

INTISARI

Ketidaktepatan pemilihan obat pada lanjut usia dapat meningkatkan risiko munculnya efek samping obat (ESO). Ketidaktepatan pemilihan obat dapat dideteksi menggunakan indikator persepsian secara eksplisit dengan kriteria Beers. Tujuan penelitian untuk mengidentifikasi ESO yang termasuk Kriteria Beers dan mengetahui gambaran sosiodemografinya pada pasien geriatri di Poli Saraf Rumah Sakit Akademik Universitas Gadjah Mada.

Penelitian ini merupakan penelitian observasional dengan pendekatan *cross sectional*. Pengambilan sampel menggunakan teknik *purposive sampling* dengan subjek penelitian adalah pasien rawat jalan berusia ≥ 60 tahun di Poli Saraf Rumah Sakit Akademik Universitas Gadjah Mada. Data demografi, gambaran terapi, dan diagnosis diambil dari rekam medik pasien. Data efek samping obat diperoleh dengan melakukan wawancara pasien. Analisis data dilakukan secara deskriptif meliputi karakteristik pasien yang mencakup umur, jenis kelamin, diagnosis, jumlah obat yang diresepkan, gambaran obat yang termasuk Kriteria Beers, dan gambaran efek samping yang muncul. Hubungan kausalitas ditentukan menggunakan Algoritma Naranjo.

Dari 96 responden terdapat 5 responden (5,2%) yang melaporkan efek samping obat yang termasuk Kriteria Beers antara lain: rasa kantuk (amitriptilin); perut terasa perih dan mual (natrium diklofenak dan ibuprofen); halusinasi (alprazolam); dan rasa lemas serta kantuk (hidroklorotiazid). Berdasarkan analisis kausalitas dengan Algoritma Naranjo, semua efek samping obat yang dilaporkan termasuk kategori *probable* kecuali halusinasi (alprazolam) termasuk kategori *possible*. Efek samping obat yang termasuk Kriteria Beers banyak dialami oleh perempuan (80,0%) dengan kelompok usia paling banyak yaitu pasien lanjut usia berusia 60 – 69 tahun (60,0%).

Kata Kunci: geriatri, efek samping obat, Kriteria Beers

ABSTRACT

Potentially inappropriate medication in elderly can increase the risk of adverse drug reactions. Potentially inappropriate medication can be detected using explicit indicators with Beers Criteria. The aim of this study was to identify adverse drug reaction of drug that included in the Beers Criteria and determine their sociodemographic characteristics in geriatric patients at the Neurology Clinic in Gadjah Mada University Academic Hospital.

This research was an observational study with a cross sectional research design. The research sample was taken using purposive sampling with the study subjects are geriatric outpatient aged ≥ 60 years at the Neurology Clinic in Gadjah Mada University Academic Hospital. Demographic data, therapeutic description, and diagnosis were obtained from the patient's medical record. Identification of adverse drug reactions were obtained from patient interview. Data were analysed descriptively including age, gender, diagnosis, number of drugs prescribed, description of drugs including Beers Criteria, and identification of adverse drug reactions. Causality assessment was determined using the Naranjo Algorithm.

Obtained 96 respondents with 5 respondents (5,2%) reported adverse drug reaction of drugs that included Beers Criteria, including: drowsiness (amitriptyline); stomach upset and nausea (diclofenac sodium and ibuprofen); hallucinations (alprazolam); and weakness and drowsiness (hydrochlorothiazide). Based on causality analysis using Naranjo Algorithm, all reported adverse drug reactions were categorised as probable except hallucination (alprazolam) which was categorised as possible. Adverse drug reactions were mostly experienced by females (80,0%) with the most common age group was elderly patients aged 60 - 69 years (60,0%).

Keywords: geriatrics, adverse drug reactions, Beers Criteria