INTISARI

Latar Belakang: Gagal jantung merupakan salah satu masalah kesehatan di dunia dan di Indonesia. Manajemen pasien HFrEF menurut GDMT ESC 2021 menggunakan 4 pilar terapi utama, yaitu: ACEI atau ARNI, BB, MRA, dan SGLT2i. Pada studi BIOSTAT-CHF dan QUALIFY CHF, optimalisasi GDMT gagal jantung dan peresepan menunjukkan manfaat jangka pendek dan manfaat jangka panjang pada kelangsungan hidup dan kejadian hospitalisasi akibat penyakit kardiovaskular pada pasien gagal jantung.

Tujuan Penelitian: Penelitian ini bertujuan mengevaluasi pola peresepan dan faktor yang terkait dengan penggunaan obat gagal jantung dengan penurunan fraksi ejeksi (FEVK≤40%) dengan menggunakan indikator GDMT terhadap kejadian hospitalisasi akibat penyakit kardiovaskular.

Metode: Penelitian ini menggunakan rancangan penelitian kohort retrospektif yang melibatkan 64 pasien HFrEF yang menerima peresepan gagal jantung dibagi menjadi empat kelompok: kelompok 1(ACEI/ARB, *beta blocker*, MRA), kelompok 2(ARNI, *beta blocker*, MRA), kelompok 3 (ACEI/ARB, *beta blocker*, MRA, SGLT2i) dan kelompok 4(ARNI, *beta blocker*, MRA, SGLT2i). Data penelitian diperoleh dari rekam medis pasien Agustus 2020-Maret 2022. Luaran yang diamati adalah kejadian hospitalisasi akibat penyakit kardiovaskular. Hubungan antara jenis terapi dengan kejadian hospitalisasi akibat penyakit kardiovaskular dianalisis menggunakan analisis kesintasan kurva *Kaplan-Meier* dan *cox regression*.

Hasil Penelitian: Kejadian hospitalisasi akibat penyakit kardiovaskular teramati pada subjek kelompok 1(ACEI/ARB, *beta blocker*, MRA) 37(9,9%), kelompok 2 (ARNI, *beta blocker*, MRA) 16(8,6%), kelompok 3(ACEI/ARB, *beta blocker*, MRA, SGLT2i) 5(8,6%) dan kelompok 4(ARNI, *beta blocker*, MRA, SGLT2i) 2(7,7%). Rerata *survival time* tertinggi yaitu 284 hari sedangkan kelompok 1 (ACEI/ARB, beta blocker, MRA) memiliki rerata *survival time* terendah yaitu 162 hari. Pada penelitian ini kelompok kontrol yang digunakan yaitu kelompok 1 (ACEI/ARB, *beta blocker*, MRA) dan didapatkan hasil kelompok 4 (ARNI, *beta blocker*, MRA dan SGLT2i) lebih menurunkan kejadian hospitalisasi akibat penyakit kardiovaskular daripada kelompok lain sebesar 61,7%, diikuti kelompok 3 (ACEI/ARB, *beta blocker*, MRA, SGLT2i) sebesar 53,2%, kelompok 2(ARNI, *beta blocker*, MRA) sebesar 12,5% dan hasil *log rank* didapatkan nilai signifikansi ($p<0,001$) dimana kejadian hospitalisasi akibat kardiovaskular antar kelompok peresepan HFrEF bermakna secara statistik.

Kesimpulan: Pola peresepan obat gagal jantung sesuai GDMT ESC 2021 dengan terapi kelompok 4(ARNI, *beta blocker*, MRA dan SGLT2i) lebih menurunkan kejadian hospitalisasi akibat penyakit kardiovaskular pada pasien rawat jalan di Rumah Sakit Jantung Hasna Medika Cirebon daripada kelompok lain sebesar 61,7%, diikuti oleh kelompok 3 sebesar 53,2%, kelompok 2 sebesar 12,5% dibandingkan kelompok 1 dan kejadian hospitalisasi akibat penyakit kardiovaskular antar kelompok peresepan HFrEF bermakna secara statistik.

Kata kunci: HFrEF, peresepan, GDMT, hospitalisasi

ABSTRACT

Background: Heart failure is a health problem in the world and in Indonesia. The management of HFrEF patients according to GDMT ESC 2021 uses 4 main therapy pillars, namely: ACEI or ARNI, BB, MRA, and SGLT2i. In the BIOSTAT-CHF and QUALIFY CHF studies, optimizing heart failure GDMT and prescribing demonstrated both short-term and long-term benefits on survival and incidence of hospitalization due to cardiovascular disease in heart failure patients.

Objective: This study aims to evaluate prescribing patterns and factors associated with the use of heart failure drugs with reduced ejection fraction (FEVK ≤ 40%) using the GDMT indicator for hospitalization due to cardiovascular disease.

Methods: This study used a retrospective cohort study design involving 64 HFrEF patients who received a prescription for heart failure and were divided into four groups: group 1 (ACEI/ARB, beta blocker, MRA), group 2 (ARNI, beta blocker, MRA), group 3 (ACEI/ARB, beta blocker, MRA, SGLT2i), and group 4 (ARNI, beta blocker, MRA, SGLT2i). The research data was obtained from the patient's medical records for August 2020–March 2022. The observed outcome was the incidence of hospitalisation due to cardiovascular disease. The relationship between the type of therapy and the incidence of hospitalisation due to cardiovascular disease was analysed using the Kaplan-Meier curve survival analysis and cox regression.

Results: The incidence of hospitalization due to cardiovascular disease was observed in group 1(ACEI/ARB, beta blocker, MRA) 37(9.9%) subjects, group 2 (ARNI, beta blocker, MRA) 16(8.6%), group 3(ACEI /ARB, beta blocker, MRA, SGLT2i) 5(8.6%) and group 4(ARNI, beta blocker, MRA, SGLT2i) 2(7.7%). The highest average survival time was 284 days, while group 1 (ACEI/ARB, beta blocker, MRA) had the lowest average survival time, which was 162 days. In this study the control group used was group 1 (ACEI/ARB, beta blocker, MRA) and it was found that group 4 (ARNI, beta blocker, MRA and SGLT2i) reduced the incidence of hospitalization due to cardiovascular disease more than the other groups by 61.7%. , followed by group 3 (ACEI/ARB, beta blocker, MRA, SGLT2i) at 53.2%, group 2 (ARNI, beta blocker, MRA) at 12.5% and from the results of the log rank values obtained a significance value (p<0.001) where the incidence of hospitalization due to cardiovascular causes among groups prescribing HFrEF was statistically significant.

Conclusions: The pattern of prescribing heart failure drugs according to GDMT ESC 2021 with group 4 therapy (ARNI, beta blockers, MRA and SGLT2i) further reduced the incidence of hospitalization due to cardiovascular disease in outpatients at Hasna Medika Heart Hospital Cirebon than other groups by 61.7%, followed by group 3 of 53.2%, group 2 of 12.5% compared to group 1 and the incidence of hospitalization due to cardiovascular disease between groups prescribing HFrEF was statistically significant.

Keywords: HFrEF, prescribing, GDMT, hospitalization.