbedaan bermakna hasil perhitungan risiko 10 tahun penyakit kardiovaskuler metode FRS-PCE ($p<0,01$) dan atara metode FRS-SCORE ($p<0,01$). Proporsi pengkategorian risiko dan pengkategorian rekomendasi pemberian statin antara FRS dibandingkan PCE dan FRS dibandingkan SCORE juga memiliki perbedaan ($p<0,01$ dan $p<0,01$).

Kata Kunci: Risiko Penyakit Kardiovaskuler; *Framingham Risk Score* (FRS); *Pooled Cohort Equations* (PCE); *Systematic Coronary Risk Estimation* (SCORE).

ABSTRACT

Cardiovascular disease is the leading cause of non-communicable disease deaths in the world with total 17.5 million deaths (46.2%). Nowadays there have been many methods to calculate the risk of cardiovascular disease within next 10 years. Among these methods 3 of them are Framingham Risk Score (FRS), Pooled Cohort Equations (PCE), and Systematic Coronary Risk Evaluation (SCORE). The aim of this study is to compare whether the three methods have different measurement risk results and to compare whether the risk categorization and statin therapy categorization have a different proportion. This study is observational analytic with cross-sectional design. Total 169 respondents from Somorai, Sembir, Morangan, and Jragung Village were participated in study. Normality of risk measurement data was performed using Kolmogorov-Smirnov test and comparative test was performed using Repeated ANOVA. Both proportion of risk categorization and statin therapy between FRS -PCE and FRS-SCORE was calculated using the Marginal Homogeneity test. The average risk of FRS, PCE, and SCORE were 13.3±11.2%, 6.7±6.4%, and 2.6±3.5% respectively. There were significant differences in calculation of 10-year cardiovascular risk between FRS-PCE (p<0.01) and FRS-SCORE (p <0.01). Both proportion of risk categorization and statins therapy between FRS-PCE and FRS-SCORE had significant differences (p <0.01).

Keywords: Cardiovascular Disease Risk; Framingham Risk Score (FRS); Pooled Cohort Equations (PCE); Syst8ematic Coronary Risk Estimation (SCORE)