

DAFTAR PUSTAKA

1. Konsensus nasional : Pengenalan dan penatalaksanaan demensia alzheimer dan demensia lainnya. Edisi 1. Jakarta : Asosiasi Alzheimer Indonesia ; 2003.
2. Cerebrovascular disease. In : Victor M, Ropper AH, editors. Principles of Neurology. 8th ed. New York : McGraw-Hill ; 2005. p. 660-746.
3. Kurtzke JF. Epidemiology : Stroke, Pathophysiology, Diagnosis and Management. 1st ed. New York : Churchill Livingstone ; 1996. p. 3-19.
4. Gubitz G. Acute stroke management and prevention of recurrences. In : Candelise L, Hughes R, Liberati A, Uitdehaag BMJ, Warlow C, editors. Evidence-based neurology : management of neurological disorders. Minnesota : Blackwell Publishing ; 2007. p. 113 - 26.
5. Gusev, Skvorsova VI. Brain Ischemia. 1st ed. New York : Kluwer Academic/Plenum Publisher, 2003 : 1-72.
6. Sjahrir H. Stroke iskemik. Medan (Indonesia) : Yandira Agung Medan ; 2003. p. 1 -35.
7. Adams HP, del Zoppo G, Alberts MJ, Bhatt DL, Brass L, Furlan A, et al. Guidelines for the early management of adults with ischemic stroke : A guideline from the American Heart Association / American Stroke Association. Stroke. 2007 ; 38 : 1655 - 711
8. Lindsberg PJ, Roine RO. Hyperglycemia in acute stroke. Stroke. 2004 ; 35 : 363 - 64

9. Garg R, Chaudhuri A, Munschauer F, Dandona P. Hyperglycemia, insulin, and acute ischemic stroke : a mechanistic justification for a trial of insulin infusion therapy. *Stroke*. 2006 ; 37 : 267 - 73.
10. Vancheri F, Curcio M, Burgio A, Salvaggio S, Gruttadauria G, Lunetta MC, et al. Impaired glucose metabolism in patients with acute stroke and no previous diagnosis of diabetes mellitus. *Q J Med*. 2005 ; 98 : 871 - 78.
11. Gentile NT, Seftchick MW, Huynh T, Kruus LK, Gaughan J. Decreased mortality by normalizing blood glucose after acute ischemic stroke. *Acad Emerg Med*. 2006 ; 13 : 174-80.
12. Weir CJ, Murray GD, Dyker AG, Lees KR. Is hyperglycaemia an independent predictor of poor outcome after acute stroke? Results of a long term follow up study. *BMJ*. 1997 ; 314 : 1303-6.
13. Capes SE, Hunt D, Malmberg K, Pathak P, Gerstein HC. Stress hyperglycemia and prognosis of stroke in nondiabetic and diabetic patients : a systematic overview. *Stroke*. 2001 ; 32 : 2426 - 32.
14. Kagansky N, Levy S, Knobler H. The role of hyperglycemia in acute stroke. *Arch Neurol*. 2001 ; 58 : 1209 - 12.
15. Fuentes B, Casarrubios MAO, Jose BS, Castillo J, Leira R, Serena J, et al. Persistent hyperglycemia >155 mg/dl in acute ischemic stroke patients : how well are we correcting it? : implications for outcome. *Stroke*. 2010 ; 41 : 2362 - 65.
16. Baird TA, Parsons MW, Phan T, Butcher KS, Desmond PM, Tress BM, et al. Persistent poststroke hyperglycemia is independently associated with

- infarct expansion and worse clinical outcome. *Stroke*. 2003 ; 34 : 2208 - 14.
17. Christensen H. Acute stroke : a dynamic process. *Dan Med Bull*. 2007 ; 54 : 210 - 25.
18. The European Stroke Organisation (ESO) Executive Committee and The ESO Writing Committee. Guidelines for management of ischaemic stroke and transient ischaemic attack. *Cerebrovasc Disc*. 2008 ; 25 : 457 - 507.
19. Johnston KC, Hall CE, Kissela BM, Bleck TP, Conaway MR. Glucose regulation in acute stroke patients (GRASP) trial : a randomized pilot trial. *Stroke*. 2009 ; 40(12) : 3804 - 9.
20. Kernan WN, Viscoli CM, Inzucchi SE, Brass LM, Bravata DM, Shulman GI, et al. Prevalence of abnormal glucose tolerance following a transient ischemic attack or ischemic stroke. *Arch Intern Med*. 2005 ; 165 : 227 - 33.
21. Penatalaksanaan hiperglikemia pada stroke akut. In : Misbach J, Lumbantobing SM, Lamsudin R, Ranakusuma TAS, Alfa AY, Baeozier F, et al, editors. *Guideline stroke 2007*. Jakarta : Kelompok Studi Stroke PERDOSSI ; 2007. p. 59 - 66.
22. Krinsley JS. Effect of an intensive glucose management protocol on the mortality of critically ill adult patients. *Mayo Clin Proc*. 2004 ; 79(8) : 992 - 1000.
23. Pittas AG, Siegel RD, Lau J. Insulin therapy for critically ill hospitalized patients. *Arch Intern Med*. 2004 ; 164 : 2005 - 11.

24. Fogelholm R, Murros K, Rissanen A, Avikainen S. Admission blood glucose and short term survival in primary intracerebral haemorrhage : a population based study. *J Neurol Neurosurg Psychiatry*. 2005 ; 76 : 349-53.
25. Matz K, Keresztes K, Tatschl C, Nowotny M, Dachenhausen A, Brainin M, et al. Disorders of glucose metabolism in acute stroke patients. *Diabetes Care*. 2006 ; 29 : 792-7.
26. Gelgel AM. Hubungan kadar gula darah puasa penderita stroke non hemoragik waktu masuk rumah sakit dengan hasil neurologik memakai tolok ukur skala Koma Glasgow dan indeks Barthel [tesis]. Semarang (Indonesia) : Universitas Diponegoro ; 1996.
27. Basu S, Sanyal D, Kroy, Bhattacharya KB. Is post-stroke hyperglycemia a marker of stroke severity and prognosis : a pilot study. *Neurology Asia*. 2007 ; 13-19.
28. Martin A, Rojas S, Chamorro A, Falcon C, Bargallo N, Planas AM. Why does acute hyperglycemia worsen the outcome of transient focal cerebral ischemia? : Role of corticosteroids, inflammation and protein O-glycosylation. *Stroke*. 2006 ; 37 : 1288 - 95.
29. National Institute of Neurological Disorders and Stroke. New tool allows early prediction of patient's stroke outcome [internet]. c2010 [updated 2010 May 21 ; cited 2010 Dec2]. Available from : http://www.ninds.nih.gov/news_and_events/news_articles/pressrelease_stroke_outcome_063001.htm

30. Kasner SE, Chalela JA, Luciano JM, Cucchiara BL, Raps EC, McGarvey ML, et al. Reliability and validity of estimating the NIH stroke scale score from medical records. *Stroke*. 1999 ; 30 : 1534 - 37.
31. Baird AE, Dambrosia J, Janket SJ, Eichbaum Q, Chaves C, Silver B, et al. A three-item scale for the early prediction of stroke recovery. *Lancet*. 2001 ; 357 : 2095 - 99.
32. National Institutes of Health Stroke Scale [internet]. California (USA). c2010 [updated 2010 ; cited 2011 Jan 7]. Available from : <http://www.nihstrokescale.org/>
33. Endress M, Dirnagl U. Ischemia and stroke. In : Alzheimer C, editor. *Molecular and cellular biology of neuroprotection in the CNS*. New York : Kluwer Academic/Plenum Publishers ; 2002. p. 455 - 72.
34. Endocrine functions of the pancreas & regulation of carbohydrate metabolism. In : Ganong WF, editor. *Review of medical physiology*. 21st ed. San Fransisco : McGraw-Hill ; 2003.
35. Noerjanto M. *Management of acute stroke : masalah-masalah dalam diagnosis stroke akut*. Semarang (Indonesia) : Badan Penerbit Undip ; 2002.
36. Misbach J, Jannis J, Kiemas LS. *Stroke, aspek diagnostik, patofisiologi, manajemen*. Jakarta : Balai Penerbit FKUI ; 1999 ; p. 46 - 54.
37. Markus HS. An introduction to stroke. In : Markus HS, editor. *Stroke genetics*. New York : Oxford University Press ; 2003. p. 1 - 30.

38. Furie KL, Smirnakis Sm, Koroshetz JW, Kitsler JP. Stroke due to large artery atherosclerosis. In : Furie KL, Kelly PJ, editors. Handbook of stroke prevention in clinical practice. New Jersey : Humana Press ; 2004. p. 151 - 66.
39. Basic pathology, anatomy, and pathophysiology of stroke. In : Caplan LR, editor. Caplan's stroke : a clinical approach. 4th ed. Philadelphia : Saunders ; 2009. p. 22 - 63.
40. Ginsberg MD. Adventures in the pathophysiology of brain ischemia : penumbra, gene expression, neuroprotection. Stroke. 2003 ; 34 : 214 - 23.
41. Joesoef AA. Aspek biomolekuler dari iskemia otak akut. Pendidikan kedokteran berkelanjutan : stroke in depth now and the future, di Surabaya ; 2004 Mar 13 - 14. Surabaya (Indonesia) : FK Universitas Airlangga ; 2004.
42. Syntichaki P, Tavernarakis N. The biochemistry of neuronal necrosis : rogue biology?. Nature Reviews. 2003 ; 4 : 672 - 84.
43. Royter V, Gur AY, Bova I, Bornstein NM. Hyperglycemia and acute ischemic stroke. Isr Med Assoc J. 2004 ; 6 : 607 - 9.
44. Batjer HH, Caplan LR, Friberg L, Greenlee RG, Kopitnik TA, Young WL. Cerebrovascular disease. Philadelphia : Lippincot-Raven ; 1997. p. 23 - 40.
45. Iskandar J. Panduan praktis pencegahan dan pengobatan stroke : stroke iskemik. Jakarta (Indonesia) : PT Bhuna Ilmu Populer Kelompok Gramedia ; 2002.

46. Sacco RL, Adams RJ, Albers GW, Alberts MJ, Benavente O, Furie KL, et al. Guidelines for prevention of stroke in patients with ischemic stroke or transient ischemic attack. *Stroke*. 2006 ; 37 : 577 - 617.
47. Han J, Bae HJ, Wong LKS. Pathophysiology and mechanism whereby hypertension may cause stroke. In : Aiyagari V, Gorelick PB, editors. *Hypertension and stroke : pathophysiology and management*. New York : Humana Press ; 2011. p. 77 - 96.
48. Stoll G, Bendszus M. Inflammation and atherosclerosis : novel insights into plaque formation and destabilization. *Stroke*. 2006 ; 37 : 1923 - 32.
49. Gott AM. Evolving concepts of dyslipidemia, atherosclerosis, and cardiovascular disease. *J Am Coll Cardiol*. 2005 ; 46 : 1219 - 24.
50. Gau GT, Wright RS. Pathophysiology, diagnosis, and management of dyslipidemia. *Curr Probl Cardiol*. 2006 ; 31 : 445 - 86.
51. Tahapan terjadinya aterosklerosis. In : Tugasworo D, editor. *Patogenesis aterosklerosis*. Semarang : Badan Penerbit Universitas Diponegoro ; 2010. p. 15 - 24.
52. Modifiable lifestyle and environmental factors. In : Wiebers DO, Feigin VL, Brown RD, editors. *Handbook of stroke*. 2nd ed. Philadelphia : Lippincott Williams & Wilkins ; 2006. p. 305 - 11.
53. Sangiorgi G, Mauriello A, Kolodgie F, Trimarchi S, Zoccai GB, Virmani R, et al. Pathobiology of the asymptomatic atherosclerotic carotid plaque. In : Moussa ID, Rundek T, Mohr JP, editors. *Asymptomatic carotid artery*

- stenosis : risk stratification and management. London : Informa Healthcare ; 2007. p. 19 - 38.
54. Rundek T, Meyers PM, Crutchfield K. Cerebrovascular anatomy and physiology and mechanism of first-ever ischemic stroke in patients with carotid artery stenosis. In : Moussa ID, Rundek T, Mohr JP, editors. Asymptomatic carotid artery stenosis : risk stratification and management. London : Informa Healthcare ; 2007. p. 39 - 62.
55. Mayes PA. Biokimia Harper edisi ke 25. Jakarta : EGC ; 2002 ; p. 195 - 204.
56. Cryer PE. Williams textbook of endocrinology. 8th ed. Philadelphia : WB Saunders Company ; 1992 ; 1223 - 48.
57. Stover JF, Sakowitz OW, Thomale UW, Kroppenstedt SN, Unterberg AW. Norepinephrine-induced hyperglycemia does not increase lactate in brain injured. J Intensive Care Med. 2002 ; 28 (10) : 1491 - 7.
58. Neuroendocrine control of metabolism and growth. In : Longstaff A, editor. Neuroscience. 1st ed. Oxford : BIOS Scientific Publisher Ltd ; 2000. p. 274 - 82.
59. Romero LM, Butler LK. Endocrinology of stress. Int J Comp Psychol. 2007 ; 20 : 89 - 95.
60. Martini SR, Kent TA. Hyperglycemia in acute ischemic stroke : a vascular perspective. J Cereb Blood Flow Metab. 2007 ; 27 : 435 - 51.
61. O'Mahony D, Kendall MJ. Nitric oxide in acute ischaemic stroke : a target for neuroprotection. J Neurol Neurosurg Psychiatry. 1999 ; 67 : 1 - 3.

62. Du XL, Edelstein D, Dimmeler S, Ju Q, Sui C, Brownlee M. Hyperglycemia inhibits endothelial nitric oxide synthase activity by posttranslational modification at the Akt site. *J Clin Invest.* 2001 ; 108 : 1341 - 48.
63. Cai S, Khoo J, Channon KM. Augmented BH4 by gene transfer restores nitric oxide synthase function in hyperglycemic human endothelial cells. *Cardiovasc Res.* 2005 ; 65 : 823 - 31.
64. Cosentino F, Eto M, Paolis PD, Loo BVD, Bachschmid M, Ullrich V, et al. High glucose causes upregulation of cyclooxygenase-2 and alters prostanoid profile in human endothelial cells : role of protein kinase C and reactive oxygen species. *Circulation.* 2003 ; 107 : 1017 - 23.
65. Cosentino F, Hishikawa K, Katusic ZS, Luscher TF. High glucose increases nitric oxide synthase expression and superoxide anion generation in human aortic endothelial cells. *Circulation.* 1997 ; 96 : 25 - 8.
66. Ding QF, Hayashi T, Packiasamy ARJ, Miyazaki A, Fukatsu A, Shiraishi H, et al. The effect of high glucose on NO and O₂ through endothelial GTPCH1 and NADPH oxidase. *Life Sci.* 2004 ; 75 : 3185 - 94.
67. Aronson D, Rayfield EJ. How hyperglycemia promotes atherosclerosis : molecular mechanism. *Cardiovasc Diabetol.* 2002 ; 1 : 1-10.
68. Inoguchi T, Li P, Umeda F, Yu HY, Kakimoto M, Imamura M, et al. High glucose level and free fatty acid stimulate reactive oxygen species production through protein kinase C-dependent activation of NADPH oxidase in cultured vascular cells. *Diabetes.* 2000 ; 49 : 1939 - 45.

69. Forstermann U, Munzel T. Endothelial nitric oxide synthase in vascular disease : from marvel to menace. *Circulation*. 2006 ; 113 : 1708 - 14.
70. Sercombe R, Vicaud E, Oudart N, Sercombe C, Girard P. Acetylcholine-induced relaxation of rabbit basilar artery in vitro is rapidly reduced by reactive oxygen species in acute hyperglycemia. *J Cardiovasc Pharmacol*. 2004 ; 44 : 507 - 16.
71. Morigi M, Angioletti S, Imberti B, Donadelli R, Micheletti G, Figliuzzi M, et al. Leukocyte-endothelial interaction is augmented by high glucose concentrations and hyperglycemia in a NF- κ B-dependent fashion. *J Clin Invest*. 1998 ; 101 (9) : 1905 - 15.
72. Andersen SK, Gjedsted J, Christiansen C, Tonnesen E. The roles of insulin and hyperglycemia in sepsis pathogenesis. *J Leukoc Biol*. 2004 ; 75 : 413 - 21.
73. Maxwell WL. Cellular responses to ischaemic CNS injury. In : Berry M, Logan A, editors. *CNS injuries : cellular responses and pharmacological strategies*. New York : CRC Press ; 1999.
74. Coppede F, Migliore L. Genetic and environmental factors in neurodegenerative diseases. In : Qureshi GA, Parvez SH, editors. *Oxidative stress and neurodegenerative disorders*. Amsterdam : Elsevier ; 2007. p. 89 - 114.
75. Turner AJ, Nalivaeva NN. New insights into the roles of metalloproteinases in neurodegeneration and neuroprotection. In : Bagetta

- G, Corasaniti MT, Lipton SA, editors. The neuroinflammation in neuronal death and repair. California : Elsevier ; 2007. p. 114 - 36.
76. Vermeer SE, Sandee W, Algra A, Koudstaal P, Kappelle J, Dippel DWJ, et al. Impaired glucose tolerance increases stroke risk in nondiabetic patients with transient ischemic attack or minor ischemic stroke. *Stroke*. 2006 ; 37 : 1413 - 17.
77. Furie KL, Kasner SE, Adams RJ, Albers GW, Bush RL, Fagan SC, et al. Guidelines for the prevention of stroke in patients with stroke or transient ischemic attack. *Stroke*. 2011 ; 42 : 227 - 76.
78. Park JW, Lee SY, Kim SY, Choe H, Jee SH. BMI and stroke risk in korean women. *Obesity*. 2008 ; 16 : 396 - 401.
79. Chen HJ, Bai CH, Yeh WT, Chiu HC, Pan WH. Influence of metabolic syndrome and general obesity on the risk of ischemic stroke. *Stroke*. 2006 ; 37 : 1060 - 64.
80. Ni K, Naz L, Mushtaq S, Rukh L, Ali S, Hussain Z. Ischemic stroke : prevalence of modifiable risk factors in male and female patients in Pakistan. *Pak J Pharm Sci*. 2009 ; 22 : 62 - 7.
81. Mehta S. The glucose paradox of cerebral ischaemia. *J Postgrad Med*. 2003 ; 49 : 299 - 301
82. Furie KL, Singhal AB, Kistler JP. Cardiac embolism. In : Furie KL, Kelly PJ, editors. *Handbook of stroke prevention in clinical practice*. New Jersey : Humana Press ; 2004. p. 187 - 98.

83. Furie KL, Lev MH, Koroshetz WJ, Greer DM. Evaluation of acute stroke etiologies. In : Greer DM, editor. Acute ischemic stroke : an evidence-based approach. New Jersey : John Wiley & Sons ; 2007. p. 197 - 212

JUDUL PENELITIAN

**PENGARUH KADAR GLUKOSA DARAH SEWAKTU TERHADAP
KELUARAN NEUROLOGIK PADA PENDERITA STROKE ISKEMIK
FASE AKUT NONDIABETIK**

INSTANSI PELAKSANA : **RS DR. KARIADI SEMARANG**

**PERSETUJUAN SETELAH PENJELASAN
(INFORMED CONSENT)**

Berikut ini naskah yang akan dibacakan pada Responden / Keluarga Responden Penelitian :

Bapak / Ibu / Sdr Yth

Anda terpilih sebagai responden penelitian yang berhubungan dengan kadar glukosa darah sewaktu sebagai faktor risiko pada penderita stroke yang anda / keluarga anda alami.

Tindakan yang akan Bapak / Ibu / Sdr alami :

- Dilakukan anamnesis (menggunakan kuesioner) dan pemeriksaan fisik neurologik (menggunakan palu refleksi dan senter).
- Pengambilan sampel darah untuk pemeriksaan kadar glukosa darah yang akan dilaksanakan 2 kali, pertama saat pasien masuk ke bangsal rawat inap penyakit saraf dan kedua setelah 24 jam berikutnya.
- Dilakukan penilaian status neurologik menggunakan skor NIHSS pada perawatan hari ke 0, 1 dan saat pasien pulang atau hari ke 7.

Terimakasih atas kerjasama Bapak / Ibu / Sdr.

Setelah mendengar dan memahami penjelasan peneliti, dengan ini saya menyatakan **SETUJU / TIDAK SETUJU** untuk ikut sebagai responden penelitian.

Semarang,

Peserta penelitian

Saksi

Peneliti

()

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(dr. Edward Y.N)

DAFTAR PERTANYAAN DATA DASAR PENELITIAN

NO.	PERTANYAAN		JAWABAN
	IDENTITAS		
1	Nomor penelitian		
2	Tanggal pemeriksaan		
3	Nama		
4	Alamat		
5	Nomor CM/Register		
6	Tanggal/jam masuk RS		
7	Jenis kelamin	1. Laki-laki 2. Perempuan	
8	Umur (tahun)		
9	Status perkawinan	1. Kawin 2. Janda/duda 3. Belum kawin	
10	Pendidikan	1. SD 2. SLTP 3. SLTA 4. S1 5. Tidak sekolah	
11	Pekerjaan	1. PNS / TNI 2. Wiraswasta 3. Pedagang 4. Buruh / Tani 5. Tidak bekerja	
	ANAMNESIS		
12	Defisit neurologis		
13	Tanggal/jam serangan		
14	Kedinian datang ke RS	1. < 48 jam 2. 49 - 72 jam	
15	Riwayat DM	1. Ya 2. Tidak	
16	Riwayat hipertensi	1. Ya 2. Tidak	
17	Riwayat merokok	1. Ya 2. Tidak	
	PEMERIKSAAN FISIK		
18	Tinggi badan (cm)		

19	Berat badan (kg)		
20	Body Mass Index	1. Kurus (< 18,5)	
		2. Normal (18,5-25)	
		3. Overweight (25-30)	
		4. Obesitas (> 30)	
21	Glasgow Coma Scale		
22	Tekanan darah (mmHg)		
23	Nadi (x/menit)		
24	Suhu (°C)		
25	Pernafasan (x/menit)		
26	Jantung	1. Normal	
		2. Tidak normal	
27	Pemeriksaan EKG	1. Normal	
		2. Tidak normal	
PEMERIKSAAN NEUROLOGIS			
28	Skor NIHSS < 48 jam onset		
29	Skor NIHSS 49 - 72 jam onset		
30	Skor NIHSS hari ke 7 onset		
PEMERIKSAAN PENUNJANG			
31	Lokasi infark	1. Kortikal	
		2. Subkortikal	
		3. Batang otak	
		4. Campuran	
		5. Normal	
32	Kadar Hb (gr%)		
33	Leukosit (mm ³)		
34	Trombosit (mm ³)		
35	Hematokrit (%)		
36	Kadar glukosa darah sewaktu	1. < 48 jam onset	
		2. 49 - 72 jam onset	
		3. Hari ke 7 onset	
37	Kadar kolesterol total (mg%)		
38	Kadar Trigliserida (mg%)		
39	Kadar HDL (mg%)		
40	Kadar LDL (mg%)		
KETERANGAN			
41	Alasan pulang sebelum hari ke 7 onset		

NATIONAL INSTITUTES OF HEALTH STROKE SCALES (NIHSS)

NIHSS		1	2	3
1a	Derajat kesadaran 0 = sadar penuh 1 = somnolen 2 = stupor 3 = tidak respon atau hanya terdapat reflek			
1b	Menjawab pertanyaan 0 = dapat menjawab dua pertanyaan dengan benar (misalnya bulan apa sekarang dan usia pasien) 1 = hanya dapat menjawab satu pertanyaan dengan benar / tidak dapat berbicara karena terpasang pipa endotrakeal atau disartria 2 = tidak dapat menjawab kedua pertanyaan dengan benar / afasia / stupor			
1c	Mengikuti perintah 0 = dapat melakukan dua perintah dengan benar (misalnya buka dan tutup mata, kepal dan buka tangan pada sisi yang sehat) 1 = hanya dapat melakukan satu perintah dengan benar 2 = tidak dapat melakukan kedua perintah dengan benar			
2	Gerakan mata konyugat horisontal 0 = normal 1 = kelumpuhan parsial 2 = deviasi konyugat yang kuat atau paresis konyugat total pada kedua mata, tidak dapat diatasi dengan manuver okulosefalik			
3	Lapangan pandang pada tes konfrontasi 0 = tidak ada gangguan 1 = hemianopia parsial 2 = hemianopsia total 3 = hemianopsia bilateral (termasuk juga buta kortikal)			
4	Paresis wajah 0 = normal 1 = paresis ringan (sulkus nasolabialis mendatar, terdapat asimetri) 2 = paresis parsial (paresis total/hampir total wajah bagian bawah) 3 = paresis total (tidak ada gerakan dari wajah atas dan bawah)			
5a	Motorik lengan kiri 0 = tidak ada simpangan bila pasien disuruh mengangkat lengannya pada posisi 90°/45° selama 10 detik 1 = lengan menyimpang ke bawah sebelum 10 detik 2 = lengan terjatuh ke kasur atau badan atau tidak dapat diluruskan secara penuh 3 = tidak dapat melawan gravitasi 4 = tidak ada gravitasi 9 = tidak dapat diperiksa			
5b	Motorik lengan kanan (idem)			
6a	Motorik tungkai kiri 0 = tidak ada simpangan bila pasien disuruh mengangkat tungkai pada posisi 30° selama 5 detik 1 = tungkai menyimpang ke bawah sebelum 5 detik 2 = tungkai terjatuh ke kasur atau tidak dapat diluruskan secara penuh 3 = tidak dapat melawan gravitasi 4 = tidak ada gravitasi 9 = tidak dapat diperiksa			

6b	Motorik tungkai kanan (idem)			
7	Ataksia anggota badan 0 = tidak 1 = pada satu sisi 2 = pada kedua sisi 9 = tidak dapat diperiksa			
8	Sensorik 0 = normal 1 = defisit ringan-sedang 2 = defisit berat (gangguan rasa raba pada wajah, lengan dan tungkai)			
9	Bahasa terbaik 0 = tidak ada afasia 1 = afasia ringan – sedang 2 = afasia berat 3 = mutisme			
10	Disartria 0 = artikulasi normal 1 = disartria ringan – sedang (masih dapat dimengerti) 2 = disartria berat 9 = tidak dapat diperiksa			
11	Neglect / tidak ada atensi 0 = tidak ada 1 = gangguan bilateral dari salah satu modalitas berikut : pengenalan personal, visual, taktil, dan spasial 2 = gangguan pada lebih dari satu modalitas			
SKOR TOTAL NIHSS				

HASIL ANALISIS DATA

Jenis kelamin * Kategori NIHSS hari ke 7 Crosstabulation

			Kategori NIHSS hari ke 7				Total
			Ringan	Sedang	Berat	Sangat berat	
Jenis kelamin	Laki-laki	Count	7	9	1	2	19
		% of Total	21,9%	28,1%	3,1%	6,3%	59,4%
	Perempuan	Count	5	7	1	0	13
		% of Total	15,6%	21,9%	3,1%	,0%	40,6%
Total		Count	12	16	2	2	32
		% of Total	37,5%	50,0%	6,3%	6,3%	100,0%

Descriptives

			Statistic	Std. Error
Umur	Mean		53,94	1,649
	95% Confidence Interval for Mean	Lower Bound	50,58	
		Upper Bound	57,30	
	5% Trimmed Mean		53,85	
	Median		53,00	
	Variance		86,964	
	Std. Deviation		9,325	
	Minimum		34	
	Maximum		74	
	Range		40	
	Interquartile Range		13	
	Skewness		,188	,414
	Kurtosis		-,155	,809

umur 51 * Kategori NIHSS hari ke 7 Crosstabulation

			Kategori NIHSS hari ke 7				Total
			Ringan	Sedang	Berat	Sangat berat	
umur 51	<51 tahun	Count	4	6	1	1	12
		% within Kategori NIHSS hari ke 7	33,3%	37,5%	50,0%	50,0%	37,5%
	=51 tahun	Count	8	10	1	1	20
		% within Kategori NIHSS hari ke 7	66,7%	62,5%	50,0%	50,0%	62,5%
Total		Count	12	16	2	2	32
		% within Kategori NIHSS hari ke 7	100,0%	100,0%	100,0%	100,0%	100,0%

Riwayat Hipertensi * Kategori NIHSS hari ke 7 Crosstabulation

			Kategori NIHSS hari ke 7				Total
			Ringan	Sedang	Berat	Sangat berat	
Riwayat Hipertensi	+	Count	9	12	2	2	25
		% of Total	28,1%	37,5%	6,3%	6,3%	78,1%
	-	Count	3	4	0	0	7
		% of Total	9,4%	12,5%	,0%	,0%	21,9%
Total		Count	12	16	2	2	32
		% of Total	37,5%	50,0%	6,3%	6,3%	100,0%

Dislipidemia * Kategori NIHSS hari ke 7 Crosstabulation

			Kategori NIHSS hari ke 7				Total
			Ringan	Sedang	Berat	Sangat berat	
Dislipidemia	+	Count	11	11	1	2	25
		% of Total	34,4%	34,4%	3,1%	6,3%	78,1%
	-	Count	1	5	1	0	7
		% of Total	3,1%	15,6%	3,1%	,0%	21,9%
Total	Count	12	16	2	2	32	
	% of Total	37,5%	50,0%	6,3%	6,3%	100,0%	

Merokok * Kategori NIHSS hari ke 7 Crosstabulation

			Kategori NIHSS hari ke 7				Total
			Ringan	Sedang	Berat	Sangat berat	
Merokok	+	Count	3	5	0	1	9
		% of Total	9,4%	15,6%	,0%	3,1%	28,1%
	-	Count	9	11	2	1	23
		% of Total	28,1%	34,4%	6,3%	3,1%	71,9%
Total	Count	12	16	2	2	32	
	% of Total	37,5%	50,0%	6,3%	6,3%	100,0%	

Infark Miokard * Kategori NIHSS hari ke 7 Crosstabulation

			Kategori NIHSS hari ke 7				Total
			Ringan	Sedang	Berat	Sangat berat	
Infark Miokard	+	Count	5	3	0	1	9
		% of Total	15,6%	9,4%	,0%	3,1%	28,1%
	-	Count	7	13	2	1	23
		% of Total	21,9%	40,6%	6,3%	3,1%	71,9%
Total	Count	12	16	2	2	32	
	% of Total	37,5%	50,0%	6,3%	6,3%	100,0%	

BMI * Kategori NIHSS hari ke 7 Crosstabulation

			Kategori NIHSS hari ke 7				Total
			Ringan	Sedang	Berat	Sangat berat	
BMI	Normal (18,5 - 25)	Count	7	11	1	1	20
		% within BMI	35,0%	55,0%	5,0%	5,0%	100,0%
	Overw eight (25 - 30)	Count	4	5	0	1	10
		% within BMI	40,0%	50,0%	,0%	10,0%	100,0%
	Obesitas (> 30)	Count	1	0	1	0	2
		% within BMI	50,0%	,0%	50,0%	,0%	100,0%
Total	Count	12	16	2	2	32	
	% within BMI	37,5%	50,0%	6,3%	6,3%	100,0%	

Descriptives

			Statistic	Std. Error
GDS < 48 jam	Mean		117,47	5,260
	95% Confidence Interval for Mean	Lower Bound	106,74	
		Upper Bound	128,20	
	5% Trimmed Mean		115,69	
	Median		106,00	
	Variance		885,289	
	Std. Deviation		29,754	
	Minimum		73	
	Maximum		194	
	Range		121	
	Interquartile Range		35	
	Skewness		1,073	,414
	Kurtosis		,639	,809

Tests of Normality

	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
GDS < 48 jam	,187	32	,006	,904	32	,008

a. Lilliefors Significance Correction

Descriptives

			Statistic	Std. Error
GDS 49 - 72 jam	Mean		115,06	4,707
	95% Confidence Interval for Mean	Lower Bound	105,46	
		Upper Bound	124,66	
	5% Trimmed Mean		113,52	
	Median		108,00	
	Variance		708,899	
	Std. Deviation		26,625	
	Minimum		71	
	Maximum		182	
	Range		111	
	Interquartile Range		32	
	Skewness		1,070	,414
	Kurtosis		,772	,809

Tests of Normality

	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
GDS 49 - 72 jam	,160	32	,036	,906	32	,009

a. Lilliefors Significance Correction

Descriptives

			Statistic	Std. Error
KOL. TOTAL	Mean		202,75	6,344
	95% Confidence Interval for Mean	Lower Bound	189,81	
		Upper Bound	215,69	
	5% Trimmed Mean		202,83	
	Median		202,50	
	Variance		1287,742	
	Std. Deviation		35,885	
	Minimum		129	
	Maximum		280	
	Range		151	
	Interquartile Range		44	
	Skewness		-,034	,414
	Kurtosis		-,110	,809
	TRIGLISERIDA	Mean		122,13
95% Confidence Interval for Mean		Lower Bound	102,73	
		Upper Bound	141,52	
5% Trimmed Mean			117,31	
Median			105,00	
Variance			2895,145	
Std. Deviation			53,807	
Minimum			61	
Maximum			273	
Range			212	
Interquartile Range			48	
Skewness			1,492	,414
Kurtosis			1,850	,809
HDL		Mean		43,81
	95% Confidence Interval for Mean	Lower Bound	40,82	
		Upper Bound	46,81	
	5% Trimmed Mean		43,40	
	Median		40,50	
	Variance		68,931	
	Std. Deviation		8,302	
	Minimum		32	
	Maximum		63	
	Range		31	
	Interquartile Range		11	
	Skewness		,772	,414
	Kurtosis		-,061	,809
	LDL	Mean		125,56
95% Confidence Interval for Mean		Lower Bound	114,71	
		Upper Bound	136,42	
5% Trimmed Mean			124,92	
Median			122,50	
Variance			906,190	
Std. Deviation			30,103	
Minimum			79	
Maximum			184	
Range			105	
Interquartile Range			38	
Skewness			,427	,414
Kurtosis			-,530	,809

Tests of Normality

	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
KOL. TOTAL	,100	32	,200*	,986	32	,938
TRIGLISERIDA	,189	32	,005	,842	32	,000
HDL	,177	32	,012	,925	32	,028
LDL	,140	32	,115	,943	32	,089

*. This is a lower bound of the true significance.

a. Lilliefors Significance Correction

Jenis kelamin * Kategori NIHSS hari 7Gabung Crosstabulation

			Kategori NIHSS hari 7Gabung		Total
			Ringan	Sedang+ Berat+Sangat Berat	
Jenis kelamin	Laki-laki	Count	7	12	19
		Expected Count	7,1	11,9	19,0
	Perempuan	Count	5	8	13
		Expected Count	4,9	8,1	13,0
Total		Count	12	20	32
		Expected Count	12,0	20,0	32,0

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	,009 ^b	1	,926		
Continuity Correction ^a	,000	1	1,000		
Likelihood Ratio	,009	1	,926		
Fisher's Exact Test				1,000	,607
Linear-by-Linear Association	,008	1	,927		
N of Valid Cases	32				

a. Computed only for a 2x2 table

b. 1 cells (25,0%) have expected count less than 5. The minimum expected count is 4,88.

Riwayat Hipertensi * Kategori NIHSS hari 7Gabung Crosstabulation

		Kategori NIHSS hari 7Gabung		Total
		Ringan	Sedang+ Berat+Sangat Berat	
Riwayat Hipertensi +	Count	9	16	25
	Expected Count	9,4	15,6	25,0
-	Count	3	4	7
	Expected Count	2,6	4,4	7,0
Total	Count	12	20	32
	Expected Count	12,0	20,0	32,0

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	,110 ^b	1	,740		
Continuity Correction ^a	,000	1	1,000		
Likelihood Ratio	,108	1	,742		
Fisher's Exact Test				1,000	,535
Linear-by-Linear Association	,106	1	,744		
N of Valid Cases	32				

a. Computed only for a 2x2 table

b. 2 cells (50,0%) have expected count less than 5. The minimum expected count is 2,63.

Dislipidemia * Kategori NIHSS hari 7Gabung Crosstabulation

		Kategori NIHSS hari 7Gabung		Total
		Ringan	Sedang+ Berat+Sangat Berat	
Dislipidemia +	Count	11	14	25
	Expected Count	9,4	15,6	25,0
-	Count	1	6	7
	Expected Count	2,6	4,4	7,0
Total	Count	12	20	32
	Expected Count	12,0	20,0	32,0

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	2,060 ^b	1	,151		
Continuity Correction ^a	,987	1	,320		
Likelihood Ratio	2,302	1	,129		
Fisher's Exact Test				,212	,161
Linear-by-Linear Association	1,996	1	,158		
N of Valid Cases	32				

a. Computed only for a 2x2 table

b. 2 cells (50,0%) have expected count less than 5. The minimum expected count is 2,63.

Merokok * Kategori NIHSS hari 7Gabung Crosstabulation

		Kategori NIHSS hari 7Gabung		Total
		Ringan	Sedang+ Berat+Sangat Berat	
Merokok +	Count	3	6	9
	Expected Count	3,4	5,6	9,0
-	Count	9	14	23
	Expected Count	8,6	14,4	23,0
Total	Count	12	20	32
	Expected Count	12,0	20,0	32,0

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	,093 ^b	1	,761		
Continuity Correction ^a	,000	1	1,000		
Likelihood Ratio	,094	1	,760		
Fisher's Exact Test				1,000	,546
Linear-by-Linear Association	,090	1	,764		
N of Valid Cases	32				

a. Computed only for a 2x2 table

b. 1 cells (25,0%) have expected count less than 5. The minimum expected count is 3,38.

Infark Miokard * Kategori NIHSS hari 7Gabung Crosstabulation

		Kategori NIHSS hari 7Gabung		Total
		Ringan	Sedang+ Berat+Sangat Berat	
Infark Miokard +	Count	5	4	9
	Expected Count	3,4	5,6	9,0
-	Count	7	16	23
	Expected Count	8,6	14,4	23,0
Total	Count	12	20	32
	Expected Count	12,0	20,0	32,0

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	1,742 ^b	1	,187		
Continuity Correction ^a	,835	1	,361		
Likelihood Ratio	1,708	1	,191		
Fisher's Exact Test				,240	,180
Linear-by-Linear Association	1,687	1	,194		
N of Valid Cases	32				

a. Computed only for a 2x2 table

b. 1 cells (25,0%) have expected count less than 5. The minimum expected count is 3,38.

Kolmogorov Smirnov BMI dengan NIHSS hari ke 7

Frequencies

Kategori NIHSS		N
BMI	Ringan	12
	Sedang+Berat+	
	Sangat Berat	20
	Total	32

Test Statistics^a

		BMI
Most Extreme Differences	Absolute	,067
	Positive	,067
	Negative	,000
Kolmogorov-Smirnov Z		,183
Asymp. Sig. (2-tailed)		1,000

a. Grouping Variable: Kategori NIHSS hari 7Gabung

Skor NIHSS <48 jam

Descriptives

			Statistic	Std. Error
Skor NIHSS < 48 jam	Mean		9,78	1,641
	95% Confidence Interval for Mean	Lower Bound	6,43	
		Upper Bound	13,13	
	5% Trimmed Mean		8,80	
	Median		7,00	
	Variance		86,176	
	Std. Deviation		9,283	
	Minimum		1	
	Maximum		37	
	Range		36	
	Interquartile Range		8	
	Skewness		1,838	,414
	Kurtosis		2,715	,809

Tests of Normality

	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Skor NIHSS < 48 jam	,252	32	,000	,753	32	,000

a. Lilliefors Significance Correction

Kategori NIHSS < 48 jam

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Ringan	11	34,4	34,4	34,4
	Sedang	16	50,0	50,0	84,4
	Berat	1	3,1	3,1	87,5
	Sangat berat	4	12,5	12,5	100,0
	Total	32	100,0	100,0	

Skor NIHSS 49-72 jam

Descriptives

			Statistic	Std. Error
Skor NIHSS 49 - 72 jam	Mean		9,31	1,601
	95% Confidence Interval for Mean	Lower Bound	6,05	
		Upper Bound	12,58	
	5% Trimmed Mean		8,30	
	Median		6,50	
	Variance		82,028	
	Std. Deviation		9,057	
	Minimum		1	
	Maximum		37	
	Range		36	
	Interquartile Range		8	
	Skewness		1,878	,414
	Kurtosis		3,145	,809

Tests of Normality

	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Skor NIHSS 49 - 72 jam	,233	32	,000	,767	32	,000

a. Lilliefors Significance Correction

Kategori NIHSS 49 - 72 jam

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Ringan	11	34,4	34,4	34,4
	Sedang	16	50,0	50,0	84,4
	Berat	3	9,4	9,4	93,8
	Sangat berat	2	6,3	6,3	100,0
	Total	32	100,0	100,0	

Descriptives

			Statistic	Std. Error
Skor NIHSS hari ke 7	Mean		8,00	1,552
	95% Confidence Interval for Mean	Lower Bound	4,83	
		Upper Bound	11,17	
	5% Trimmed Mean		6,90	
	Median		5,50	
	Variance		77,097	
	Std. Deviation		8,780	
	Minimum		0	
	Maximum		37	
	Range		37	
	Interquartile Range		7	
	Skewness		2,269	,414
	Kurtosis		5,059	,809

Tests of Normality

	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Skor NIHSS hari ke 7	,250	32	,000	,714	32	,000

a. Lilliefors Significance Correction

Kategori NIHSS hari ke 7

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Ringan	12	37,5	37,5	37,5
	Sedang	16	50,0	50,0	87,5
	Berat	2	6,3	6,3	93,8
	Sangat berat	2	6,3	6,3	100,0
	Total	32	100,0	100,0	

Friedman Test

Ranks

	Mean Rank
Skor NIHSS < 48 jam	2,47
Skor NIHSS 49 - 72 jam	2,20
Skor NIHSS hari ke 7	1,33

Test Statistics^a

N	32
Chi-Square	39,973
df	2
Asymp. Sig.	,000

a. Friedman Test

Analisis Post Hoc Wilcoxon

Ranks

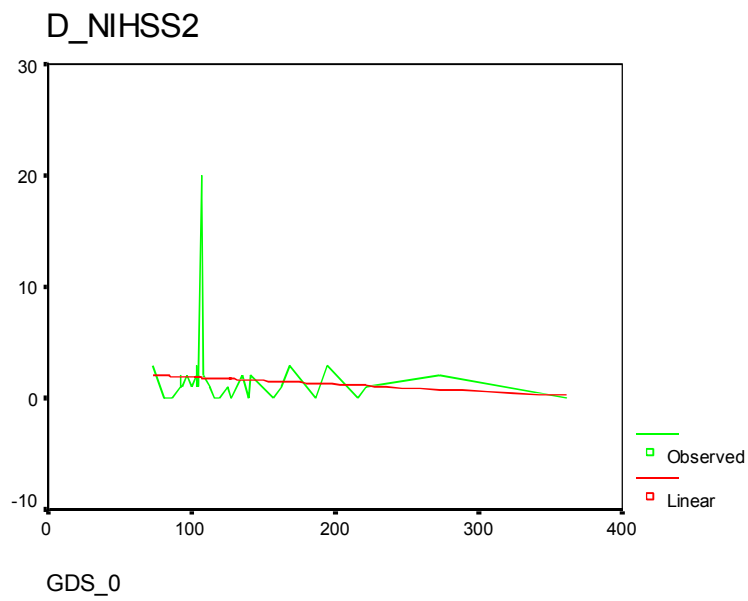
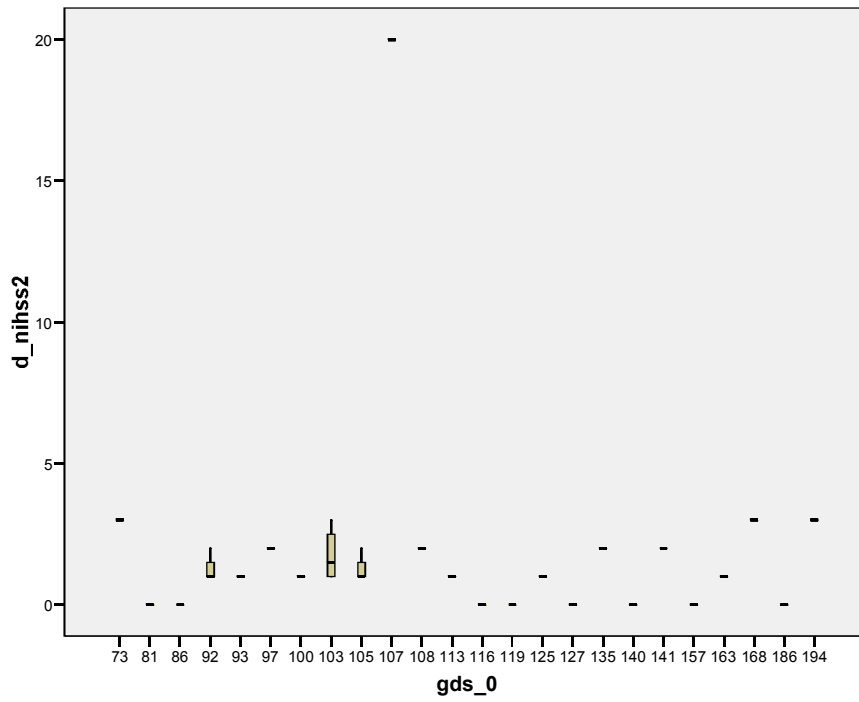
		N	Mean Rank	Sum of Ranks
Skor NIHSS hari ke 7 - Skor NIHSS < 48 jam	Negative Ranks	23 ^a	12,00	276,00
	Positive Ranks	0 ^b	,00	,00
	Ties	9 ^c		
	Total	32		
Skor NIHSS hari ke 7 - Skor NIHSS 49 - 72 jam	Negative Ranks	20 ^d	10,50	210,00
	Positive Ranks	0 ^e	,00	,00
	Ties	12 ^f		
	Total	32		
Skor NIHSS 49 - 72 jam - Skor NIHSS < 48 jam	Negative Ranks	7 ^g	4,00	28,00
	Positive Ranks	0 ^h	,00	,00
	Ties	25 ⁱ		
	Total	32		

- a. Skor NIHSS hari ke 7 < Skor NIHSS < 48 jam
- b. Skor NIHSS hari ke 7 > Skor NIHSS < 48 jam
- c. Skor NIHSS hari ke 7 = Skor NIHSS < 48 jam
- d. Skor NIHSS hari ke 7 < Skor NIHSS 49 - 72 jam
- e. Skor NIHSS hari ke 7 > Skor NIHSS 49 - 72 jam
- f. Skor NIHSS hari ke 7 = Skor NIHSS 49 - 72 jam
- g. Skor NIHSS 49 - 72 jam < Skor NIHSS < 48 jam
- h. Skor NIHSS 49 - 72 jam > Skor NIHSS < 48 jam
- i. Skor NIHSS 49 - 72 jam = Skor NIHSS < 48 jam

Test Statistics^b

	Skor NIHSS hari ke 7 - Skor NIHSS < 48 jam	Skor NIHSS hari ke 7 - Skor NIHSS 49 - 72 jam	Skor NIHSS 49 - 72 jam - Skor NIHSS < 48 jam
Z	-4,268 ^a	-4,089 ^a	-2,392 ^a
Asymp. Sig. (2-tailed)	,000	,000	,017

- a. Based on positive ranks.
- b. Wilcoxon Signed Ranks Test



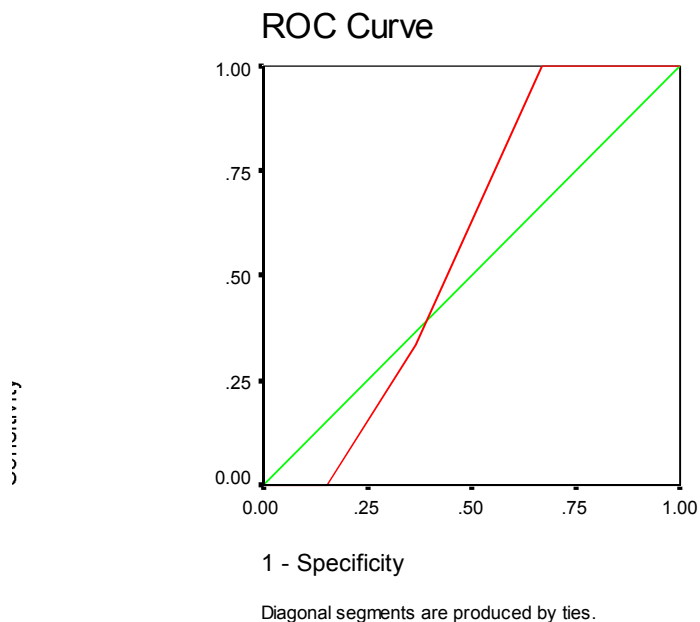
D_NIHSS2 = selisih NIHSS 48 jam onset dengan hari ke 7 onset

Case Processing Summary

GDS_0	Valid N (listwise)
Positive ^a	3
Negative	33
Missing	1

Larger values of the test result variable(s) indicate stronger evidence for a positive actual state.

a. The positive actual state is 105.



Area Under the Curve

Test Result Variable(s): D_NIHSS2

Area	Std. Error ^a	Asymptotic Sig. ^b	Asymptotic 95% Confidence Interval	
			Lower Bound	Upper Bound
.571	.112	.689	.351	.790

The test result variable(s): D_NIHSS2 has at least one tie between the positive actual state group and the negative actual state group. Statistics may be biased.

a. Under the nonparametric assumption

b. Null hypothesis: true area = 0.5

Coordinates of the Curve

Test Result Variable(s): D_NIHSS2

Positive if Greater Than or Equal To ^a	Sensitivity	1 - Specificity
-1.00	1.000	1.000
.50	1.000	.667
1.50	.333	.364
2.50	.000	.152
11.50	.000	.030
21.00	.000	.000

The test result variable(s): D_NIHSS2 has at least one tie between the positive actual state group and the negative actual state group.

- a. The smallest cutoff value is the minimum observed test value minus 1, and the largest cutoff value is the maximum observed test value plus 1. All the other cutoff values are the averages of two consecutive ordered observed test values.

Correlations

			GDS_0	D_NIHSS1	D_NIHSS2
Spearman's rho	GDS_0	Correlation Coefficient	1.000	.176	-.149
		Sig. (2-tailed)	.	.306	.386
		N	36	36	36
	D_NIHSS1	Correlation Coefficient	.176	1.000	.671**
		Sig. (2-tailed)	.306	.	.000
		N	36	36	36
	D_NIHSS2	Correlation Coefficient	-.149	.671**	1.000
		Sig. (2-tailed)	.386	.000	.
		N	36	36	36

** Correlation is significant at the 0.01 level (2-tailed).

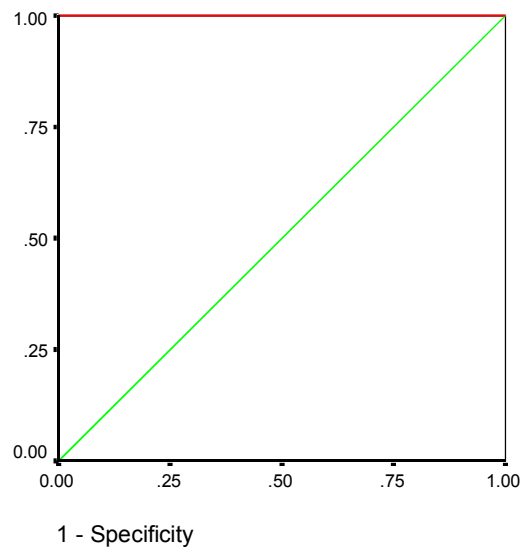
Case Processing Summary

GDS_0	Valid N (listwise)
Positive ^a	1
Negative	35
Missing	1

Larger values of the test result variable(s) indicate stronger evidence for a positive actual state.

- a. The positive actual state is 107.

ROC Curve



Area Under the Curve

Test Result Variable(s): D NIHSS2

Area	Std. Error ^a	Asymptotic Sig. ^b	Asymptotic 95% Confidence Interval	
			Lower Bound	Upper Bound
1.000	.000	.092	1.000	1.000

- a. Under the nonparametric assumption
- b. Null hypothesis: true area = 0.5

Coordinates of the Curve

Test Result Variable(s): D NIHSS2

Positive if Greater Than or Equal To ^a	Sensitivity	1 - Specificity
-1.00	1.000	1.000
.50	1.000	.686
1.50	1.000	.343
2.50	1.000	.114
11.50	1.000	.000
21.00	.000	.000

- a. The smallest cutoff value is the minimum observed test value minus 1, and the largest cutoff value is the maximum observed test value plus 1. All the other cutoff values are the averages of two consecutive ordered observed test values.

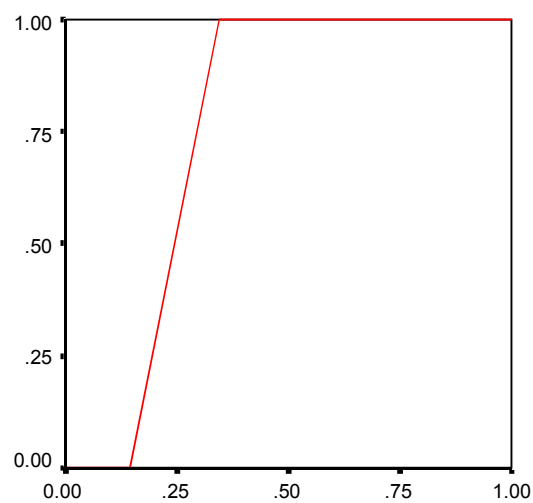
Case Processing Summary

GDS_0	Valid N (listwise)
Positive ^a	1
Negative	35
Missing	1

Larger values of the test result variable(s) indicate stronger evidence for a positive actual state.

a. The positive actual state is 108.

ROC Curve



1 - Specificity

Diagonal segments are produced by ties.

Regression

Variables Entered/Removed^a

Model	Variables Entered	Variables Removed	Method
1	GDS_0 ^a	.	Enter

a. All requested variables entered.

b. Dependent Variable: D_NIHSS2

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.114 ^a	.013	-.016	3.321

a. Predictors: (Constant), GDS_0

ANOVA^b

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	4.926	1	4.926	.447	.508 ^a
	Residual	375.074	34	11.032		
	Total	380.000	35			

a. Predictors: (Constant), GDS_0

b. Dependent Variable: D_NIHSS2

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.521	1.393		1.809	.079
	GDS_0	-.006	.010	-.114	-.668	.508

a. Dependent Variable: D_NIHSS2

Cut off point kadar GDS 105 mg/dl :

Kategori NIHSS hari 7Gabung * Hiperglikemia Cross tabulation

Count		Hiperglikemia		Total
		Euglikemia	Hiperglikemia	
Kategori NIHSS hari 7Gabung	Ringan	7	5	12
	Sedang+Berat+Sangat Berat	9	11	20
Total		16	16	32

Nilai duga positif = $11/20 = 55\%$

Nilai duga negatif = $7/12 = 58,3\%$

Sensitivitas = $11/16 = 68,75\%$

Spesifisitas = $7/16 = 43,75\%$

False positive rate (α) = (1-specificity) = $9/16 = 56,25\%$

False negative rate (β) = (1-sensitivity) = $5/16 = 3,25\%$

Likelihood ratio positive = $68,75 / 56,25 = 1,2$

Likelihood ratio negative = $31,25 / 43,75 = 0,71$

NO.	NAMA	UMUR	JENIS KELAMIN	STATUS	PENDIDIKAN	PEKERJAAN	RPD		TB	BB	BMI	GCS
							HIPERTENSI	MEROKOK				
1	HS	43	Laki-laki	Kawin	SD	Tidak bekerja	Tidak	Tidak	168	55	Normal	15
2	PR	64	Perempuan	Kawin	SD	Tidak bekerja	Ya	Tidak	145	50	Normal	15
3	PJ	68	Laki-laki	Kawin	SD	Buruh / Tani	Ya	Tidak	168	80	Overweight	15
4	MZ	53	Perempuan	Kawin	SD	Tidak bekerja	Ya	Tidak	155	60	Normal	15
5	MD	57	Laki-laki	Kawin	SLTA	Wiraswasta	Ya	Ya	165	65	Normal	15
6	AS	48	Perempuan	Kawin	SLTP	Tidak bekerja	Ya	Tidak	155	55	Normal	15
7	SG	47	Laki-laki	Kawin	SLTA	Wiraswasta	Tidak	Tidak	170	65	Normal	15
8	RY	62	Perempuan	Kawin	SD	Tidak bekerja	Ya	Tidak	160	65	Overweight	15
9	JS	72	Perempuan	Kawin	SD	Buruh / Tani	Ya	Tidak	155	45	Normal	15
10	WY	56	Laki-laki	Kawin	SLTP	Buruh / Tani	Ya	Ya	165	70	Overweight	15
11	AE	40	Laki-laki	Kawin	SLTP	Wiraswasta	Tidak	Ya	165	80	Overweight	15
12	WU	53	Perempuan	Kawin	SD	Tidak bekerja	Tidak	Tidak	155	45	Normal	8
13	SM	45	Perempuan	Janda	SD	Buruh / Tani	Ya	Tidak	155	60	Normal	15
14	KT	48	Perempuan	Kawin	SLTA	Tidak bekerja	Ya	Tidak	160	60	Normal	15
15	SGO	55	Laki-laki	Kawin	SLTA	Wiraswasta	Tidak	Tidak	168	70	Normal	15
16	SK	34	Laki-laki	Kawin	SLTP	Tidak bekerja	Ya	Tidak	155	45	Normal	15
17	SJ	64	Perempuan	Kawin	Tidak Sekolah	Tidak bekerja	Ya	Tidak	160	55	Normal	15
18	MIKM	44	Laki-laki	Kawin	SLTP	Wiraswasta	Ya	Tidak	160	60	Normal	15
19	PM	57	Laki-laki	Kawin	SD	Wiraswasta	Ya	Ya	165	80	Overweight	15
20	KA	58	Laki-laki	Kawin	SD	Wiraswasta	Tidak	Tidak	170	65	Normal	15
21	IS	49	Perempuan	Kawin	SD	Tidak bekerja	Ya	Tidak	150	55	Normal	15
22	JS	49	Laki-laki	Kawin	S1	Wiraswasta	Ya	Ya	165	80	Overweight	7
23	KM	46	Perempuan	Kawin	SLTP	Tidak bekerja	Ya	Tidak	155	65	Overweight	15
24	MJ	74	Laki-laki	Duda	SD	Tidak bekerja	Ya	Ya	165	55	Normal	15
25	HT	49	Laki-laki	Kawin	SD	Wiraswasta	Ya	Tidak	160	80	Obesitas	15
26	PJ	64	Laki-laki	Kawin	Tidak Sekolah	Tidak bekerja	Ya	Tidak	168	60	Normal	11
27	ST	56	Laki-laki	Kawin	S1	Wiraswasta	Ya	Ya	160	70	Overweight	15
28	SKM	63	Laki-laki	Kawin	SD	Tidak bekerja	Ya	Ya	155	60	Normal	15
29	AR	50	Laki-laki	Kawin	SLTA	Wiraswasta	Tidak	Ya	165	70	Overweight	15
30	SKI	58	Perempuan	Kawin	SD	Tidak bekerja	Ya	Tidak	163	54	Normal	15
31	NGT	54	Perempuan	Kawin	SLTP	Tidak bekerja	Ya	Tidak	155	60	Normal	15
32	STY	51	Perempuan	Kawin	SD	Tidak bekerja	Ya	Tidak	158	60	Normal	15
33	SA	54	Perempuan	Kawin	SD	Tidak bekerja	Ya	Tidak	156	50	Normal	15
34	CHD	41	Perempuan	Kawin	SD	Tidak bekerja	Ya	Tidak	155	68	Overweight	15
35	DJF	51	Laki-laki	Kawin	SLTA	Wiraswasta	Ya	Tidak	170	95	Obesitas	15
36	SM	51	Perempuan	Kawin	SLTP	Tidak bekerja	Ya	Tidak	147	55	Overweight	15

SISTOL	TD	Infark Miokard	SKOR NIHSS		GDS		KOL. TOTAL	TRIGL	HDL	LDL		
			< 48 JAM	49-72 JAM	HARI KE 7	HARI KE 7					< 48 JAM	49-72 JAM
130	80	Tidak	3	3	3	81	105	93	134	81	32	79
160	90	Tidak	28	25	25	194	141	135	219	76	55	134
140	90	Tidak	3	3	2	92	179	132	150	90	40	82
150	90	Ya	3	1	1	103	150	110	205	136	40	124
130	80	Tidak	2	1	0	141	114	123	189	114	32	130
200	120	Tidak	1	1	0	222	196	135	197	106	54	112
200	120	Tidak	7	7	5	135	98	115	280	217	38	175
140	90	Ya	4	4	3	125	109	93	227	135	63	115
150	80	Tidak	9	9	7	105	123	97	197	119	45	114
200	120	Ya	9	6	6	168	131	119	255	135	49	177
100	80	Tidak	9	8	7	97	115	93	226	98	35	181
80	60	Ya	28	25	8	107	71	107	129	96	41	82
180	90	Ya	7	5	4	103	87	93	156	202	39	81
160	100	Ya	4	4	3	103	88	98	203	263	35	115
130	80	Tidak	9	9	6	73	107	93	158	97	39	99
140	100	Tidak	12	12	11	105	113	94	198	118	45	122
150	90	Tidak	5	5	5	116	106	103	243	72	48	168
170	100	Tidak	6	6	5	163	133	119	183	74	50	104
170	90	Tidak	1	1	1	140	119	93	196	88	38	114
130	80	Tidak	2	2	0	92	102	104	202	183	37	116
150	100	Ya	6	6	5	100	94	90	227	135	63	100
190	110	Tidak	37	37	37	186	182	175	180	99	38	123
180	80	Tidak	8	6	6	273	160	131	100	138	19	51
150	70	Tidak	14	14	12	108	119	90	194	61	47	132
210	110	Tidak	16	16	16	157	164	121	183	88	50	100
160	90	Ya	34	34	34	127	94	90	241	63	55	162
160	110	Tidak	10	10	10	86	149	119	187	139	37	121
130	80	Tidak	9	9	8	113	97	102	203	95	36	141
140	80	Ya	3	3	3	119	109	107	262	119	56	184
150	80	Tidak	7	7	6	103	98	102	172	88	42	96
170	100	Tidak	13	13	13	361	221	135	230	179	40	148
120	80	Tidak	4	4	3	92	87	93	213	162	40	125
150	90	Tidak	7	7	7	216	167	131	216	255	40	122
110	80	Tidak	12	12	11	105	99	112	248	111	49	157
160	80	Tidak	3	3	3	127	102	98	225	273	39	134
170	100	Tidak	7	7	6	93	97	102	203	81	49	131