

DAFTAR PUSTAKA

- Aissaoui, N., Puymirat, E., Tabone, X., *et al.* (2012). Improved outcome of cardiogenic shock at the acute stage of myocardial infarction: A report from the USIK 1995, USIC 2000, and FAST-MI French Nationwide Registries. *European Heart Journal* 33(20): 2535–2543.
- Akbar, H., Foth, C., Kahloon, R.A., Mountfort, S., 2022. Acute ST Elevation Myocardial Infarction, in: StatPearls. StatPearls Publishing, Treasure Island (FL).
- Anderson, JL, & Morrow, DA. (2017). Acute Myocardial Infarction. *New England Journal of Medicine* 376(21), 2053–2064.
- Angeli F, Rebaldi G, Poltronieri C, Lazzari L, Sordi M, Garofoli M, Bartolini C, Verdecchia P. Hyperglycemia in acute coronary syndromes: from mechanisms to prognostic implications. *Therapeutic Advances in Cardiovascular Disease* 2015;9:412–424.
- Antman, EM., Tanasijevic, MJ., Thompson, B., *et al.* (1996). Cardiac-specific troponin I levels to predict the risk of mortality in patients with acute coronary syndromes. *New England Journal of Medicine* 335(18): 1342–1349.
- Bhar-Amato, J, Davies, W, & Agarwal, S. (2017). Ventricular arrhythmia after acute myocardial infarction: “The perfect storm” .*Arrhythmia and Electrophysiology Review* 6(3): 134–139.
- Björk M, Melin EO, Frisk T, Thunander M. Admission glucose level was associated with increased short-term mortality and length-of-stay irrespective of diagnosis, treating medical specialty or concomitant laboratory values. *Eur J Intern Med* [Internet]. 2020;75(January):71–8. Available from: <https://doi.org/10.1016/j.ejim.2020.01.010>
- Bohula, EA, & Morrow, DA. (2019). ST-Elevation Myocardial Infarction: Management. In D. P. Zipes, P. Libby, R. O. Bonow, D. L. Mann, G. F. Tomasselli, & E. Braunwald (Eds.), *Braunwald's Heart Disease: A Textbook of Cardiovascular Medicine* (11th ed.). Philadelphia:Elsevier Inc.
- Borja Ibanez, Stefan James, et al., ESC Scientific Document Group, 2017 ESC Guidelines for the management of acute myocardial infarction in patients presenting with ST-segment elevation: The Task Force for the management of acute myocardial infarction in patients presenting with ST-segment elevation of the European Society of Cardiology (ESC), *European Heart Journal*, Volume 39, Issue 2, 07 January 2018, Pages 119–177
- Cahill, TJ, & Kharbanda, RK. (2017). Heart failure after myocardial infarction in the era of primary percutaneous coronary intervention: Mechanisms, incidence and identification of patients at risk. *World Journal of Cardiology* 9(5): 407–415.

- Capes SE, Hunt D, Malmberg K, Gerstein HC. Stress hyperglycaemia and increased risk of death after myocardial infarction in patients with and without diabetes: a systematic overview. 2000;355:773–778.
- Crea, F., Kolodgie, F., Finn, A., Firmani, R., 2020. Mechanisms of acute coronary syndromesrelated to atherosclerosis [WWW Document]. UpToDate. URL <https://www.uptodate.com/contents/mechanisms-of-acute-coronary-syndromes>
- Dahlan, M. S. (2010). *Besar Sampel dan Cara Pengambilan Sampel*. Edisi 3. Jakarta: PenerbitSalemba Medika.
- Das, B. (2016). Prevention and Management of arrhythmias in acute myocardial infarction. *IJCMR*. 3(5): 1401–1405.
- Ehsan, MA, Mahmood, M, Siddique, MA, et al. (2012). Prediction of Major Adverse CardiacEvents of Patients with Acute Coronary Syndrome by Using TIMI Risk Score. *University Heart Journal* 8(2): 73–79.
- Eitel I, Hintze S, De Waha S, Fuernau G, Lurz P, Desch S, et al. Prognostic impact of hyperglycemia in nondiabetic and diabetic patients with ST-elevation myocardial infarction: Insights from contrast-enhanced magnetic resonance imaging. *Circ Cardiovasc Imaging*. 2012;5(6):708–18.
- Gorenek, B., Lundqvist, B., Carina, T., et al. (2014). Cardiac arrhythmias in acute coronary syndromes. *EuroIntervention* 10:1-21.
- Granger, CB, Goldberg, RJ, Dabbous, O,et al. (2003). Predictors of Hospital Mortality in the Global Registry of Acute Coronary Events. *Archives of Internal Medicine* 163(19): 2345–2353.
- Hantzidiamantis PJ, Lappin SL. Physiology, Glucose. [Updated 2022 Sep 19]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK545201/>
- Hochman, JS, Buller, CE, Sleeper, LA, et al. (2000). Cardiogenic shock complicating acute myocardial infarction--etiologies, management and outcome: a report from the SHOCK Trial Registry. *Journal of the American College of Cardiology* 36(3): 1063–1070.
- Irmalita, Juzar, DA, Andrianto, et al. (2015). *Pedoman Tatalaksana Sindroma Koroner Akut*. Edisi ke 3. Jakarta : Centra Communication.
- Kim, MC, Kini, AS, & Fuster, V.(2013). Definitions and Pathogenesis of Acute Coronary Syndromes. In R. A. Walsh, J. C. Fang, & V. Fuster (Eds.), *Hurst's the Heart Manual of Cariology* (13th ed., p. 249). New York: Mc Graw Hill.
- Khalfallah M, Abdelmageed R, Elgendi E, Hafez YM. Incidence, predictors and outcomes of stress hyperglycemia in patients with ST elevation myocardial infarction undergoing primary percutaneous coronary intervention. *Diabetes Vasc Dis Res*. 2020;17(1).

- Kirmani TA, Singh M, Kumar S, Kumar K, Parkash O, Sagar, et al. Plasma random glucose levels at hospital admission predicting worse outcomes in STEMI patients undergoing PCI: A case series. *Ann Med Surg* [Internet]. 2022;78(May):103857.
- Klein L and Crawford MH. (2014). Heart Failure with Reduced Ejection Fraction. Current Diagnosis & Treatment : Cardiology. 4th Ed. .New York : McGraw- Hill Lange.pp.331-346.
- Mamadjanov T, Volaklis K, Heier M, Freuer D, Amann U, Peters A, et al. Admission glucose level and short-term mortality in older patients with acute myocardial infarction: Results from the KORA Myocardial Infarction Registry. *BMJ Open*. 2021;11(6):1–10.
- Morrow, DA, & Braunwald, E. (2017). Classification and Diagnosis of Acute Coronary Syndromes. In D. A. Morrow (Ed.), *Myocardial Infarction: a Companion to Braunwalds* (pp.1–2). St. Louis: Elsevier Inc.
- Mortada, ME, & Akhtar, M. (2010). Sudden Cardiac Death. In *Cardiac Intensive Care* (SecondEdi). Philadelphia : Saunders Elsevier.pp.293-307.
- Moustafa TM. Utility of admission blood glucose level in prediction of short-term course and extent of coronary artery occlusion in non-diabetic patients with ST segment elevation myocardial infarction. *IJC Metab Endocr* [Internet]. 2017;14:16–20.
- O'Gara, PT, Casey, DE, De Lemos, JA, et al. (2013). 2013 ACCF/AHA guideline for the management of ST-elevation myocardial infarction: A report of the American College of Cardiology Foundation/American Heart Association Task Force on practice guidelines. *Circulation*, 127(4).
- Pres D, Gasior M, Strojek K, Gierlotka M, Hawranek M, Lekston A, Wilczek K, Tajstra M, Gumprecht J, Poloński L. Blood glucose level on admission determines in-hospital and long- term mortality in patients with ST-segment elevation myocardial infarction complicated by cardiogenic shock treated with percutaneous coronary intervention. *Kardiol Pol* 2010;68:743–751.
- Qanitha A, Alkatiri A.H, Qalby N, et al., (2021). Hyperglycemia and clinical outcomes in patient with ST-Segment elevation myocardial Infarction : a systemic review and Meta-analysis. PROSPERO 2021 CRD42021292985
- Reynolds, HR., & Hochman, JS. (2008). Cardiogenic shock current concepts and improving outcomes. *Circulation* 117(5): 686–697.
- Roffi, M., Valgimigli, M., Bax, JJ, et al.. (2016). 2015 ESC Guidelines for the management of acute coronary syndromes in patients presenting without persistent ST- segment elevation Task Force for the Management of Acute Coronary Syndromes in Patients Presenting without Persistent ST-Segment Elevation. *European Heart Journal* 37:267–315.

- Sarlak H, Akhan M, Cakar M, Kurt O, Arslan E, Balta S. Admission hyperglycemia may be the result of counterregulatory hormones during acute coronary syndrome events. *Angiology* 2014;65:160
- Scirica, BM. and Morrow, D. (2015) 'ST-elevation myocardial infarction: pathology, pathophysiology, and clinical features', in Mann, D. L. et al. (eds) Braunwald's Heart Disease : A Textbook of Cardiovascular Medicine. 10th edn. Philadelphia: Elsevier.
- Sigurdsson, A., Held, P., & Swedberg, K. (1993). Short- and long-term neurohormonal activation following acute myocardial infarction. *American Heart Journal*, 126(5), 1068– 1075.
- Thygesen, K., Alpert, JS., Jaffe, AS., et al. (2018). Fourth universal definition of myocardial infarction (2018). *European Heart Journal* 40(3): 237–269.
- Trongtorsak A, Kewcharoen J, Thangjui S, Yanez-Bello MA, Sous M, Prasai P, et al. Admission hyperglycemia in acute myocardial infarction is associated with an increased risk of arrhythmias: A systematic review and meta-analysis. *J Arrhythmia*. 2022;38(3):307–15.
- Wahab NN, Cowden EA, Pearce NJ, Gardner MJ, Merry H, Cox JL. Is blood glucose an independent predictor of mortality in acute myocardial infarction in the thrombolytic era? *J Am Coll Cardiol* [Internet]. 2002;40(10):1748–54. Available from: [http://dx.doi.org/10.1016/S0735-1097\(02\)02483-X](http://dx.doi.org/10.1016/S0735-1097(02)02483-X)
- Węgiel M, Dziewierz A, Wojtasik-Bakalarz J, et al. Hospitalization Length after Myocardial Infarction: Risk-Assessment-Based Time of Hospital Discharge vs. Real Life Practice. *J Clin Med*. 2018;7(12):564. Published 2018 Dec 18. doi:10.3390/jcm7120564
- WHO. (2018). *World Health Statistics 2018: Monitoring Health for The SDGs, Sustainable Development Goals*.
- Yang, J.H., Song, P.S., Song, Y.B. et al. Prognostic value of admission blood glucose level in patients with and without diabetes mellitus who sustain ST segment elevation myocardial infarction complicated by cardiogenic shock. *Crit Care* 17, R218 (2013). <https://doi.org/10.1186/cc13035>
- XS D, SS W, H C, XQ Z, HW L. High admission glucose levels predict worse short-term clinical outcome in non-diabetic patients with acute myocardial infarction: a retrospective observational study. *BMC Cardiovasc Disord* [Internet]. 2019;19(1):163. Available from: <https://pubmed.ncbi.nlm.nih.gov/31272376/>
- Vis MM, Sjauw KD, Schaaf RJ van der, Baan JJ, Koch KT, DeVries JH, Tijssen JGP, Winter RJ de, Pieck JJ, Henriques JPS. In patients with ST-segment elevation myocardial infarction with cardiogenic shock treated with percutaneous coronary intervention, admission glucose level is a strong independent predictor for 1-year mortality in patients without a prior diagnosis of di. *Am Heart J* 2007;154:1184–119

LAMPIRAN 1

Rekomendasi Persetujuan Etik

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.

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REKOMENDASI PERSETUJUAN ETIK

Nomor : 696/UN4.6.4.5.31/ PP36/ 2022

Tanggal: 5 Nopember 2022

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

No Protokol	UH22170654	No Sponsor Protokol	
Peneliti Utama	dr. Hendry Yoseph Nainggolan	Sponsor	
Judul Peneliti	KADAR GLUKOSA ADMISI SEBAGAI PREDIKTOR LUARAN KLINIS JANGKA PENDEK PADA PASIEN INFARK MIOKARD AKUT DENGAN ELEVASI SEGMENT ST (IMA-EST) DI RS WAHIDIN SUDIROHUSODO MAKASSAR		
No Versi Protokol	1	Tanggal Versi	2 Nopember 2022
No Versi PSP		Tanggal Versi	
Tempat Penelitian	RSUP Dr. Wahidin Sudirohusodo Makassar		
Jenis Review	<input checked="" type="checkbox"/> Exempted <input type="checkbox"/> Expedited <input type="checkbox"/> Fullboard Tanggal	Masa Berlaku 5 Nopember 2022 sampai 5 Nopember 2023	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 Lapor 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 protokol yang disetujui (protocol deviation / violation)
- Mematuhi semua peraturan yang ditentukan