INTISARI

Pasien gagal ginjal kronis (GGK) dengan diabetes melitus (DM) umumnya mendapatkan beberapa obat secara bersamaan atau *multiple drug use* sehingga berpotensi memunculkan permasalahan berkaitan dengan penggunaan obat. Evaluasi rasionalitas penggunaan obat antidiabetes meliputi tepat indikasi, tepat obat, tepat dosis, tepat pasien, dan gambaran potensi terjadinya efek samping hipoglikemia perlu dilakukan untuk mengoptimalkan terapi pasien sehingga pasien memperoleh luaran terapi yang baik. Penelitian ini bertujuan untuk mengevaluasi rasionalitas penggunaan obat antidiabetes dan mengetahui ketercapaian glukosa darah pada pasien rawat inap gagal ginjal kronis dengan diabetes melitus di RSUD Kota Yogyakarta.

Penelitian ini merupakan penelitian observasional dengan rancangan penelitian *cross-sectional*. Populasi penelitian yang digunakan dalam penelitian ini yaitu pasien rawat inap gagal ginjal kronis dengan diabetes melitus di RSUD Kota Yogyakarta periode Januari 2023 - Desember 2024. Pengambilan data dilakukan dengan metode *consecutive sampling* secara retrospektif menggunakan data rekam medis pasien. Evaluasi rasionalitas penggunaan obat dan luaran terapi glukosa darah dianalisis secara deskriptif menggunakan pedoman *Kidney Disease Improving Global Outcome* (KDIGO) 2022 dan Perkumpulan Endokrinologi Indonesia (Perkeni) 2021 serta *online database* UpToDate® Lexidrug™.

Pada penelitian ini, dari 67 pasien gagal ginjal kronis dan diabetes melitus di RSUD Kota yogyakarta, dianalisis sebanyak 100 kasus rawat inap. Didapatkan pasien menerima obat antidiabetes yang rasional sebesar 79 kasus (79%). Selain itu, didapatkan gambaran ketercapaian target glukosa darah sebesar 48 kasus (48%) mencapai target glukosa darah. Peran farmasis masih dibutuhkan dalam pemantauan rasionalitas penggunaan obat antidiabetes sehingga dapat mengoptimalkan kualitas dan luaran terapi antidiabetes pada pasien rawat inap gagal ginjal kronis dan diabetes melitus.

Kata Kunci : gagal ginjal kronis, diabetes melitus, antidiabetes, evaluasi penggunaan obat, rasionalitas

ABSTRACT

Chronic kidney disease (CKD) patients with diabetes melitus (DM) generally receive multiple drug use, which has the potential to cause problems related to drug use. Evaluation of the rationality of using antidiabetic drugs, including the right indication, the right drug, the right dose, the right patient, and the potential for side effects of hypoglycemia needs to be carried out to optimize patient therapy so that patients get good therapeutic outcomes. This study aims to evaluate the rationality of using antidiabetic drugs and determine the outcome of therapy in the form of controlled and uncontrolled blood glucose in inpatients with chronic kidney disease with diabetes mellitus at RSUD Kota Yogyakarta.

This research is an observational study with a cross-sectional research design. The research subjects used in this study were inpatients with chronic kidney disease with diabetes mellitus at the RSUD Kota Yogyakarta for the period January 2023-Desember 2024. Data collection was carried out using a retrospective consecutive sampling method using patient medical record data. Evaluation of the rationality of drug use and outcomes of blood glucose therapy were analyzed descriptively using the 2022 Kidney Disease Improving Global Outcome (KDIGO) guideline, 2021 Indonesian Endocrinology Association (Perkeni) guideline, and the online database UpToDate® Lexidrug™.

In this study, from 67 patients with chronic kidney disease and diabetes mellitus at RSUD Kota Yogyakarta, 100 inpatient cases were analyzed. It was found that patients received rational antidiabetic drugs in 79 cases (79%). In addition, a picture of the achievement of blood glucose targets was obtained in 48 cases (48%) reaching blood glucose targets. The role of pharmacists is still needed in monitoring the rationality of the use of antidiabetic drugs so that it can optimize the quality and outcome of antidiabetic therapy in inpatients with chronic kidney disease and diabetes mellitus.

***Keywords**: chronic kidney disease, diabetes mellitus, antidiabetic, evaluation of drug use, rationality*