

ABSTRAK

ASUHAN GIZI TERSTANDAR LANSIA HOMECARE DENGAN XEROSTOMIA PASCA TERAPI KANKER NASOFARING DI WILAYAH KERJA PUSKESMAS SEYEGAN

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Latar Belakang: Pasien kanker nasofaring yang menjalani terapi radiasi atau kemoterapi dapat mengalami xerostomia yang menyebabkan kesulitan menelan serta keterbatasan pemilihan makan. Kondisi ini meningkatkan risiko malnutrisi, terutama pada lansia, sehingga diperlukan intervensi gizi yang dapat membantu meningkatkan pemahaman serta kemampuan pasien dalam memilih makanan sesuai kondisi.

Tujuan: Mengetahui dan menerapkan asuhan gizi terstandar *homecare* pada lansia dengan xerostomia pasca terapi kanker nasofaring di wilayah kerja Puskesmas Seyegan.

Metode: Skrining gizi menggunakan MNA-SF menunjukkan skor 9 (berisiko malnutrisi). Berat badan awal subjek adalah 44 kg dengan IMT 15,97 kg/m² (kurus). Asupan awal menunjukkan energi normal, protein defisit ringan, serta lemak dan natrium berlebih. Intervensi dilakukan melalui edukasi diet TETP, penggantian bumbu mi instan dengan kuah bumbu dan rempah, dan demonstrasi pembuatan ONS dengan bahan yang mudah dijangkau.

Hasil: Setelah tiga hari intervensi, subjek menunjukkan peningkatan pemahaman terhadap pemilihan makanan, peningkatan asupan protein, serta penurunan asupan lemak dan natrium. Penerimaan subjek baik terhadap ONS serta tidak mengalami keluhan gastrointestinal. Hasil follow up juga menunjukkan subjek masih menerapkan ONS sesuai edukasi yang diberikan. Akan tetapi, tidak terjadi peningkatan berat badan secara signifikan.

Kesimpulan: Edukasi dan demonstrasi ONS efektif meningkatkan variasi konsumsi, menurunkan asupan lemak dan natrium, serta mendukung pemenuhan gizi pasien kanker lansia dengan xerostomia.

Kata Kunci: kanker nasofaring, xerostomia, ONS.

ABSTRACT

HOME BASED STANDARDIZED NUTRITIONAL CARE FOR ELDERLY WITH XEROSTOMIA POST NASOPHARYNGEAL CANCER THERAPY IN SEYEGAN HEALTH CENTER

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Background:

Patients with nasopharyngeal cancer undergoing radiotherapy or chemotherapy may experience xerostomia, which causes difficulty in swallowing and limitations in food selection. This condition increases the risk of malnutrition, especially in the elderly. Nutritional intervention is needed to help improve the patient's understanding and ability in choosing foods according to their condition.

Objective:

To identify and implement standardized homecare nutrition care for an elderly patient with xerostomia after nasopharyngeal cancer therapy in the working area of Seyegan Public Health Center.

Methods:

Nutritional screening using MNA-SF showed a score of 9 (at risk of malnutrition). The initial body weight of the subject was 44 kg with a BMI of 15.97 kg/m² (underweight). Initial intake showed normal energy, mild protein deficit, and excessive fat and sodium. The intervention was carried out through education on a high-energy, high-protein diet, replacement of instant noodle seasoning with broth using herbs and spices, and demonstration of ONS preparation using easily accessible ingredients.

Results:

After three days of intervention, the subject showed improved understanding of food selection, increased protein intake, and decreased fat and sodium intake. The subject showed good acceptance of ONS and did not experience gastrointestinal complaints. Follow-up results also showed that the subject continued to apply ONS according to the education provided. However, there was no significant increase in body weight.

Conclusion:

Nutrition education and ONS demonstration were effective in improving dietary variation, reducing fat and sodium intake, and supporting nutritional fulfillment in elderly cancer patients with xerostomia.

Keywords: nasopharyngeal cancer, xerostomia, ONS