

## DAFTAR PUSTAKA

1. Alan, E. (2012). REGULASI EKSPRESI GEN dan Real Time PCR. *Tinjauan Pustaka*, V.
2. APA. (2013). *The Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). Washington DC: American Psychiatric Association Publishing.
3. Barr, A. . et al. (2006). The need for speed: an update on methamphetamine addiction. *J Psychiatry Neurosci*, 31(5), 301–313.
4. BDNF Gene. (n.d.). *Genetics Home Reference*. Retrieved from <https://ghr.nlm.nih.gov/gene/BDNF>
5. Bevins, K. M. G. & T. D. L. S. M. W. & M. L. & S. F. S. H. E. G. & G. C. & R. A. (2012). *Methamphetamine-Associated Psychosis*. New York: Neuroimmune Pharmacol.
6. CC.; Dyer, K. (2009). A review of the clinical pharmacology of methamphetamine. *Addiction*, 104(7), 1085–1099. Retrieved from <http://onlinelibrary.wiley.com/doi/10.1111/j.1360-0443.2009.02564.x/full>
7. Daniel F Hermens, Dan I Lubman, Philip B Ward, Sharon L Naismith, I. B. H. (2009). Amphetamine psychosis: a model for studying. *MJA*, 190.
8. Darke, S.; Kaye, S.; McKetin, R.; Duflou, J. (2008). Major physical and psychological harms of methamphetamine use. *Drug Alcohol Rev*, 27(3), 253–262.
9. Gabbard, G. (2014). *Psychodynamic Psychiatry in Clinical Practice* (5th ed.). Virginia: American Psychiatric Association Publishing.
10. Hashimoto K, Tsukada H, N. S. et al. (2004). Protective effects of nacetyl- l-cysteine on the reduction of dopamine transporters in the striatum of monkeys treated with methamphetamine. *Neuropsychopharmacology*, 29, 2018–2023.
11. Hatta, M. (2018). *Pelatihan Aplikasi Teknik Biologi Molekular dan Imunologi dalam Penelitian Bidang Kesehatan*. Makassar: Laboratorium Biologi Molekular dan Imunologi, FK UNHAS.
12. HO, S. O. & M. (2006). *Becker's rational addiction theory: an empirical test with price elasticities for distilled spirits*. Norway: University of Oslo and Norwegian Institute.

13. Joewana, S. (2004). *Gangguan Mental dan Perilaku Akibat Penggunaan Zat Psikoaktif: Penyalahgunaan Napza/Narkoba* (2nd ed.). Jakarta: ECG.
14. John. (2017). *PCP Direct ELISA. Catalog Number MBS580067.*
15. John Brick, C. K. E. (1998). *Drug, The Brain, and Behaviour.* New York: The Haworth Press Inc.
16. Kita T, Wagner GC, N. T. (2003). Current research on methamphetamine- induced neurotoxicity: animal models of monoamine disruption. *J Pharmacol Sci*, 92, 178–195.
17. Long DJ II, J. A. (2000). NRHQuinone oxidoreductase2 (NQO2). *ChemBiol Interact*, 129, 99–112.
18. Maslim, R. (2013). *Pedoman Penggolongan Diagnostik Gangguan Jiwa (PPDGJ) III.* Jakarta: Bagian Ilmu Kedokteran Jiwa FK UNIKA Atma Jaya.
19. Michelle, Lopez, C. (2011). Tahapan Ekspresi Gen. *Riview Article*, 32.
20. Mishra, A. M. R. T. . S. J. vonk. (2018). *Encyclopedia of Animal Cognition and Behavior.* New York: Springer International Publishing.
21. Muhammad, W. (2017). Ekspresi Gen Menggunakan Real-Time PCR. *Tinajaun Pustaka*, IV, 39–50.
22. Neil A Campbell, Jane B. Reece, dan L. G. M. (2002). *Biologi.* Jakarta: Erlangga.
23. NIDA. (2008). *Genetics of addiction: A research update.* Retrieved from <http://www.drugabuse.gov/tib/genetics/html>
24. Ohgake, S. K. H. E. S. (2005). Functional polymorphism of the NQO2 gene is associated with methamphetamine psychosis. *Addiction Biology*, 10, 145–148. <https://doi.org/10.1080/13556210500123423>
25. Okubo T, Harada S, Higuchi S, M. S. (2003). Association analyses between polymorphisms of the phase II detoxification enzymes(GTSM1, NQO1, NQO2) and alcohol withdrawal symptoms. *AlcoholClin Exp Res*, 27(8), 68–71.
26. Oyler JM, Cone EJ, Joseph RE, Moolchan ET, H. M. (2002). Duration of detectable methamphetamine and amphetamine excretion in urine after controlled oral administration of

methamphetamine to humans. Retrieved August 23, 2018, from <http://www.clinchem.org/cgi>

27. Ross D, Kepa JK, Winski SL, Beall HD, Anwar A, S. D. (2000). Nad(p)h:Quinone oxidoreductase 1 (nqo1): Chemoprotection, bioactivation, gene regulation and genetic polymorphisms. *Chem Biol Interact*, 129, 77–79.
28. Rxlist.com. (n.d.). Desoxyn (Methamphetamine Hydrochloride) Drug Information: User Reviews, Side Effects, Drug Interactions and Dosage. Retrieved January 9, 2011, from <http://www.rxlist.com/desoxyn-drug.htm>
29. Suharsono, S., & Fmipa, B. (2015). Struktur dan Ekspresi Gen, 1–18.
30. Suryo. (1996). *Genetika*. Jakarta: Departemen P dan K Direktorat Jendral Pendidikan Tinggi.
31. Temmingh, J. S. A. U. H. S. F. M. H. G. S. D. W. D. J. S. H. (2016). *First-Rank Symptoms in Methamphetamine*. Cape Town: Psychopathology.
32. UNODC, L. and S. S. (2015). *The Challenge of Synthetic Drugs in East and South-East Asia and Oceania : Trends and Patterns of Amphetamine-type Stimulants and New Psychoactive Substances*. Vienna.
33. UU No.35 Tahun 2009 Tentang Narkotika. Indonesia.
34. GC, Carelli RM, J. M. (1985). Pretreatment with ascorbic acid attenuates the neurotoxic effects of methamphetamine in rats. *Research Communications in Chemical Pathology and Pharmacology*, 47(2), 221–228.
35. Lequin, RM (2005). "Enzyme Immunoassay (EIA)/Enzyme-Linked Immunosorbent Assay (ELISA)". *Clinical Chemistry*. 51 (12): 2415–2418.
36. Walker, JM (1994). *Basic Protein and Peptide Protocols*, Volume 32. New Jersey: Humana Press Inc.
37. Barnes, L; Evian, C (2006), Life with HIV and AIDS (edisi ke-2nd), Gallo Manor: Awareness Publishing Group (Pty) Ltd.
38. Koes Irianto (2017). Biologi Molekuler, Penerbit ALFABETA, Bandung, 546-547.

39. Mochammad Hatta, Eko E. Surachmanto, Andi Asadul Islam, Syarifuddin Wahid. 2017. Expression of mRNA IL-17F and sIL-17F in atopic asthma patients. BMC Research Notes.10:202. DOI: 10.1186/s13104-017-2517-9. Published: 12 June (2017)
40. Mahmoudinasab H, Saadat M. 2016. Short-term Exposure to 50-Hz Electromagnetic Field and Alterations in NQO1 and NQO2 Expression in MCF-7 Cells. Open Access Maced J Med Sci. 2016 Dec 15; 4(4):548-550. <https://doi.org/10.3889/oamjms.2016.102>
41. Tomomi Yajima, Atsuhiro Yagihashi, Daisuke Furuya, Hidekazu Kameshima. 1998. Quantitative reverse transcription-PCR assay of the RNA component of human telomerase using the TaqMan fluorogenic detection system. Clinical Chemistry 44:12. 2441–2445
42. Cui-Lan Tang and Zhi Chen. 2009. Differential gene expression between asymptomatic HBV carriers and normal adults. Hepatobiliary Pancreas Dis Int. 8(4); 383-388.
43. Kurniadi H. Wreksoatmodjo B. Napza dan Tubuh Kita. Jakarta : **Yayasan** Jendela . 2004.
44. UNODC. Amphetamine type stimulant and new psychoactive substance. In: Global synthetic drugs assessment 2014. Diambil dari : <http://www.unodc.org>. 24 November 2015.
45. Husin AB, Siste K. Gangguan penggunaan zat. Dalam: Buku ajar psikiatri. Jakarta: FKUI; 2014.h. 143-71.
46. Saddock BJ, Sadock VA, Eds. Comprehensive Textbook of Psychiatry. Edisi X. Philadelphia, Baltimore, New York: Lippincott William & Wilkins, 2007
47. Pamusu D, Amir N, Effendi J, Khamelia, Kembaren L, Aritonang I, et al. Pedoman Nasional Pelayanan Kedokteran (PNPK) Jiwa/Psikiatri. 2012. h. 18-28
48. Direktorat Jenderal Pelayanan Medik Departemen Kesehatan RI. Pedoman Penggolongan Diagnosis Gangguan Jiwa III. Departemen Kesehatan RI, h. 103-2.
49. Hastono, Sutanto Priyo. 2007. Analisis Data Kesehatan. Modul: Fakultas Kesehatan Masyarakat. Jakarta: UI.

50. Sabri, Luknis., Hastono, Susanto Priyo. 2011. Statistik Kesehatan. Depok: Rajagrafindo Persada.
51. Sugiyono. 2015. Statistik Nonparametris Untuk Penelitian. Bandung: Alfabeta
52. Sunyoto, Danang., Setiawan, Ari. 2013. Buku Ajar: statistic Kesehatan. Yogyakarta: Nuha Medika
53. Gonzalez-Liencres et al. BMC Psychiatry 2014, 14:268; <http://www.biomedcentral.com/471-244X/14/268>
54. Addington J, Addington D: Neurocognitive and social functioning in schizophrenia. Schizophr Bull 1999, 25:173–182.
55. L Waddington J, F Buckley P, Scully PJ, Lane A, O'Callaghan E, Larkin C : Course of psychopathology, cognition and neurobiological abnormality in schizophrenia: developmental origins and amelioration by antipsychotics? J Psychiatr Res 1998, 32:179–189.
56. Xu M-Q, Sun W-S, Liu B-X, Feng G-Y, Yu L, Yang L, He G, Sham P, Susser E, St Clair D, He L: Prenatal malnutrition and adult schizophrenia: further evidence from the 1959 –1961 Chinese famine. Schizophr Bull 2009, 35:568–576.
57. Brown AS: Prenatal infection as a risk factor for schizophrenia. Schizophr Bull 2006, 32:200–202.
59. Bray TM, Taylor CG: Tissue glutathione, nutrition, and oxidative stress. Can J Physiol Pharmacol 1993, 71:746–751.
60. Wu D, Cederbaum AI: Alcohol, oxidative stress, and free radical damage. Alcohol Res Health 2003, 27:277–284.
61. Sies H: Oxidative stress: oxidants and antioxidants. Exp Physiol 1997, 82: 291–295.
62. Ranjekar PK, Hinge A, Hegde MV, Ghate M, Kale A, Sitasawad S, Wagh UV, Debsikdar VB, Mahadik SP: Decreased antioxidant enzymes and membrane essential polyunsaturated fatty acids in schizophrenic and bipolar mood disorder patients. Psychiatry Res 2003, 121:109–122.
63. Mukerjee S, Mahadik SP, Scheffer R, Correnti EE, Kelkar H: Impaired antioxidant defense at the onset of psychosis. Schizophr Res 1996, 19:19–26.

64. Boskovic M, Vovk T, Plesnicar BK, Grabnar I: Oxidative stress in schizophrenia. *Curr Neuropharmacol* 2011, 9:301–312.
65. Do KQ, Trabesinger AH, Kirsten-Krüger M, Lauer CJ, Dydak U, Hell D, Holsboer F, Boesiger P, Cuénod M: Schizophrenia: glutathione deficit in cerebrospinal fluid and prefrontal cortex *in vivo*. *Eur J Neurosci* 2000, 12:3721–3728.
66. Wang J-F, Shao L, Sun X, Young LT: Increased oxidative stress in the anterior cingulate cortex of subjects with bipolar disorder and schizophrenia. *Bipolar Disord* 2009, 11:523–529.
67. Prabakaran S, Wengenroth M, Lockstone HE, Lilley K, Leweke FM, Bahn S: 2-D DIGE analysis of liver and red blood cells provides further evidence for oxidative stress in schizophrenia. *J Proteome Res* 2007, 6:141–149.
17. Yao JK, Reddy R, McElhinny LG, van Kammen DP: Reduced status of plasma total antioxidant capacity in schizophrenia. *Schizophr Res* 1998, 32:1–8.
18. Reddy R, Keshavana M, Yao JK: Reduced plasma antioxidants in first- episode patients with schizophrenia. *Schizophr Res* 2003, 62:205–212.
19. Dadheech G, Mishra S, Gautam S, Sharma P: Oxidative stress, α-tocopherol, ascorbic acid and reduced glutathione status in schizophrenics. *Indian J Clin Biochem* 2006, 21:34 – 38.
20. Akyol O, Herken H, Uz E, Fadillioğlu E, Ünal S, Söğüt S, Ozyurt H, Savaş HA: The indices of endogenous oxidative and antioxidative processes in plasma from schizophrenic patients. The possible role of oxidant/ antioxidant imbalance. *Prog Neuropsychopharmacol Biol Psychiatry* 2002, 26:995–1005.
70. Avlović D, Tamburić V, Stojanović I, Kocić G, Jevtović T, Đorđević V: Oxidative stress as marker of positive symptoms in schizophrenia. *Facta Univ* 2002, 9:157–161.
71. Ben Othmen L, Mechri A, Fendri C, Bost M, Chazot G, Gaha L, Kerkeni A: Altered antioxidant defense system in clinically stable patients with schizophrenia and their unaffected siblings. *Prog Neuro-psychopharmacology Bol Psychiatry* 2008, 32:155–159.
72. Dietrich-Muszalska A, Olas B, Rabe-Jablonska J: Oxidative stress in blood platelets from schizophrenic patients. *Platelets* 2005, 16:386–391.
73. Kunz M, Gama CS, Andreazza AC, Salvador M, Ceresér KM, Gomes FA, Belmonte-de-Abreu PS, Berk M, Kapczinski F: Elevated serum superoxide dismutase and thiobarbituric acid reactive substances in

different phases of bipolar disorder and in schizophrenia. *Prog Neuropsychopharmacol Biol Psychiatry* 2008, 32:1677–1681.

74. Rukmini MS, D'Souza B, D'Souza V: Superoxide dismutase and catalase activities and their correlation with malondialdehyde in schizophrenic patients. *Indian J Clin Biochem* 2004, 19:114–118.
75. Zhang XY, Zhou DF, Cao LY, Zhang PY, Wu GY: Elevated blood superoxide dismutase in neuroleptic-free schizophrenia: association with positive symptoms. *Psychiatry Res* 2003, 117:85–88.
76. Gardiner J, Barton D, Overall R, Marc J: Neurotrophic support and oxidative stress: converging effects in the normal and diseased nervous system. *Neurosci* 2009, 15:47.
77. Walz JC, Magalhães PV, Giglio LM, Cunha AB, Stertz L, Fries GR, Andreatta AC, Kapczinski F: Increased serum neurotrophin-4/5 levels in bipolar disorder. *J Psychiatr Res* 2009, 43:721–723.
78. Hock C, Heese K, Hulette C, Rosenberg C, Otten U: Region-specific neurotrophin imbalances in Alzheimer disease: decreased levels of brain-derived Neurotrophic factor and increased levels of nerve growth factor in hippocampus and cortical areas. *Arch Neurol* 2000, 57:846–851.
79. Padurariu M, Ciobica A, Hritcu L, Stoica B, Bild W, Stefanescu C: Changes of some oxidative stress markers in the serum of patients with mild cognitive impairment and Alzheimer's disease. *Neurosci Lett* 2010, 469:6–10.
80. Abeti R, Duchen MR: Activation of PARP by oxidative stress induced by  $\beta$ -amyloid: implications for Alzheimer's disease. *Neurochem Res* 2012, 37:2589–2596.
81. Sergi MJ, Rassovsky Y, Widmark C, Reist C, Erhart S, Braff DL, Marder SR, Green MF: Social cognition in schizophrenia: relationships with neurocognition and negative symptoms. *Schizophr Res* 2007, 90:316–324.
82. Brown EC, Tas C, Brüne M: Potential therapeutic avenues to tackle social cognition problems in schizophrenia. *Expert Rev Neurother* 2012, 12:71–81.
83. Tas C, Danaci AE, Cubukcuoglu Z, Brüne M: Impact of family involvement on social cognition training in clinically stable outpatients with schizophrenia – a randomized pilot study. *Psychiatry Res* 2012, 195:32–38.

84. Addington J, Addington D: Neurocognitive and social functioning in schizophrenia: a 2.5 year follow-up study. *Schizophr Res* 2000; 44:47–56.
85. Couture SM, Granholm EL, Fish SC: A path model investigation of neurocognition, theory of mind, social competence, negative symptoms and real-world functioning in schizophrenia. *Schizophr Res* 2011; 125:152–160.
86. Martínez-Cengotitabengoa M, Mac-Dowell KS, Leza JC, Micó JA, Fernandez M, Echevarría E, Sanjuan J, Elorza J, González-Pinto A: Cognitive impairment is related to oxidative stress and chemokine levels in first psychotic episodes. *Schizophr Res* 2012; 137:66–72.
87. Vasiliou V., Ross D., Nebert DW Update of the NAD(P)H:quinone oxidoreductase (NQO) gene family. *Hum. Genomics.* 2006; 2 :329–335. [ PMC free article ] [ PubMed ] [ Google Scholar ]
88. Gong X., Gutala R., Jaiswal AK Quinone oxidoreductases and vitamin K metabolism. *Vitam. Horm.* 2008; 78 :85–101. [ PubMed ] [ Google Scholar ]
89. Traver RD, Horikoshi T., Danenberg KD, Stadlbauer TH, Danenberg PV, Ross D., Gibson NW NAD(P)H:quinone oxidoreductase gene expression in human colon carcinoma cells: characterization of a mutation which modulates DT-diaphorase activity and mitomycin sensitivity. *Cancer Res.* 1992; 52 :797–802. [ PubMed ] [ Google Scholar ]
90. Gong X., Kole L., Iskander K., Jaiswal AK NRH:quinone oxidoreductase 2 and NAD(P)H:quinone oxidoreductase 1 protect tumor suppressor p53 against 20s proteasomal degradation leading to stabilization and activation of p53. *Cancer Res.* 2007; 67 :5380–5388. [ PubMed ] [ Google Scholar ]
91. Tsvetkov P., Asher G., Reiss V., Shaul Y., Sachs L., Lotem J. Inhibition of NAD(P)H:quinone oxidoreductase 1 activity and induction of p53 degradation by the natural phenolic compound curcumin. *Proc. Natl. Acad. Sci. USA.* 2005; 102 :5535–5540. [ PMC free article ] [ PubMed ] [ Google Scholar ]
92. Wu K., Knox R., Sun XZ, Joseph P., Jaiswal AK, Zhang D., Deng PS, Chen S. Catalytic properties of NAD(P)H:quinone oxidoreductase-2 (NQO2), a dihydronicotinamide riboside dependent oxidoreductase. *Arch. Biochem. Biophys.* 1997; 347 :221–228. [ PubMed ] [ Google Scholar ]

93. Long DJ, 2nd, Jaiswal AK NRH:quinone oxidoreductase2 (NQO2) Chem. Biol. Interact. 2000; 129 :99–112. [ PubMed ] [ Google Scholar ]
94. Knox RJ, Jenkins TC, Hobbs SM, Chen S., Melton RG, Burke PJ Bioactivation of 5-(aziridin-1-yl)-2,4-dinitrobenzamide (CB 1954) by human NAD(P)H quinone oxidoreductase 2: a novel co-substrate-mediated antitumor prodrug therapy. Cancer Res. 2000; 60 :4179–4186. [ PubMed ] [ Google Scholar ]
95. Calamini B., Santarsiero BD, Boutin JA, Mesecar AD Kinetic, thermodynamic and X-ray structural insights into the interaction of melatonin and analogues with quinone reductase 2. Biochem. J. 2008; 413 :81–91. [ PMC free article ] [ PubMed ] [ Google Scholar ]
96. Mailliet F., Ferry G., Vella F., Berger S., Coge F., Chomarat P., Mallet C., Guenin SP, Guillaumet G., Viaud-Massuard MC, Yous S., Delagrange P., Boutin JA Characterization of the melatonergic MT3 binding site on the NRH:quinone oxidoreductase 2 enzyme. Biochem. Pharmacol. 2005; 71 :74–88. [ PubMed ] [ Google Scholar ]
97. Fu Y., Buryanovskyy L., Zhang Z. Quinone reductase 2 is a catechol quinone reductase. J. Biol. Chem. 2008; 283 :23829–23835. [ PMC free article ] [ PubMed ] [ Google Scholar ]
98. Winger JA, Hantschel O., Superti-Furga G., Kuriyan J. The structure of the leukemia drug imatinib bound to human quinone reductase 2 (NQO2) BMC Struct. Biol. 2009; 9 7-6807-9-7. [ PMC free article ] [ PubMed ] [ Google Scholar ]
99. Middleton MR, Knox R., Cattell E., Oppermann U., Midgley R., Ali R., Auton T., Agarwal R., Anderson D., Sarker D., Judson I., Osawa T., Spanswick VJ, Davies S., Hartley JA, Kerr DJ Quinone oxidoreductase-2-mediated prodrug cancer therapy. Sci. Transl. Med. 2010; 2 :40ra50. [ PubMed ] [ Google Scholar ]
100. Kwiek JJ, Haystead TA, Rudolph J. Kinetic mechanism of quinone oxidoreductase 2 and its inhibition by the antimalarial quinolines. Biochemistry. 2004; 43 :4538–4547. [ PubMed ] [ Google Scholar ]
101. Onyenwoke RU, Wiegel J. Iron (III) reduction: a novel activity of the human NAD(P)H:oxidoreductase. Biochem. Biophys. Res. Commun. 2007; 353 :389–393. [ PubMed ] [ Google Scholar ]
102. Buryanovskyy L., Fu Y., Boyd M., Ma Y., Hsieh TC, Wu JM, Zhang Z. Crystal structure of quinone reductase 2 in complex with

resveratrol. *Biochemistry*. 2004; 43 :11417–11426. [PMC free article] [ PubMed ] [ Google Scholar ]

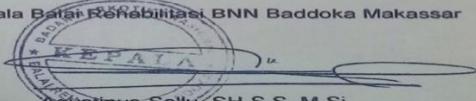
103. Foster CE, Bianchet MA, Talalay P., Zhao Q., Amzel LM Crystal structure of human quinone reductase type 2, a metalloflavoprotein. *Biochemistry*. 1999; 38 :9881–9886. [ PubMed ] [ Google Scholar ]
104. Payton A., Miyajima F., Ollier W., Rabbitt P., Pickles A., Weiss V., Pendleton N., Horan M. Investigation of a functional quinone oxidoreductase (NQO2) polymorphism and cognitive decline. *Neurobiol. Aging*. 2010; 31 :351–352. [ PubMed ] [ Google Scholar ]
105. Hubackova M., Vaclavikova R., Ehrlichova M., Mrhalova M., Kodet R., Kubackova K., Vrana D., Gut I., Soucek P. Association of superoxide dismutases and NAD(P)H quinone oxidoreductases with prognosis of patients with breast carcinomas. *Int. J. Cancer*. 2012; 130 :338–348. [ PubMed ] [ Google Scholar ]
106. Jamieson D., Cresti N., Bray J., Sludden J., Griffin MJ, Hawsawi NM, Famie E., Mould EV, Verrill MW, May FE, Boddy AV Two minor NQO1 and NQO2 alleles predict poor response of breast cancer patients to adjuvant doxorubicin and cyclophosphamide therapy. *Pharmacogenet. Genomics*. 2011; 21 :808–819. [ PubMed ] [ Google Scholar ]
107. Mohelnikova-Duchonova B., Marsakova L., Vrana D., Holcatova I., Ryska M., Smerhovsky Z., Slamova A., Schejbalova M., Soucek P. Superoxide dismutase and nicotinamide adenine dinucleotide phosphate: quinone oxidoreductase polymorphisms and pancreatic cancer risk. *Pancreas*. 2011; 40 :72–78. [ PubMed ] [ Google Scholar ]
108. Jamieson D., Wilson K., Pridgeon S., Margetts JP, Edmondson RJ, Leung HY, Knox R., Boddy AV NAD(P)H:quinone oxidoreductase 1 and NRH:quinone oxidoreductase 2 activity and expression in bladder and ovarian cancer and lower NRH:quinone oxidoreductase 2 activity associated with an NQO2 exon 3 single-nucleotide polymorphism. *Clin. Cancer Res.* 2007; 13 :1584–1590. [ PubMed ] [ Google Scholar ]

## DAFTAR LAMPIRAN

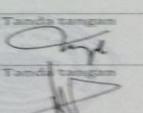
### WORKSHOP BIOLOGI MOLEKULER



## SURAT PERSETUJUAN PENELITIAN DARI ATASAN

	<p><b>BADAN NARKOTIKA NASIONAL REPUBLIK INDONESIA</b>  <b>BALAI REHABILITASI BADDOKA</b>  <b>Jl. Batara Bira VI No. 35 Baddoka Kel. Pai, Kec. Biringkanaya,</b>  <b>Kota Makassar, 90243</b>  <b>Telepon: (0411) 513235, 513213</b>  <b>Fax : (0411) 513287</b>  <b>Email: bnnbaddoka@yahoo.com</b>  <b>Website: www.rehabbaddoka.bnn.go.id</b></p>
<i>Lampiran 5</i>	
<b>SURAT PERSETUJUAN ATASAN</b> <small>Nomor : B/311/BD/BL.02.01/XII/2016/BDK</small>	
<p>Yang bertanda tangan di bawah ini :</p> <p>Nama : Agustinus Sollu, SH.S.S.,M.Si  Pangkat / NRP : Komisaris Besar Polisi / 67080659  Jabatan : Kepala Balai Rehabilitasi BNN Baddoka Makassar</p> <p>Sebagai atasan langsung dari :</p> <p>Nama : dr. Dany Harianto Ludong, Sp. KJ  Pekerjaan : Dokter Spesialis Kedokteran Jiwa, di Balai Rehabilitasi BNN Baddoka Makassar</p> <p>Menyatakan menyetujui yang bersangkutan melakukan penelitian dengan judul:</p> <p style="text-align: center;"><b>ANALISIS EKSPRESI mRNA DAN KONSENTRASI PROTEIN PADA GEN NQO2 YANG MEMPENGARUHI TERjadinya GANGGUAN PSIKOTIK PADA PENYALAHGUNA METAMFETAMIN</b></p> <p style="text-align: center;">Kepala Balai Rehabilitasi BNN Baddoka Makassar</p> <p style="text-align: center;">   <i>Agustinus Sollu, SH.S.S., M.Si</i>  Komisaris Besar Polisi </p>	

## REKOMENDASI PERSETUJUAN ETIK

 <p><b>KEMENTERIAN RISET, TEKNOLOGI DAN PENDIDIKAN TINGGI</b>  <b>UNIVERSITAS HASANUDDIN</b>  <b>FAKULTAS KEDOKTERAN</b>  <b>RSPTN UNIVERSITAS HASANUDDIN</b>  <b>RSUP Dr. WAHIDIN SUDIROHUSODO MAKASSAR</b>  <b>KOMITE ETIK PENELITIAN KESEHATAN</b>  <b>Sekretariat : Lantai 3 Gedung Laboratorium Terpadu</b>  <b>JL. PERINTIS KEMERDEKAAN KAMPUS TAMALANREA KM. 10 MAKASSAR 90245.</b>  <b>Contact Person: dr. Agussalim Bukhari, M.Med.,Ph.D. Telp. 082227464678 e-mail: agussalim@unhas.ac.id</b></p>			
<b>REKOMENDASI PERSETUJUAN ETIK</b> <small>Nomor : 521/UN4.6.4.5.31/ PP36/ 2019</small>			
<p>Dengan ini Menyatakan bahwa Protokol dan Dokumen yang Berhubungan Dengan Protokol berikut ini telah mendapatkan Persetujuan Etik :</p>			
No Protokol	UH19040251	No Protokol	Sponsor
Peneliti Utama	dr. Dany Harianto Ludong	Sponsor	
Judul Peneliti	Analisis Ekspresi mRNA dan Kadar Protein Pada NQO2 Yang Mempengaruhi Terjadinya Gangguan Psikotik Pada Penyalahguna Metamfetamin		
No Versi Protokol	2	Tanggal Versi	11 Juli 2019
No Versi PSP	2	Tanggal Versi	11 Juli 2019
Tempat Penelitian	Balai Rehabilitasi BNN Baddoka Makassar		
Jenis Review	<input type="checkbox"/> Exempted <input checked="" type="checkbox"/> Expedited <input type="checkbox"/> Fullboard Tanggal	Masa Berlaku 17 Juli 2019 sampai 17 Juli 2020	Periklanan menulis berjalan
Wakil Ketua Komisi Penelitian	dr. Suryani As'ad, M.Sc.,Sp.GK (K)		
Sekretaris Komisi Etik Penelitian	Nama dr. Agussalim M.Med., Ph.D., Sp.GK (K)	Bukhari.	
<p>Kewajiban Peneliti Utama:</p> <ul style="list-style-type: none"> <li>• Menyerahkan Amandemen Protokol untuk persetujuan sebelum diimplementasikan</li> <li>• Menyerahkan Laporan progres setiap 24 jam dan ditengah hari dalam 7 hari dan lapor SISAKR dalam 72 jam setelah Peneliti Utama menerima laporan</li> <li>• Menyerahkan Laporan Kemajuan (progress report) setiap 6 bulan untuk penelitian risiko tinggi dan setiap setahun untuk penelitian risiko rendah</li> <li>• Menyerahkan laporan akhir setelah Penelitian berakhir</li> <li>• Melaporkan penyimpangan dari protokol yang disetujui (protocol deviation / violation)</li> <li>• Mematuhi semua peraturan yang ditentukan</li> </ul>			

## **SURAT PERNYATAAN**

Yang bertanda tangan di bawah ini:

Nama : Dany Harianto Ludong

Nomor Pokok : CO13172009

Program Pendidikan : Doktor (S3)

Program Studi : Ilmu Kedokteran

Menyatakan secara benar, jujur dan bertanggung jawab bahwa disertasi yang berjudul "Pengaruh Ekspresi mRNA dan Kadar Protein Gen NQO2 Terhadap Kejadian Gangguan Psikotik pada Penyalahguna Metamfetamin" adalah asli dan bukan plagiat / bebas dari plagiat.

Jika dikemudian hari ternyata disertasi ini sebagian/seluruhnya mengandung unsur plagiat, maka disertasi dibatalkan dan bersedia menerima sanksi secara hukum dari Fakultas maupun Universitas.

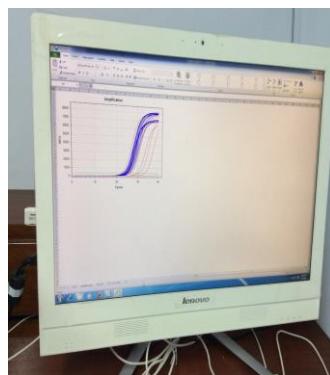
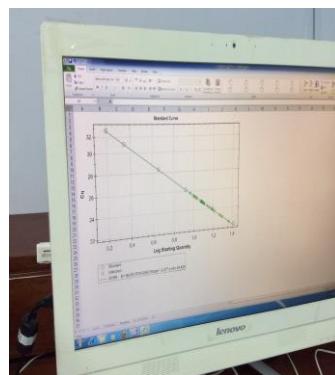
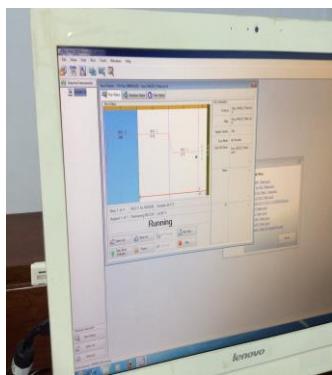
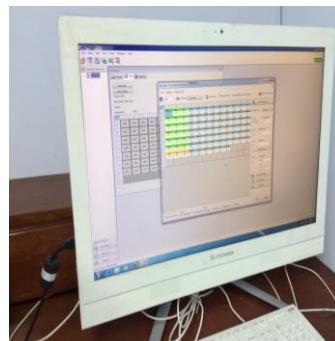
Demikian Surat Pernyataan ini dibuat tanpa tekanan siapapun.

Makassar, 26 Mei 2020

Mahasiswa,

Dany Harianto Ludong

**PROSES WAWANCARA dan PEMERIKSAAN GEN NQO2  
PADA REAL TIME POLYMERASE CHAIN REACTION (PCR)**



# INSTRUMEN PEMERIKSAAN KLIEN PENGGUNA MA

## LEMBARAN ASSESMEN (ASI) [2]

FORMULIR ASSESSMENT Klien PENGGUNA MA											
		Klien Memenuhi Kriteria Diagnosis :									
		F 10	Gangguan mental dan perilaku akibat penggunaan alkohol								
		F 11	Gangguan mental dan perilaku akibat penggunaan opioid								
		F 12	Gangguan mental dan perilaku akibat penggunaan kanabis								
		F 13	Gangguan mental dan perilaku akibat penggunaan Sedatif Hipnotik								
		F 14	Gangguan mental dan perilaku akibat penggunaan Kokain								
		F 15	Gangguan mental dan perilaku akibat penggunaan stimulanzia lainnya								
		F 16	Gangguan mental dan perilaku akibat penggunaan halusinogenik								
		F 17	Gangguan mental dan perilaku akibat penggunaan tembakau								
		F 18, F 19	Gangguan mental dan perilaku akibat zat pelarut yang mudah menguap, atau zat multipe dan zat psiko aktif lainnya.								
		Skala Penilaian	0 = 0 - 1	Tidak ada masalah yang berarti, tidak perlu intervensi							
		1 = 2 - 3	Ada sedikit masalah, tetapi intervensi/ bantuan tidak terlalu penting								
		2 = 4 - 5	Masalah tergolong sedang, tetapi butuh beberapa bantuan / intervensi								
		3 = 6 - 7	Masalah serius, dibutuhkan intervensi/ bantuan								
		4 = 8 - 9	Masalah sangat serius/ berat, sangat membutuhkan intervensi / bantuan								

PETUNJUK PENGISIAN	
Diagnosa Kerja	Klien Memenuhi Kriteria Diagnosis :
	F 10 Gangguan mental dan perilaku akibat penggunaan alkohol
	F 11 Gangguan mental dan perilaku akibat penggunaan opioid
	F 12 Gangguan mental dan perilaku akibat penggunaan kanabis
	F 13 Gangguan mental dan perilaku akibat penggunaan Sedatif Hipnotik
	F 14 Gangguan mental dan perilaku akibat penggunaan Kokain
	F 15 Gangguan mental dan perilaku akibat penggunaan stimulanzia lainnya
	F 16 Gangguan mental dan perilaku akibat penggunaan halusinogenik
	F 17 Gangguan mental dan perilaku akibat penggunaan tembakau
	F 18, F 19 Gangguan mental dan perilaku akibat zat pelarut yang mudah menguap, atau zat multipe dan zat psiko aktif lainnya.
Skala Penilaian	0 = 0 - 1 Tidak ada masalah yang berarti, tidak perlu intervensi
	1 = 2 - 3 Ada sedikit masalah, tetapi intervensi/ bantuan tidak terlalu penting
	2 = 4 - 5 Masalah tergolong sedang, tetapi butuh beberapa bantuan / intervensi
	3 = 6 - 7 Masalah serius, dibutuhkan intervensi/ bantuan
	4 = 8 - 9 Masalah sangat serius/ berat, sangat membutuhkan intervensi / bantuan
Kode Pekerjaan	Klasifikasi Pekerjaan Menurut Standar Internasional :
1	Angota dewan legislatif, pejabat pemerintah - Tugas utama berhubungan dengan kebijakan pemerintahan, hukum, regulasi, dan pengawasan implementasi
2	Profesional - Membutuhkan pengetahuan tingkat tinggi dalam bidang ilmu pengetahuan, atau ilmu sosial/kemanusiaan.
3	Teknis/kumpulan tenaga profesional - Membutuhkan pengetahuan teknis, pengalaman di lapangan berhubungan dengan ilmu fisika dan hayati, atau ilmu sosial/kemanusiaan.
4	Juru Tulis - Melaksanakan tugas sekretariat, prosedur surat menyurat dan pekerjaan jurnal lainnya yang berorientasi pada pelanggan.
5	Pekerja terlatih di bidang pertanian dan perikanan - Termasuk petani, pembiak atau pemburu binatang, penangkapan atau pembudidaya ikan, dll.
6	Keterampilan dan perdagangan - Tugas utama termasuk membangun gedung dan bangunan lain, membuat aneka produk, termasuk kerajinan tangan.
7	Operator alat/pabrik dan mesin - Tugas utama termasuk mengemudi kendaraan, mengoperasikan mesin, dan merakit produk.
8	Pekerja kasar - Termasuk pekerjaan sederhana dan rutin, seperti penjaga barang di jalan, penyambut tamu, pekerja kebersihan dan buruh.
9	Angkatan bersenjata - Termasuk angkatan darat, angkatan laut, angkatan udara, dll. Tidak termasuk polisi non-militer, petugas pabean-pajak, teraga cadangan militer inaktif.
0	

## BRIEF PSYCHIATRIC RATING SCALE (BPRS)

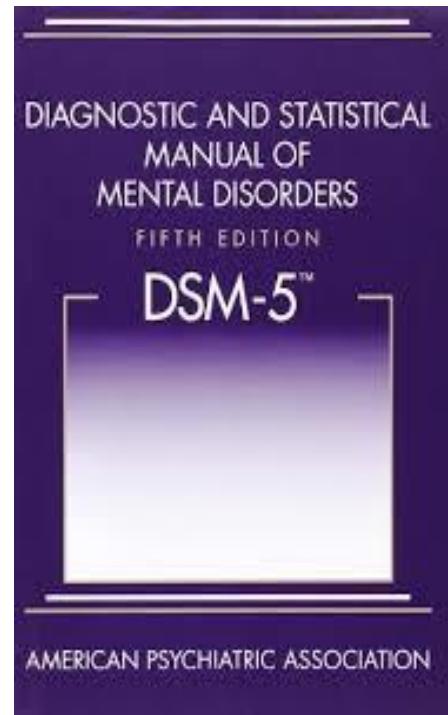
Patient Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Please enter the score for the term that best describes the patient's condition.

0 = Not assessed, 1 = Not present, 2 = Very mild, 3 = Mild, 4 = Moderate, 5 = Moderately severe, 6 = Severe, 7 = Extremely severe

Score

<input type="checkbox"/>	1. SOMATIC CONCERN	Preoccupation with physical health, fear of physical illness, hypochondriasis.
<input type="checkbox"/>	2. ANXIETY	Worry, fear, over-concern for present or future, uneasiness.
<input type="checkbox"/>	3. EMOTIONAL WITHDRAWAL	Lack of spontaneous interaction, isolation deficiency in relating to others.
<input type="checkbox"/>	4. CONCEPTUAL DISORGANIZATION	Thought processes confused, disconnected, disorganized, disrupted.
<input type="checkbox"/>	5. GUILT FEELINGS	Self-blame, shame, remorse for past behavior.
<input type="checkbox"/>	6. TENSION	Physical and motor manifestations of nervousness, over-activation.
<input type="checkbox"/>	7. MANNERISMS AND POSTURING	Peculiar, bizarre, unnatural motor behavior (not including tic).
<input type="checkbox"/>	8. GRANDIOSITY	Exaggerated self-opinion, arrogance, conviction of unusual power or abilities.
<input type="checkbox"/>	9. DEPRESSIVE MOOD	Sorrow, sadness, dependency, pessimism.
<input type="checkbox"/>	10. HOSTILITY	Annoyance, contempt, belligerence, disdain for others.
<input type="checkbox"/>	11. SUSPICIOUSNESS	Mistrust, belief others harbor malicious or discriminatory intent.
<input type="checkbox"/>	12. HALLUCINATORY BEHAVIOR	Perceptions without normal external stimulus correspondence.
<input type="checkbox"/>	13. MOTOR RETARDATION	Slowed, weakened movements or speech, reduced body tone.
<input type="checkbox"/>	14. UNCOOPERATIVENESS	Resistance, guilelessness, rejection of authority.
<input type="checkbox"/>	15. UNUSUAL THOUGHT CONTENT	Unusual, odd, strange, bizarre thought content.
<input type="checkbox"/>	16. BLUNTED AFFECT	Reduced emotional tone, reduction in formal intensity of feelings, flatness.
<input type="checkbox"/>	17. EXCITEMENT	Heightened emotional tone, agitation, increased reactivity.
<input type="checkbox"/>	18. DISORIENTATION	Confusion or lack of proper association for person, place or time.





## HASIL PEMERIKSAAN REAL TIME PCR

### Sampel Nomor 1 – 30: Kelompok Kontrol

No	Sampel	Kontrol	Ekspresi (fold change)
1	L01	MA Non Psikotik	12.624
2	L02	MA Non Psikotik	11.444
3	L03	MA Non Psikotik	13.138
4	L04	MA Non Psikotik	12.383
5	L05	MA Non Psikotik	14.052
6	L06	MA Non Psikotik	11.955
7	L07	MA Non Psikotik	12.487
8	L08	MA Non Psikotik	11.027
9	L09	MA Non Psikotik	11.739
10	L10	MA Non Psikotik	14.755
11	L11	MA Non Psikotik	11.749
12	L12	MA Non Psikotik	13.555
13	L13	MA Non Psikotik	15.102
14	L14	MA Non Psikotik	12.952
15	L15	MA Non Psikotik	13.347

No	Sampel	Kontrol	Ekspresi (fold change)
16	L16	Non Pengguna	13.537
17	L17	Non Pengguna	12.383
18	L18	Non Pengguna	12.639
19	L19	Non Pengguna	13.334
20	L20	Non Pengguna	12.906
21	L21	Non Pengguna	12.525
22	L22	Non Pengguna	14.064
23	L23	Non Pengguna	14.064
24	L24	Non Pengguna	11.739
25	L25	Non Pengguna	14.064
26	L26	Non Pengguna	14.250
27	L27	Non Pengguna	11.974
28	L28	Non Pengguna	11.974
29	L29	Non Pengguna	11.893
30	L30	Non Pengguna	11.893

### Sampel Nomor 31 – 60: Kelompok Kasus

NO	Sampel	Ekspresi (Fold change)
31	L31	6.936
32	L32	7.396
33	L33	9.388
34	L34	7.925
35	L35	8.245
36	L36	5.914
37	L37	5.216
38	L38	9.177
39	L39	7.002
40	L40	8.346
41	L41	8.034
42	L42	6.088
43	L43	8.289
44	L44	7.719
45	L45	8.092

NO	Sampel	Ekspresi (Fold change)
46	L46	8.239
47	L47	9.653
48	L48	9.170
49	L49	5.015
50	L50	6.926
51	L53	6.460
52	L52	8.430
53	L53	5.449
54	L54	6.080
55	L55	7.637
56	L56	4.722
57	L57	8.947
58	L58	9.807
59	L59	5.537
60	L60	8.074

## PEMERIKSAAN KADAR PROTEIN GEN NQO2 DENGAN SANDWICH ELISA



## NILAI PEMERIKSAAN SANDWICH ELISA

Human Ribosyldihydroneicotinamide Dehydrogenase [Quinone] (NQO2) ELISA Kit Cat.No: MBS9321059

### Layout

<>	1	2	3	4	5	6	7	8	9	10	11	12
A	Standard 1	Standard 1	Sample-1	Sample-1	Sample-2	Sample-2	Sample-3	Sample-3	Sample-4	Sample-4	Sample-5	Sample-5
B	Standard 2	Standard 2	Sample-6	Sample-6	Sample-7	Sample-7	Sample-8	Sample-8	Sample-9	Sample-9	Sample-10	Sample-10
C	Standard 3	Standard 3	Sample-11	Sample-11	Sample-12	Sample-12	Sample-13	Sample-13	Sample-14	Sample-14	Sample-15	Sample-15
D	Standard 4	Standard 4	Sample-16	Sample-16	Sample-17	Sample-17	Sample-18	Sample-18	Sample-19	Sample-19	Sample-20	Sample-20
E	Standard 5	Standard 5	Sample-21	Sample-21	Sample-22	Sample-22	Sample-23	Sample-23	Sample-24	Sample-24	Sample-25	Sample-25
F	Standard 6	Standard 6	Sample-26	Sample-26	Sample-27	Sample-27	Sample-28	Sample-28	Sample-29	Sample-29	Sample-30	Sample-30
G	Standard 7	Standard 7	Sample-31	Sample-31	Sample-32	Sample-32	Sample-33	Sample-33	Sample-34	Sample-34	Sample-35	Sample-35
H	NEG	NEG	Sample-36	Sample-36	Sample-37	Sample-37	Sample-38	Sample-38	Sample-39	Sample-39	Sample-40	Sample-40

### Sampel

<>	1	2	3	4	5	6	7	8	9	10	11	12
A	hNQO2#1	8	S01	S01	S02	S02	S03	S03	S04	S04	S05	S05
B	hNQO2#2	4	S06	S06	S07	S07	S08	S08	S09	S09	S10	S10
C	hNQO2#3	2	S11	S11	S12	S12	S13	S13	S14	S14	S15	S15
D	hNQO2#4	1	S16	S16	S17	S17	S18	S18	S19	S19	S20	S20
E	hNQO2#5	0.5	S31	S31	S32	S32	S33	S33	S34	S34	S35	S35
F	hNQO2#6	0.25	S36	S36	S37	S37	S38	S38	S39	S39	S40	S40
G	NEG	0	S41	S41	S42	S42	S43	S43	S44	S44	S45	S45
H	Blank	0	S46	S46	S47	S47	S48	S48	S49	S49	S50	S50

### Optic Density

<>	1	2	3	4	5	6	7	8	9	10	11	12
A	0.984	1.128	0.104	0.113	0.138	0.121	0.111	0.112	0.111	0.117	0.141	0.132
B	0.687	0.676	0.108	0.112	0.147	0.131	0.114	0.105	0.117	0.119	0.144	0.148
C	0.370	0.366	0.111	0.107	0.133	0.116	0.115	0.107	0.107	0.116	0.146	0.132
D	0.220	0.186	0.123	0.114	0.13	0.125	0.112	0.125	0.116	0.124	0.143	0.129
E	0.139	0.130	0.086	0.084	0.091	0.097	0.097	0.104	0.097	0.112	0.108	0.095
F	0.105	0.089	0.095	0.092	0.093	0.09	0.083	0.091	0.087	0.113	0.108	0.111
G	0.054	0.050	0.083	0.088	0.086	0.09	0.089	0.098	0.090	0.109	0.122	0.115
H	0.048	0.316	0.086	0.101	0.097	0.088	0.083	0.086	0.088	0.115	0.098	0.096

Human Ribosyldihydroneicotinamide Dehydrogenase [Quinone] (NQO2) ELISA Kit Cat.No: MBS9321059

### Layout

<>	1	2	3	4	5	6	7	8	9	10	11	12
A	Standard 1	Standard 1	Sample-1	Sample-1	Sample-2	Sample-2	Sample-3	Sample-3	Sample-4	Sample-4	Sample-5	Sample-5
B	Standard 2	Standard 2	Sample-6	Sample-6	Sample-7	Sample-7	Sample-8	Sample-8	Sample-9	Sample-9	Sample-10	Sample-10
C	Standard 3	Standard 3	Sample-11	Sample-11	Sample-12	Sample-12	Sample-13	Sample-13	Sample-14	Sample-14	Sample-15	Sample-15
D	Standard 4	Standard 4	Sample-16	Sample-16	Sample-17	Sample-17	Sample-18	Sample-18	Sample-19	Sample-19	Sample-20	Sample-20
E	Standard 5	Standard 5	Sample-21	Sample-21	Sample-22	Sample-22	Sample-23	Sample-23	Sample-24	Sample-24	Sample-25	Sample-25
F	Standard 6	Standard 6										
G	Standard 7	Standard 7										
H	NEG	NEG										

### Sampel

<>	1	2	3	4	5	6	7	8	9	10	11	12
A	hNQO2#1	8	S21	S21	S22	S22	S23	S23	S24	S24	S25	S25
B	hNQO2#2	4	S26	S26	S27	S27	S28	S28	S29	S29	S30	S30
C	hNQO2#3	2	S51	S51	S52	S52	S53	S53	S54	S54	S55	S55
D	hNQO2#4	1	S56	S56	S57	S57	S58	S58	S59	S59	S60	S60
E	hNQO2#5	0.5	S33	S33	S34	S34	S35	S35	S45	S45	S49	S49
F	hNQO2#6	0.25										
G	NEG	0										
H	Blank	0										

### Optic Density

<>	1	2	3	4	5	6	7	8	9	10	11	12
A	1.253	0.977	0.125	0.141	0.143	0.131	0.133	0.119	0.129	0.119	0.141	0.129
B	0.733	0.671	0.133	0.125	0.141	0.137	0.108	0.134	0.152	0.130	0.117	0.137
C	0.358	0.371	0.103	0.077	0.076	0.094	0.098	0.092	0.101	0.093	0.096	0.070
D	0.194	0.204	0.096	0.090	0.103	0.073	0.107	0.091	0.077	0.095	0.096	0.086
E	0.138	0.131	0.083	0.091	0.112	0.136	0.088	0.079	0.125	0.103	0.078	0.083
F	0.102	0.095	0.047	0.045	0.044	0.047	0.043	0.044	0.044	0.043	0.047	0.046
G	0.053	0.051	0.043	0.046	0.046	0.042	0.045	0.043	0.045	0.044	0.048	0.046
H	0.046	0.048	0.046	0.043	0.045	0.045	0.042	0.045	0.048	0.046	0.043	0.047

**Human Ribosyldihydronicotinamide Dehydrogenase [Quinone] (NQO2) ELISA Kit Cat.No: MBS9321059**

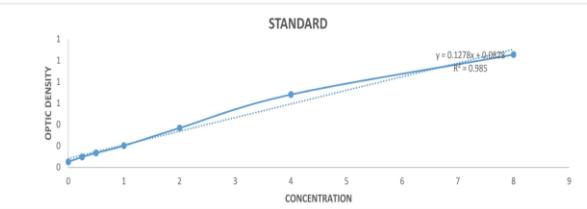
Mean / STD DEV OD

<>	1	2	3	4	5	6	7	8	9	10	11	12
A	1.056	0.102	0.109	0.006	0.130	0.012	0.112	0.001	0.114	0.004	0.137	0.006
B	0.682	0.008	0.110	0.003	0.139	0.011	0.110	0.006	0.118	0.001	0.146	0.003
C	0.368	0.003	0.109	0.003	0.125	0.012	0.111	0.006	0.112	0.006	0.139	0.010
D	0.203	0.024	0.119	0.006	0.128	0.004	0.119	0.009	0.120	0.006	0.136	0.010
E	0.135	0.006	0.085	0.001	0.094	0.004	0.101	0.005	0.105	0.011	0.102	0.009
F	0.097	0.011	0.094	0.002	0.092	0.002	0.087	0.006	0.100	0.018	0.110	0.002
G	0.052	0.003	0.086	0.004	0.088	0.003	0.094	0.006	0.100	0.013	0.119	0.005
H	0.182	0.190	0.094	0.011	0.093	0.006	0.085	0.002	0.102	0.019	0.097	0.001

Sampel / Concentration (pg/ml)

	1	2	3	4	5	6	7	8	9	10	11	12
A	hNQO2#1	8	S01	0.2319	S02	0.39379	S03	0.25503	S04	0.2743	S05	0.44775
B	hNQO2#2	4	S06	0.24346	S07	0.46702	S08	0.23961	S09	0.30514	S10	0.52099
C	hNQO2#3	2	S11	0.23576	S12	0.35524	S13	0.25117	S14	0.25503	S15	0.46702
D	hNQO2#4	1	S16	0.30899	S17	0.37837	S18	0.30899	S19	0.32055	S20	0.4439
E	hNQO2#5	0.5	S31	0.05074	S32	0.12012	S33	0.17023	S34	0.20106	S35	0.17794
F	hNQO2#6	0.25	S36	0.11627	S37	0.10085	S38	0.06616	S39	0.16637	S40	0.23961
G	NEG	0	S41	0.05459	S42	0.07387	S43	0.11627	S44	0.16252	S45	0.30899
H	Blank	0	S46	0.11627	S47	0.10856	S48	0.04689	S49	0.17794	S50	0.14325

Conc	OD
8	1.056
4	0.682
2	0.368
1	0.203
0.5	0.135
0.25	0.097
0	0.052



Human Ribosyldihydronicotinamide Dehydrogenase [Quinone] (NQO2) ELISA Kit Cat.No: MBS9321059

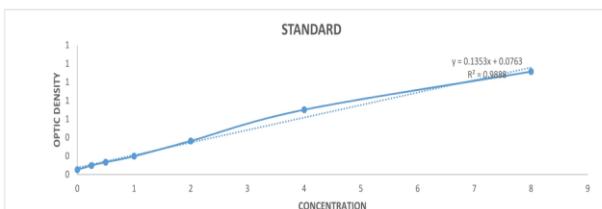
Mean / STD DEV OD

<>	1	2	3	4	5	6	7	8	9	10	11	12
A	1.115	0.195	0.133	0.011	0.137	0.008	0.126	0.010	0.124	0.007	0.135	0.008
B	0.702	0.044	0.129	0.006	0.139	0.003	0.121	0.018	0.141	0.016	0.127	0.014
C	0.365	0.009	0.090	0.018	0.085	0.013	0.095	0.004	0.097	0.006	0.083	0.018
D	0.199	0.007	0.093	0.004	0.088	0.021	0.099	0.011	0.086	0.013	0.091	0.007
E	0.135	0.005	0.087	0.006	0.124	0.017	0.084	0.006	0.114	0.016	0.081	0.004
F	0.099	0.005										
G	0.052	0.001										
H	0.047	0.001										

Sampel / Concentration (pg/ml)

	1	2	3	4	5	6	7	8	9	10	11	12
A	hNQO2#1	8	S21	0.43975	S22	0.46897	S23	0.38861	S24	0.374	S25	0.45436
B	hNQO2#2	4	S26	0.41052	S27	0.48358	S28	0.35208	S29	0.49819	S30	0.39591
C	hNQO2#3	2	S51	0.1256	S52	0.08907	S53	0.16213	S54	0.17674	S55	0.07446
D	hNQO2#4	1	S56	0.14752	S57	0.11099	S58	0.19135	S59	0.09638	S60	0.13291
E	hNQO2#5	0.5	S33	0.10368	S34	0.374	S35	0.07811	S45	0.30094	S49	0.0562
F	hNQO2#6	0.25										
G	NEG	0										
H	Blank	0										

Conc	OD
8	1.115
4	0.702
2	0.365
1	0.199
0.5	0.135
0.25	0.099
0	0.052



## HASIL PEMERIKSAAN SANDWICH ELISA

### Sampel Nomor 1 – 30: Kelompok Kontrol

No.	Sampel	Kontrol	Ekspresi (fold change)
1	L01	MA Non Psikotik	2.3190056
2	L02	MA Non Psikotik	3.9378903
3	L03	MA Non Psikotik	2.5502749
4	L04	MA Non Psikotik	2.7429993
5	L05	MA Non Psikotik	4.4775186
6	L06	MA Non Psikotik	2.4346403
7	L07	MA Non Psikotik	4.6702429
8	L08	MA Non Psikotik	2.3960954
9	L09	MA Non Psikotik	3.0513582
10	L10	MA Non Psikotik	5.2098711
11	L11	MA Non Psikotik	4.1052490
12	L12	MA Non Psikotik	4.8358206
13	L13	MA Non Psikotik	3.5207916
14	L14	MA Non Psikotik	4.9819350
15	L15	MA Non Psikotik	3.9591346

No.	Sampel	Kontrol	Ekspresi (fold change)
16	L16	Non Pengguna	2.3575505
17	L17	Non Pengguna	3.5524416
18	L18	Non Pengguna	2.5117300
19	L19	Non Pengguna	2.5117300
20	L20	Non Pengguna	2.5502749
21	L21	Non Pengguna	4.6702429
22	L22	Non Pengguna	3.7837108
23	L23	Non Pengguna	3.0899031
24	L24	Non Pengguna	3.2055377
25	L25	Non Pengguna	4.4389737
26	L26	Non Pengguna	4.3974776
27	L27	Non Pengguna	4.6897063
28	L28	Non Pengguna	3.8860774
29	L29	Non Pengguna	3.7399631
30	L30	Non Pengguna	4.5435920

### Sampel Nomor 31 – 60: Kelompok Kasus

NO	Sampel	Ekspresi (Fold change)
31	L31	6.936
32	L32	7.396
33	L33	9.388
34	L34	7.925
35	L35	8.245
36	L36	5.914
37	L37	5.216
38	L38	9.177
39	L39	7.002
40	L40	8.346
41	L41	8.034
42	L42	6.088
43	L43	8.289
44	L44	7.719
45	L45	8.092

NO	Sampel	Ekspresi (Fold change)
46	L46	8.239
47	L47	9.653
48	L48	9.170
49	L49	5.015
50	L50	6.926
51	L53	6.460
52	L52	8.430
53	L53	5.449
54	L54	6.080
55	L55	7.637
56	L56	4.722
57	L57	8.947
58	L58	9.807
59	L59	5.537
60	L60	8.074

## HASIL ANALISA SPSS 24

### A. ANALISIS EKSPRESI mRNA GEN NQO2 PADA PEMERIKSAAN

#### RT PCR

##### 1. UJI T INDEPENDEN (INDEPENDENT SAMPLES TEST)

Uji T mula-mula dilakukan pada kelompok kontrol, antara klien pengguna MA tanpa psikotik (sampel nomor 1 sampai 15) dengan orang normal (bukan pengguna) (sampel nomor 16 sampai 30).

Group Statistics

	Normal	N	Mean	Std. Deviation	Std. Error Mean
met non psikotik	1	15	12.82060	1.192788	.307976
	2	15	12.93387	.928151	.239647

Nilai mean kelompok MA Non Psikotik = 12,82060, sedangkan kelompok orang normal / bukan pengguna = 12,93387.

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means								
				F	Sig.	t	df	Sig. (2- tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
											Lower	Upper
Ekspresi mRNA	Equal variances assumed	.760	.391	-.290	28	.774		-.113267	.390231	-.912619	.686086	
	Equal variances not assumed			-.290	26.406	.774		-.113267	.390231	-.914799	.688266	

Hasil uji T memperlihatkan bahwa Nilai Sig. (2-tailed) yaitu 0,774, berarti lebih besar dari nilai alpha = 0,05 (>0,05).

Kemudian dilanjutkan Uji T antara kelompok kontrol keseluruhan (sampel nomor 1 sampai 30) dengan kelompok kasus (sampel nomor 31 sampai 60).

### T-Test

Group Statistics					
	KELOMPOK	N	Mean	Std. Deviation	Std. Error Mean
EKSPRESI RT- PCR	KONTROL	30	12,87723	1,051683	,192010
	KASUS	30	7,46377	1,454805	,265610

Nilai Mean Ekspresi RT-PCR pada kelompok kasus (7,46377), lebih kecil dari pada kelompok kontrol (12,87723).

	Independent Samples Test									
	Levene's Test for Equality of Variances		t-test for Equality of Means							
			F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference
EKSPRESI RT- PCR	Equal variances assumed	4,209	,045	16,517	58	,000	5,413467	,327745	4,757415	6,069519
	Equal variances not assumed			16,517	52,808	,000	5,413467	,327745	4,756039	6,070895

Hasil Uji T menunjukkan nilai *sig.(2-tailed)* = 0,000, berarti nilai tersebut lebih kecil dari nilai alpha = 0.05 (<0.05).

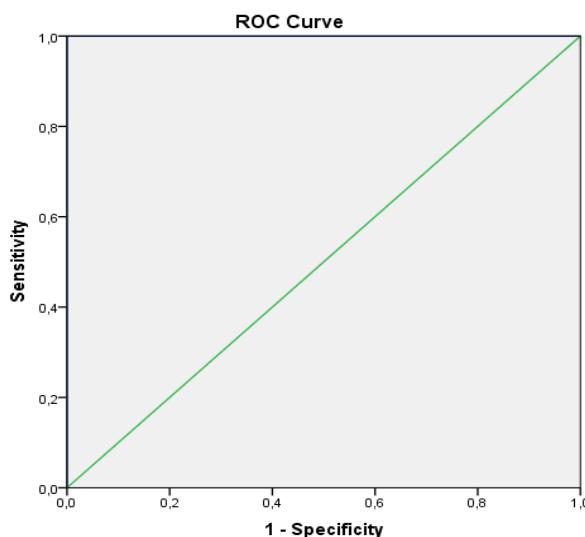
### 2. ROC CURVE

Case Processing Summary	
KELOMPOK	Valid N (listwise)
Positive <sup>a</sup>	30
Negative	30

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

### **Interpretasi:**

Pada tabel di atas menunjukkan bahwa jumlah subjek kelompok kontrol (Positive) adalah 30 dari 60 subjek. Dengan demikian prevalensinya adalah 50%.



### **Interpretasi:**

Kurva ROC (Receiver Operating Characteristic) menunjukkan bahwa skor ekspresi RT-PCR mempunyai nilai diagnostic yang baik karena kurva jauh dari garis 50% dan mendekati 100%.

### **Area Under the Curve**

Test Result Variable(s): EKSPRESI RT- PCR

Area	Std. Error <sup>a</sup>	Asymptotic Sig. <sup>b</sup>	Asymptotic 95% Confidence Interval	
			Lower Bound	Upper Bound
1,000	,000	,000	1,000	1,000

a. Under the nonparametric assumption

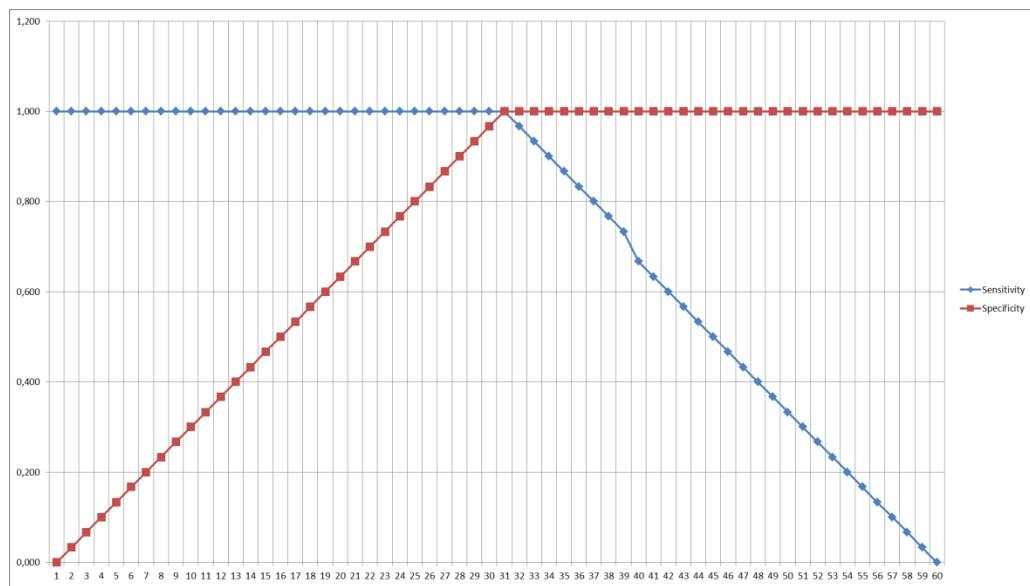
b. Null hypothesis: true area = 0,5

### **Interpretasi:**

Nilai AUC (Area under the Curve) adalah 100% (IK95% 100% - 100%).

Nilai AUC 100% artinya apabila skor ekspresi RT-PCR digunakan

sebagai alat bantu diagnosa terhadap ada tidaknya gejala psikotik akibat penyalahgunaan metamfetamin pada 100 orang klien, maka kesimpulan yang tepat akan diperoleh pada 100 klien.



**Coordinates of the Curve**  
**Test Result Variable(s): EKSPRESI RT- PCR**

No.	Positive if Greater Than or Equal To <sup>a</sup>	Sensitivity	1 - Specificity
1	3,72200	1,000	1,000
2	4,86850	1,000	,967
3	5,11550	1,000	,933
4	5,33250	1,000	,900
5	5,49300	1,000	,867
6	5,72550	1,000	,833
7	5,99700	1,000	,800
8	6,08400	1,000	,767
9	6,27400	1,000	,733
10	6,69300	1,000	,700
11	6,93100	1,000	,667
12	6,96900	1,000	,633
13	7,19900	1,000	,600
14	7,51650	1,000	,567

15	7,67800	1,000	,533
16	7,82200	1,000	,500
17	7,97950	1,000	,467
18	8,05400	1,000	,433
19	8,08300	1,000	,400
20	8,16550	1,000	,367
21	8,24200	1,000	,333
22	8,26700	1,000	,300
23	8,31750	1,000	,267
24	8,38800	1,000	,233
25	8,68850	1,000	,200
26	9,05850	1,000	,167
27	9,17350	1,000	,133
28	9,28250	1,000	,100
29	9,52050	1,000	,067
30	9,73000	1,000	,033
31	10,41700	1,000	1,000
32	11,12500	,967	,000
33	11,33350	,933	,000
34	11,59150	,900	,000
35	11,74400	,867	,000
36	11,82100	,833	,000
37	11,92400	,800	,000
38	11,96450	,767	,000
39	12,17850	,733	,000
40	12,41500	,667	,000
41	12,46700	,633	,000
42	12,50600	,600	,000
43	12,57450	,567	,000
44	12,63150	,533	,000
45	12,64150	,500	,000
46	12,77500	,467	,000
47	12,92900	,433	,000
48	13,04500	,400	,000
49	13,23600	,367	,000
50	13,34050	,333	,000
51	13,44200	,300	,000
52	13,54600	,267	,000

53	13,77250	,233	,000
54	14,02100	,200	,000
55	14,05800	,167	,000
56	14,13150	,133	,000
57	14,22450	,100	,000
58	14,50250	,067	,000
59	14,92850	,033	,000
60	16,10200	,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.

### Interpretasi:

**Titik potong (cut-off)** yang direkomendasikan secara statistik adalah antara 9,28 sampai 9,73, dengan nilai sensitivitas 100% dan spesifisitas  $\geq 90\%$ .

## B. ANALISIS KADAR PROTEIN PADA PEMERIKSAAN SANDWICH ELISA

### 9. UJI T INDEPENDEN (INDEPENDENT SAMPLES TEST)

Uji T mula-mula dilakukan pada kelompok kontrol, antara klien pengguna MA tanpa psikotik (sampel nomor 1 sampai 15) dengan orang normal (bukan pengguna) (sampel nomor 16 sampai 30).

**Group Statistics**

	kelompok	N	Mean	Std. Deviation	Std. Error Mean
elisa	1	15	3.679521826	1.0330177651	.2667240400
	2	15	3.633805655	.8101730502	.2091857821

Nilai mean kelompok MA Non Psikotik = 3.6752, sedangkan kelompok orang normal / bukan pengguna = 3,63387.

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
Elisa	Equal variances assumed	2,011	,167	,135	28	,894	,0457	,3389696225	-,6488316248	,7400639662
	Equal variances not assumed			,135	26,495	,894	,0457	,3389696225	-,6504126403	,7418449818

Hasil uji T memperlihatkan bahwa Nilai Sig. (2-tailed) yaitu 0,894, berarti lebih besar dari nilai alpha = 0,05 (>0,05).

Kemudian dilanjutkan Uji T antara kelompok kontrol keseluruhan (sampel nomor 1 sampai 30) dengan kelompok kasus (sampel nomor 31 sampai 60).

#### T-Test

	KELOMPOK	N	Mean	Std. Deviation	Std. Error Mean
KONSENTRASI SANDWICH	KONTROL	30	3,6570	,91276	,16665
ELISA	KASUS	30	1,2460	,59106	,10791

Nilai Mean kadar protein Elisa pada kelompok kasus (1,2460) lebih kecil dari kelompok kontrol (3,6570).

#### Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
KONSENTRASI	Equal variances assumed	10,668	,002	12,144	58	,000	2,41100	,19853	2,01359	2,80841
SANDWICH	Equal variances not assumed			12,144	49,684	,000	2,41100	,19853	2,01217	2,80983

Hasil Uji t menunjukkan nilai sig(2-tailed) (Equal variances not assumed) = 0,000, lebih kecil dari 0.05 (<0.05).

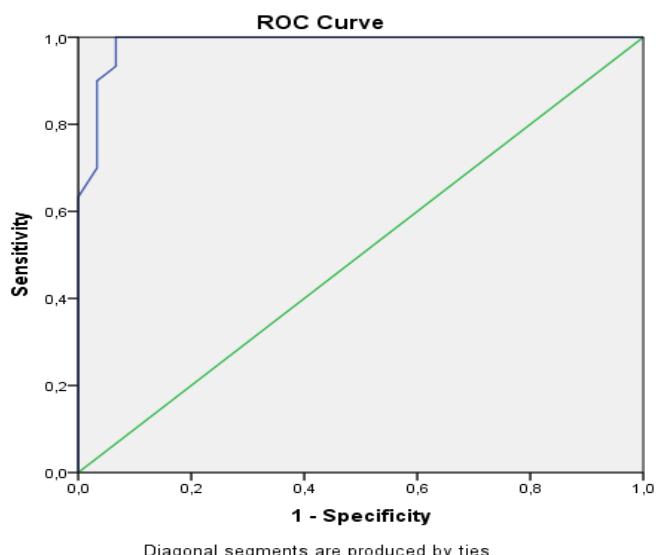
## 10. ROC CURVE

Case Processing Summary	
KELOMPOK	Valid N (listwise)
Positive <sup>a</sup>	30
Negative	30

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

### Interpretasi:

Pada tabel di atas menunjukkan bahwa jumlah subjek kelompok kasus (Positive) adalah 30 dari 60 subjek. Dengan demikian prevalensinya adalah 50%.



### Interpretasi:

Kurva ROC (Receiver Operating Characteristic) menunjukkan bahwa skor konsentrasi Sandwich ELISA mempunyai nilai diagnostic yang baik karena kurva jauh dari garis 50% dan mendekati 100%.

## Area Under the Curve

### Test Result Variable(s): KONSENTRASI SANDWICH ELISA

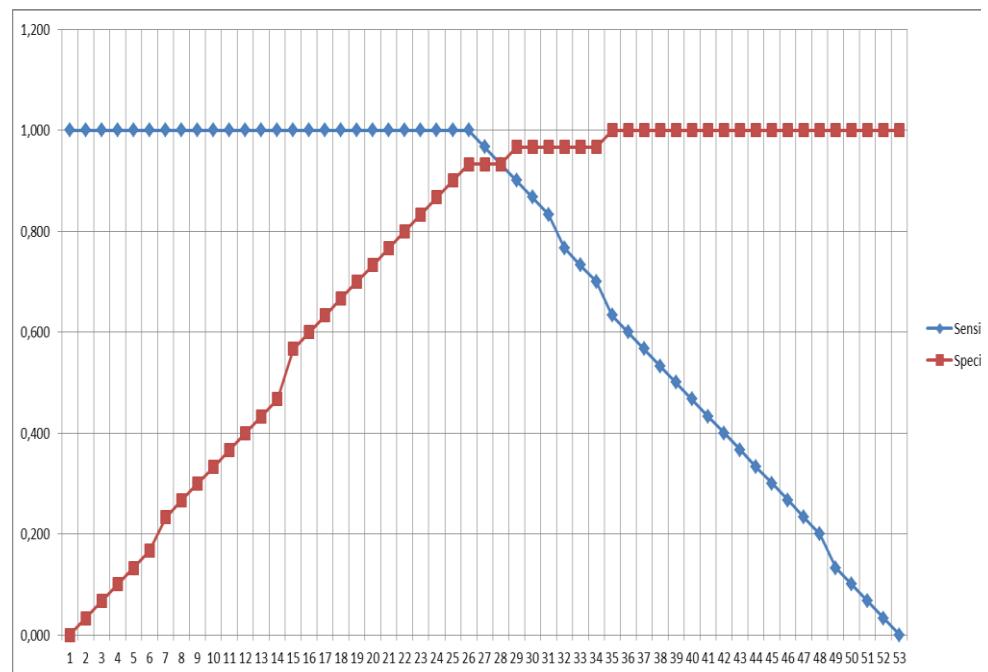
Area	Std. Error <sup>a</sup>	Asymptotic Sig. <sup>b</sup>	Asymptotic 95% Confidence Interval	
			Lower Bound	Upper Bound
,986	,012	,000	,962	1,000

The test result variable(s): KONSENTRASI SANDWICH ELISA 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

Interpretasi:

Nilai AUC (Area under the Curve) adalah 98,6% (IK95%; 92,2% - 100%). Nilai AUC 98,6% artinya apabila skor konsentrasi Sandwich ELISA digunakan untuk mendiagnosa ada tidaknya gejala psikotik akibat penyalahgunaan metamfetamin pada 100 orang klien, maka kesimpulan yang tepat akan diperoleh pada 98,6 klien



**Coordinates of the Curve**  
**Test Result Variable(s): KONSENTRASI**  
**SANDWICH ELISA**

No.	Positive if Greater Than or Equal To <sup>a</sup>	Sensitivity	1 - Specificity
1	-,5300	1,000	0,000
2	,4900	1,000	0,033
3	,5300	1,000	0,067
4	,5550	1,000	0,100
5	,6100	1,000	0,133
6	,7000	1,000	0,167
7	,7600	1,000	0,233
8	,8350	1,000	0,267
9	,9250	1,000	0,300
10	,9850	1,000	0,333
11	1,0250	1,000	0,367
12	1,0650	1,000	0,400
13	1,1000	1,000	0,433
14	1,1350	1,000	0,467
15	1,1800	1,000	0,567
16	1,2300	1,000	0,600
17	1,2950	1,000	0,633
18	1,3800	1,000	0,667
19	1,4550	1,000	0,700
20	1,5500	1,000	0,733
21	1,6250	1,000	0,767
22	1,6450	1,000	0,800
23	1,7150	1,000	0,833
24	1,8400	1,000	0,867
25	1,9600	1,000	0,900
26	2,1650	1,000	0,933
27	2,3400	,967	0,933
28	2,3800	,933	0,933
29	2,4150	,900	0,967
30	2,4700	,867	0,967
31	2,5300	,833	0,967
32	2,6450	,767	0,967
33	2,8950	,733	0,967

34	3,0700	,700	0,967
35	3,1500	0,633	1,000
36	21	Q`	1,000
37	3,5350	0,567	1,000
38	3,6450	0,533	1,000
39	3,7600	0,500	1,000
40	3,8350	0,467	1,000
41	3,9150	0,433	1,000
42	3,9500	0,400	1,000
43	4,0350	0,367	1,000
44	4,2550	0,333	1,000
45	4,4200	0,300	1,000
46	4,4600	0,267	1,000
47	4,5100	0,233	1,000
48	4,6050	0,200	1,000
49	4,6800	0,133	1,000
50	4,7650	0,100	1,000
51	4,9100	0,067	1,000
52	5,0950	0,033	1,000
53	6,2100	0,000	1,000

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

**Titik potong (cut-off)** yang direkomendasikan secara statistik adalah antara 0,49 sampai 0,55, dengan nilai sensitivitas 100% dan spesifisitas  $\geq 90\%$ .