INTISARI

Pemberian obat dengan dosis sesuai pada pasien *Chronic Kidney Disease* (CKD) penting dilakukan untuk menghindari efek obat yang tidak dinginkan dan memastikan luaran terapi obat yang optimal. Penelitian ini bertujuan mengetahui gambaran luaran terapi dari pemberian obat dengan *dose adjustment* dan tanpa *dose adjustment*, hubungan antara *dose adjustment* obat dan luaran terapi obat serta efisiensi biaya terapi obat dengan adanya *dose adjustment* pada pasien rawat inap dengan CKD.

Jenis penelitian ini observasional dengan desain *cross sectional*. Data diambil dari rekam medis pasien rawat inap dengan CKD periode Januari – Desember 2017 di RSUD dr. Soeselo dan RSUD Suradadi Kabupaten Tegal. Sebanyak 200 rekam medis pasien CKD dilibatkan dalam penelitian ini. *Dose adjustment* dihitung berdasarkan fungsi ginjal pasien, yang diestimasikan dengan laju filtrasi glomerular (eGFR) menggunakan formula *Cockcroft-Gault*. Hubungan antara *dose adjustment* obat dan luaran terapi menggunakan analisis *Chi-square*.

Hasil penelitian menunjukkan terdapat 1882 obat yang diresepkan, 338 (17,93%) obat memerlukan *dose adjustment* pada pasien CKD. Dari obat tersebut, 175 (51,78%) obat diberikan dengan *dose adjustment,* sejumlah 118 (67,43%) obat menghasilkan luaran terapi membaik, 23 (13,14%) obat luaran terapinya tidak membaik dan 34 (19,43%) obat tidak dapat dievaluasi. Sedangkan dari 163 obat tanpa *dose adjustment*, 103 (63,19%) obat menghasilkan luaran terapi membaik, 40 (24,54%) obat luaran terapinya tidak membaik dan 20 (12,27%) obat tidak dapat dievaluasi. Terdapat hubungan yang signifikan antara *dose adjustment* obat dengan luaran terapi obat pada pasien rawat inap dengan CKD (OR 1,922, 95% CI = 1,119-3,548, p = 0,018). Efisiensi biaya yang dapat dihasilkan dengan adanya *dose adjusment* pada penelitian ini sebesar Rp. 1.620.588,00.

Kata kunci: *Chronic Kidney Disease,* efisiensi biaya, luaran terapi, penyesuaian dosis

ABSTRACT

Appropriate dose of drugs for patients with Chronic Kidney Disease (CKD) is important to avoid adverse drug reactions and ensure optimal therapeutic outcome of drugs.. The aimed of this study were to determine clinical outcome's description of drugs with dose adjustment and without dose adjustment, relationship between drug dose adjustment to clinical outcome and cost efficiency of drug therapy with dose adjustment in hospitalized patient with CKD.

This study was a cross-sectional observational study. Data were collacted from medical record of Hospitalized patient with CKD during the period January to December 2017 at RSUD dr. Soeselo and RSUD Suradadi, Tegal Regency. A total of 200 medical records of CKD patients were included in this study. Dose adjustment was calculated based on the patient's kidney function, which is estimated by the glomerular filtration rate (eGFR) using the Cockcroft-Gault formula. The relationship between drug dose adjustment to clinical outcome using Chi-square analysis.

There were 1882 prescribed drugs, 338 (17,93%) drugs required dose adjustment in patients with CKD. From 338 drugs that required a dose adjustment, dose of 175 (51,78%) drugs were adjusted . From 175 drugs with dose adjustment, 118 (67,43%) drugs provided improved clinical outcome, while 23 (13,14%) drugs did not and 34 (19,43%) drugs couldn't be evaluated. Whereas from 163 drugs without dose adjustment, 103 (63,19%) provided improved clinical outcome, 40 (24,54%) drugs did not and 20 (12,27%) drugs could't be evaluated. There was a significant relationship between drug dose adjustment to clinical outcome in hospitalized patients with CKD (OR 1,922, 95% CI = 1,119-3,548, p = 0,018).The cost efficiency of drugs with dose adjustment was Rp. 1.620.588,00.

Keywords: Chronic Kidney Disease, cost efficiency, dose adjustment, therapeutic outcome