ABSTRAK

Penelitian ini bertujuan mengetahui perbandingan profil lipid pada pasien Acute Coronary Syndrome (ACS) tipe STEMI dan NSTEMI di RS Royal Prima Medan. Penelitian menggunakan desain analitik observasional dengan pendekatan cross-sectional dan total sampling pada 37 pasien ACS usia 50–69 tahun yang memiliki data profil lipid lengkap. Data sekunder diperoleh dari rekam medis meliputi kadar kolesterol total, HDL, LDL, dan trigliserida. Uji normalitas dilakukan terlebih dahulu, kemudian analisis bivariat memakai uji Mann-Whitney dengan batas signifikansi p<0,05. Hasil penelitian menunjukkan tidak terdapat perbedaan yang bermakna kadar kolesterol total (p=0,889) dan LDL (p=0,464) antara kelompok STEMI dan NSTEMI. Sebaliknya, terdapat perbedaan bermakna pada kadar HDL (p=0,000) dan trigliserida (p=0,015). Temuan ini mengindikasikan bahwa HDL dan trigliserida lebih sensitif sebagai parameter pembeda profil lipid pada pasien ACS dibandingkan kolesterol total dan LDL, sehingga berpotensi dimanfaatkan dalam penilaian risiko dan pertimbangan tatalaksana klinis pasien ACS.

ABSTRACT

This study aims to compare lipid profiles in patients with Acute Coronary Syndrome (ACS) presenting as STEMI and NSTEMI at Royal Prima Hospital Medan. An observational analytic study with a cross-sectional design was conducted using total sampling of 37 ACS patients aged 50–69 years with complete lipid profile data. Secondary data were obtained from medical records, including total cholesterol, HDL, LDL, and triglyceride levels. Normality testing was performed, followed by bivariate analysis using the Mann–Whitney test with a significance level of p<0.05. The results showed no significant differences in total cholesterol (p=0.889) and LDL (p=0.464) between STEMI and NSTEMI groups. In contrast, HDL (p=0.000) and triglyceride levels (p=0.015) differed significantly between the two groups. These findings suggest that HDL and triglycerides are more sensitive discriminative parameters of lipid profile in ACS patients than total cholesterol and LDL, and may be considered in risk assessment and clinical management of ACS.