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Lampiran 1: PANNS

THE POSITIVE AND NEGATIVE SYNDROME (PANSS)

Nama :

Umur :

Tanggal :

Penilai :

Keterangan :

Nilai 1 :Tidak ada gejala.

Nilai 2 :Gejala minimal, gejalanya masih diragukan keberadaannya, atau masih cenderung tampak normal.

Nilai 3 :Gejala ringan, keberadaan gejala yang jelas, tetapi tidak terlalu berpengaruh pada fungsi keseharian.

Nilai 4 :Gejala sedang, adanya gejala yang menimbulkan masalah serius sehingga kadang-kadang cukup mengganggu aktivitas keseharian.

Nilai 5 :Gejala agak berat, manifestasi gejala bermakna mempegaruhi fungsi seseorang, tetapi tidak keseluruhan hidup, dan masih dapat diatasi.

Nilai 6 :Gejala berat, psikopatologi yang berat dan frekuensinya sering, sangat mengganggu kehidupan seseorang, selalu membutuhkan pengawasan langsung.

Nilai 7 :Gejala sangat berat, merujuk pada psikopatologi dengan level serius sangat mempengaruhi hampir seluruh fungsi kehidupan sehingga membutuhkan pengawasan ketat.

Gejala Positif (P)

Gejala	1	2	3	4	5	6	7
P1. Waham							
P2. Kekacauan proses pikir							
P3. Halusinasi							
P4. Gaduh gelisah							
P5. Waham kebesaran							

P6. Kecurigaan atau kejaran							
P7. Permusuhan							

Gejala Negatif (N)

Gejala	1	2	3	4	5	6	7
N1. Afek tumpul							
N2. Penarikan emosi							
N3. Kemiskinan <i>rapport</i>							
N4. Penarikan diri							
N5. Pemikiran abstrak							
N6. Spontanitas dan arus Percakapan							
N7. Pemikiran streatipik							

Skala Psikopatologi Umum (G)

Gejala	1	2	3	4	5	6	7
G1. Kekhawatiran somatik							
G2. Anxietas							
G3. Rasa bersalah							
G4. Ketegangan							
G5. Manerisme dan sikap tubuh							
G6. Depresi							
G7. Retardasi motorik							
G8. Ketidakkooperatipan							
G9. Isi pikiran yang tidak biasa							
G10. Disorientasi							
G11. Perhatian buruk							
G12. Kurangnya daya nilai dan Tilikan							
G13. Gangguan dorongan Kehendak							
G14. Pengendalian impuls yg Buruk							
G15. Preokupasi							
G16. Penghindaran sosial secaraAktif							

Total skor PANSS: Semua skor masing-masing item dijumlah dengan hasil sebagai berikut:

1. Sakit ringan = ± 61

2. Sakit sedang = ± 78

3. Terlihat nyata sakit = ± 96

4. Sakit berat = ± 118

5. Sakit sangat berat = ± 147

Persentase perubahan total skor PANSS: Untuk menentukan adanya perbaikan klinis atau keberhasilan suatu terapi dapat diukur pada saat sebelum kunjungan pertama sebelum diberikan terapi dan sesudah terapi. Presentase perubahan total skor PANSS yang mengindikasikan adanya perbaikan klinis adalah sebagai berikut:

1. Perbaikan minimal : penurunan skor $\pm 19-28\%$,
2. Perbaikan sedang : penurunan skor $+ 29- 40\%$,
3. Perbaikan banyak : penurunan skor $\pm 40-53\%$,
4. Perbaikan sangat banyak : penurunan skor $\pm 53-71\%$.

Lampiran 2: Profil Lipid

PROFIL LIPID

Nama :

Umur :

Tanggal :

Penilai :

Kriteria objektif pemeriksaan profil lipid didasarkan pada kriteria dimana profil lipid dianggap normal jika mempunyai kadar lipid dalam darah sebagai berikut:

1. Kolesterol total jika < 200 mg/dl
2. Kolesterol LDL jika < 130 mg/dl
3. Kolesterol HDL jika ≥ 45 mg/dl
4. Trigliserida jika < 200 mg/dl

Pemeriksaan profil lipid yang dilakukan Trigliserida dan Kolesterol HDL.

Lampiran 3:



PEMERINTAH PROVINSI SULAWESI SELATAN
DINAS PENANAMAN MODAL DAN PELAYANAN TERPADU SATU PINTU

Jl. Bougenville No.5 Telp. (0411) 441077 Fax. (0411) 448936
Website : <http://simap-new.sulselprov.go.id> Email : ptsp@sulselprov.go.id
Makassar 90231

Nomor : **14054/S.01/PTSP/2022** Kepada Yth.
Lampiran : - Direktur Rumah Sakit Khusus Daerah
Perihal : **Izin penelitian** DADI Prov. Sulsel

di-
Tempat

Berdasarkan surat Ketua Prog. Studi Spesialis Kedokteran Jiwa Fak. Kedokteran UNHAS Makassar Nomor : 30527/UN4.6.8/PT.01.04/2022 tanggal 28 Desember 2022 perihal tersebut diatas, mahasiswa/peneliti dibawah ini:

N a m a : **ARDIANSYAH**
Nomor Pokok : **C065191002**
Program Studi : **PPDS Ilmu Kedokteran Jiwa**
Pekerjaan/Lembaga : **Mahasiswa (S1)**
Alamat : **Jl. P. Kemerdekaan Km 11, Tamalanrea Makassar**
PROVINSI SULAWESI SELATAN

Bermaksud untuk melakukan penelitian di daerah/kantor saudara dalam rangka menyusun SKRIPSI, dengan judul :

" PENGARUH TERAPI ADJUVANT STATIN TERHADAP IL-6, PEMERIKSAAN PROFIL LIPID DAN GEJALA KLINIS PADA PASIEN SKIZOFRENIA YANG DITERAPI DENGAN RISPERIDONE "

Yang akan dilaksanakan dari : Tgl. **01 Februari s/d 31 Maret 2023**

Sehubungan dengan hal tersebut diatas, pada prinsipnya kami **menyetujui** kegiatan dimaksud dengan ketentuan yang tertera di belakang surat izin penelitian.

Demikian Surat Keterangan ini diberikan agar dipergunakan sebagaimana mestinya.

Diterbitkan di Makassar
Pada Tanggal 30 Desember 2022

A.n. GUBERNUR SULAWESI SELATAN
KEPALA DINAS PENANAMAN MODAL DAN PELAYANAN TERPADU
SATU PINTU PROVINSI SULAWESI SELATAN



Ir. H. SULKAF S LATIEF, M.M.
Pangkat : **PEMBINA UTAMA MADYA**
Nip : **19630424 198903 1 010**

Tembusan Yth

1. Ketua Prog. Studi Spesialis Kedokteran Jiwa Fak. Kedokteran UNHAS Makassar di Makassar;
2. *Pertinggal.*

Lampiran 4:



KEMENTERIAN PENDIDIKAN, KEBUDAYAAN, RISET, DAN TEKNOLOGI
UNIVERSITAS HASANUDDIN
FAKULTAS KEDOKTERAN
PROGRAM STUDI SPESIALIS KEDOKTERAN JIWA

Rumah Sakit Pendidikan Unhas Gedung A Lantai V, Jl. Perintis Kemerdekaan Km. 11, Makassar
Email : psychiatry.fkuh@gmail.com

No : 30527/UN4.6.8/PT.01.04/2022

28 Desember 2022

Lamp :

Hal : *Izin melakukan penelitian*

Yth.

**Kepala Dinas Penanaman Modal
dan Pelayanan Terpadu Satu Pintu Bidang
Penyelenggaraan Pelayanan Perizinan
Provinsi Sulawesi Selatan
Makassar**

Bersama ini kami sampaikan bahwa salah satu Mahasiswa Program Pendidikan Dokter Spesialis Kedokteran Jiwa Fakultas Kedokteran Unhas akan melakukan penelitian di RSKD Provinsi Sulawesi Selatan, yaitu :

Nama : dr. Ardiansyah

NIM : C065191002

Judul Penelitian : Pengaruh Terapi Adjuvan Statin Terhadap IL-6, Profil Lipid dan Gejala Klinis pada Pasien Skizofrenia yang Diterapi Dengan Risperidone

Sehubungan dengan maksud tersebut, kami mohon bantuannya untuk memberikan izin penelitian bagi Mahasiswa Program Pendidikan Dokter Spesialis FK Unhas tersebut.

Demikian permohonan kami, atas perhatian dan kerjasamanya disampaikan terima kasih.



Ketua Program Studi

Dr. dr. Saidah Syamsuddin, Sp.KJ

NIP 19700114 200112 2 001

Lampiran 5:



KEMENTERIAN PENDIDIKAN, KEBUDAYAAN, RISET DAN TEKNOLOGI
 UNIVERSITAS HASANUDDIN FAKULTAS KEDOKTERAN
 KOMITE ETIK PENELITIAN UNIVERSITAS HASANUDDIN
 RSPTN UNIVERSITAS HASANUDDIN
 RSUP Dr. WAHIDIN SUDIROHUSODO MAKASSAR
 Sekretariat : Lantai 2 Gedung Laboratorium Terpadu
 JL.PERINTIS KEMERDEKAAN KAMPUS TAMALANREA KM.10 MAKASSAR 90245.
 Contact Person: dr. Agussalim Bukhari.,MMed,PhD, SpGK TELP. 081241850858, 0411 5780103, Fax : 0411-581431



REKOMENDASI PERSETUJUAN ETIK
 Nomor : 51/UN4.6.4.5.31/ PP36/ 2023

Tanggal: 18 Januari 2023

Dengan ini Menyatakan bahwa Protokol dan Dokumen yang Berhubungan Dengan Protokol berikut ini telah mendapatkan Persetujuan Etik :



No Protokol	UH22120800	No Sponsor Protokol	
Peneliti Utama	dr. Ardiansyah	Sponsor	
Judul Peneliti	PENGARUH TERAPI ADJUVANT STATIN TERHADAP IL-6, PEMERIKSAAN PROFIL LIPID DAN GEJALA KLINIS PADA PASIEN SKIZOFRENIA YANG DITERAPI DENGAN RISPERIDONE		
No Versi Protokol	2	Tanggal Versi	16 Januari 2023
No Versi PSP	2	Tanggal Versi	16 Januari 2023
Tempat Penelitian	RSKD Dadi Provinsi Sulawesi Selatan		
Jenis Review	<input type="checkbox"/> Exempted <input type="checkbox"/> Expedited <input checked="" type="checkbox"/> Fullboard Tanggal 11 Januari 2023	Masa Berlaku	Frekuensi review lanjutan
Ketua KEP Universitas Hasanuddin	Nama Prof.Dr.dr. Suryani As'ad, M.Sc.,Sp.GK (K)	Tanda tangan	
Sekretaris KEP Universitas Hasanuddin	Nama dr. Agussalim Bukhari, M.Med.,Ph.D.,Sp.GK (K)	Tanda tangan	



Kewajiban Peneliti Utama:

- Menyerahkan Amandemen Protokol untuk persetujuan sebelum di implementasikan
- Menyerahkan Laporan SAE ke Komisi Etik dalam 24 Jam dan dilengkapi dalam 7 hari dan Laporan SUSAR dalam 72 Jam setelah Peneliti Utama menerima laporan
- Menyerahkan Laporan Kemajuan (progress report) setiap 6 bulan untuk penelitian resiko tinggi dan setiap setahun untuk penelitian resiko rendah
- Menyerahkan laporan akhir setelah Penelitian berakhir
- Melaporkan penyimpangan dari prokol yang disetujui (protocol deviation / violation)
- Mematuhi semua peraturan yang ditentukan

Lampiran 6 :

 RUMAH SAKIT UNHAS	SURAT IZIN PENELITIAN	
	Nomor: 1696/UN4.24.1.1/PT.01.04/2023	Tanggal 13 Februari 2023
FORMULIR 2 PENDIDIKAN DAN PENELITIAN	Kepada Yth Kepala Ruang Laboratorium Penelitian	
<p>Dengan hormat,</p> <p>Dengan ini menerangkan bahwa peneliti/ mahasiswa berikut ini:</p> <p>Nama : dr. Ardiansyah</p> <p>NIM / NIP : C065191002</p> <p>Institusi : Ilmu Kedokteran Jiwa, Fakultas Kedokteran , Universitas Hasanuddin Makassar</p> <p>Kode penelitian : 230213_4</p> <p>Akan melakukan pengambilan data/ analisa bahan hayati:</p> <p>Terhitung : 14 Februari 2023 s/d 14 Mei 2023</p> <p>Jumlah Subjek/Sample : 36</p> <p>Jenis Data : Data Primer: Elisa</p> <p>Untuk penelitian dengan judul:</p> <p>"Pengaruh terapi adjuvan statin terhadap IL-6, profil lipid dan gejala klinis pada pasien skizofrenia yang diterapi dengan risperidone"</p> <p>Harap dilakukan pembimbingan dan pendampingan seperlunya.</p> <p>Manajer Pendidikan dan Penelitian,</p> <div style="text-align: center;">  <p>dr. Aslim Taslim, Sp.Onk.Rad, M.Kes NIP.198304252012121003</p> </div> <p><i>Catatan: Lembaran ini diarsipkan oleh Bidang Penelitian dan Inovasi</i></p>		

Lampiran 7 : Dokumentasi Penelitian

