INTISARI

Diare merupakan penyebab kematian kedua pada anak-anak di dunia setelah pneumonia. Rehidrasi dan zink telah menjadi terapi baku dalam tata laksana diare menurut WHO. Probiotik adalah salah satu suplemen yang sudah digunakan secara luas pada kasus diare, namun belum direkomendasikan oleh WHO. Penelitian ini bertujuan untuk mengetahui pola terapi dan perbandingan *outcome* terapi dari penggunaan terapi baku, probiotik, terapi baku dan probiotik pada pasien diare akut anak rawat inap di RSUD Kota Makassar.

Penelitian ini merupakan penelitian observasional dengan menggunakan rancangan kohort retrospektif menggunakan data rekam medis dengan diagnosis diare akut atau gastroenteritis akut (GEA, ICD A09) periode Juni 2015-Juni 2017 di RSUD Kota Makassar. Pengolahan data yang memenuhi kriteria dilakukan dengan membandingkan rerata durasi diare dan lama rawat inap dari tiap kelompok dilakukan dengan metode *one way anova*. Pengaruh variabel usia, status gizi, dan terapi obat antibiotik diuji dengan menggunakan metode *chi square*.

Pola terapi diare akut di RSUD Kota Makassar periode Juni 2015-Juni 2017 terbagi menjadi 4 macam terapi, meliputi terapi rehidrasi-probiotik-zink, terapi rehidrasi-probiotik, terapi rehidrasi-zink, dan terapi rehidrasi dan antibiotik.

Hasil penelitian dari 111 subjek menunjukkan bahwa ada perbedaan bermakna durasi diare antar kelompok ($p<0,05$) dengan rerata durasi diare terapi rehidrasi-zink (52,62±25,08) jam, terapi rehidrasi-probiotik (45,76±21,97) jam, dan terapi rehidrasi-probiotik-zink (38,95±23,03) jam. Hasil uji lanjutan Duncan bahwa kelompok rehidrasi-probiotik-zink memiliki rerata durasi diare terpendek (38,95 jam). Tidak terdapat perbedaan bermakna lama rawat inap antar kelompok ($p>0,05$). Tidak ada pengaruh variabel usia, status gizi dan penggunaan antibiotik terhadap durasi diare ($p>0,05$). Ada pengaruh status gizi terhadap lama rawat inap ($p<0,05$).

Kata kunci : Diare akut, probiotik, zink, pola terapi, *outcome* terapi

ABSTRACT

Diarrhea is the second leading cause of death in children in the world after pneumonia. Rehydration and zinc have become standard therapies in the management of diarrhea according to WHO. Probiotics are one of the most widely used supplements in cases of diarrhea, but have not been recommended by WHO. This study aims to determine the pattern of therapy and comparison of therapy outcome from the use of standard therapy, probiotics, standard therapy and probiotics in patients with acute diarrhea inpatients at Makassar City Hospital.

This study was an observational study using a retrospective cohort design using medical record data with diagnosis of acute diarrhea or acute gastroenteritis (GEA, ICD A09) June 2015-June 2017 at Makassar City Hospital. Data processing that meets the criteria is done by comparing the average duration of diarrhea and length of stay of each group by one way annova method. The effect of age, nutritional status, and antibiotic drug was tested using chi square method.

The pattern of acute diarrheal therapy at RSUD Kota Makassar in June 2015-June 2017 is divided into 4 main types of therapy, including rehydration-probiotic-zinc therapy, rehydration-probiotic therapy, zinc-rehydration therapy, and rehydration therapy and antibiotics.

Results of the study of 111 subjects showed that there was a significant difference between diarrhea duration between groups ($p<0,05$) with mean duration of zinc-rehydration therapy diarrhea (52,62 ± 25,08) hour, rehydration-probiotic therapy (45,76±21,97) hour, and rehydration-probiotic-zinc therapy (38,95±23,03) hour. Further Duncan test results that the zinc-probiotic rehydration group had the lowest duration of diarrhea duration (38,95 hour). There were no significant differences in length of hospitalization between groups ($p>0,05$). There is no influence of age, nutritional status and antibiotic use on duration of diarrhea ($p>0,05$). There was an influenced of nutritional status on length of stay ($p<0,05$).

Keywords: Acute diarrhea, probiotics, zinc, patterns of therapy, therapy outcome