

INTISARI

Latar Belakang: Rute pemberian PPI melalui intravena drip kontinu dan intravena bolus intermiten masih menjadi perdebatan terkait efektivitas terapi.

Tujuan Penelitian: Membandingkan efektivitas terapi PPI rute intravena drip kontinu dan intravena bolus intermiten pada tatalaksana PSCBA non variseal dengan parameter lama perdarahan dan lama rawat inap.

Metode Penelitian: Penelitian ini merupakan penelitian analitik dengan rancangan kohort retrospektif. Kriteria pasien adalah pasien dewasa ≥ 18 tahun dengan PSCBA non variseal sesuai kriteria inklusi dan eksklusi. Terapi PPI yang digunakan pada rute intravena drip kontinu adalah lansoprazole dosis 6 mg/jam dan esomeprazole dosis 8 mg/jam sedangkan pada rute intravena bolus intermiten yaitu omeprazole 40 mg/8 jam, esomeprazole 40 mg/8 jam dan lansoprazole 30 mg/8 jam. Analisis yang dilakukan meliputi analisis deskriptif, analisis komparatif dengan uji *Chi Square* dan *Mann Whitney*, dan analisis multivariat dengan uji regresi linier berganda.

Hasil Penelitian: Sampel yang didapatkan pada penelitian ini 81 pasien terdiri dari 35 pasien kelompok intravena drip kontinu dan 46 pasien kelompok intravena bolus intermiten. Komorbiditas yang banyak terjadi adalah diabetes mellitus, gagal ginjal akut dan kronis. Hasil yang didapatkan berupa rerata lama perdarahan pada kelompok intravena drip kontinu $2,37 \pm 1,78$ hari dan kelompok intravena bolus intermiten $3,08 \pm 2,61$ hari. Namun tidak terdapat perbedaan yang signifikan secara statistik pada pemberian keduanya ($p=0,489$). Sedangkan untuk rerata lama rawat inap kelompok intravena drip kontinu $13,14 \pm 9,16$ hari dan kelompok intravena bolus intermiten $10,21 \pm 7,75$ hari dengan hasil yang tidak signifikan pula secara statistik ($p=0,089$). Berdasarkan hasil dari analisis variabel perancu, jenis PPI mempengaruhi lama perdarahan secara signifikan ($p=0,020$) sedangkan komorbiditas ($p=0,007$) dan penggunaan obat pemicu perdarahan mempengaruhi lama rawat inap secara signifikan ($p=0,000$).

Kesimpulan: Efektivitas pemberian PPI dengan intravena drip kontinu tidak berbeda signifikan dibandingkan intravena bolus intermiten dengan parameter lama perdarahan dan lama rawat inap.

Kata Kunci: *Proton Pump Inhibitor*, Perdarahan Saluran Cerna Atas

ABSTRACT

Background: *The route of PPI administration via continuous intravenous drip and intermittent intravenous bolus is still being debated regarding the effectiveness of therapy.*

Objectives: *To compare the effectiveness of PPI therapy by continuous intravenous drip and intermittent bolus intravenous routes in the management of non-variceal PSCBA with the parameters of bleeding time and length of stay.*

Methods: *This study was an analytic study with a retrospective cohort design. The criteria for patients were adult patients ≥ 18 years with non-variceal PSCBA according to the inclusion and exclusion criteria. The PPI therapy used in the continuous intravenous drip route is lansoprazole at a dose of 6 mg/hour and esomeprazole at a dose of 8 mg/hour while for the intermittent bolus intravenous route are omeprazole 40 mg/8 hours, esomeprazole 40 mg/8 hours and lansoprazole 30 mg/8 hours. The analyzes performed included descriptive analysis, comparative analysis with Chi Square and Mann Whitney tests, and multivariate analysis with multiple linear regression tests.*

Results: *The sample obtained in this study was 81 patients consisting of 35 patients in the continuous drip intravenous group and 46 patients in the intermittent intravenous bolus group. The most common comorbidities are diabetes mellitus, acute and chronic renal failure. The results obtained were the mean duration of bleeding in the continuous drip intravenous group of 2.37 ± 1.78 days and the intermittent bolus intravenous group of 3.08 ± 2.61 days. However, there was no statistically significant difference between the two administrations ($p=0.489$). Meanwhile, the average length of stay in the continuous intravenous drip group was 13.14 ± 9.16 days and the intermittent bolus intravenous group was 10.21 ± 7.75 days with results that were not statistically significant ($p = 0.089$). Based on the results of the analysis of confounding variables, the type of PPI significantly affected the duration of bleeding ($p=0.020$), while comorbidity ($p=0.007$) and use of bleeding-inducing drugs significantly affected length of stay ($p=0.000$).*

Conclusion: *The effectiveness of PPI administration with continuous intravenous drip was not significantly different from intermittent intravenous bolus with the parameters of bleeding time and length of stay.*

Keywords: *Proton Pump Inhibitor, Upper Gastrointestinal Bleeding*