

INTISARI

Infeksi kulit akibat jamur merupakan penyakit yang sering muncul di Indonesia namun, penelitian terkait infeksi jamur di Indonesia masih sangat terbatas. Penggunaan antijamur yang kurang tepat dikhawatirkan memicu adanya jamur yang resisten terhadap antijamur. Tujuan penelitian ini adalah untuk mengetahui gambaran rasionalitas terapi antijamur dan melakukan evaluasi hubungan antara rasionalitas terapi antijamur terhadap *outcome* klinik pada pasien kandidiasis di Poliklinik Kulit dan Kelamin RSUP Dr. Sardjito.

Penelitian ini merupakan penelitian *cross sectional* dengan pengambilan data secara retrospektif berupa rekam medik pasien kandidiasis di Poliklinik Kulit dan Kelamin RSUP Dr. Sardjito periode 2018-2019. Teknik sampling yang digunakan adalah *purposive sampling*. Rasionalitas terapi antijamur dianalisis menggunakan metode *Gyssens*, dengan tidak menganalisis kategori I (tepat waktu), IVC (alternatif lebih murah), dan VI (kelengkapan data). Pedoman antijamur utama yang digunakan adalah PERDOSKI 2017, dibantu dengan IDSA 2016 dan *Drug Information Handbook* (DIH). Analisis data dilakukan secara deskriptif dan dilakukan uji statistika *Chi Square*.

Jumlah pasien kandidiasis pada penelitian ini sebanyak 74 pasien. Hasil evaluasi rasionalitas dengan alur *Gyssens* diperoleh terapi pasien rasional sebanyak 43 (58,12%) dan terapi pasien tidak rasional sebanyak 31 (41,89%). Antijamur yang rasional (kategori 0) sebesar 55,81%, diikuti 20,16% antijamur kurang efektif (IVA); 6,98% tidak tepat dosis (IIA); 6,98% tidak sesuai indikasi (V); 5,43% durasi terlalu pendek (IIIB); 2,33% durasi terlalu lama (IIIA); dan 2,33% tidak tepat interval (IIB), serta 0% untuk kategori rasionalitas IVB (ada alternatif kurang toksik), IVD (ada alternatif spektrum lebih sempit), dan IIC (tidak tepat rute). *Outcome* klinik adalah hasil terapi dari obat yang diberikan kepada pasien kandidiasis selama pengobatan, terbagi atas *outcome* klinik membaik dan *outcome* klinik belum membaik. Berdasarkan *chi-square test* antara rasionalitas dan *outcome* klinik, diperoleh *p-value* sebesar 0,704 ($>0,05$). Oleh karena itu, dapat disimpulkan bahwa tidak ada hubungan antara rasionalitas terapi antijamur dengan *outcome* klinik pasien kandidiasis.

Kata kunci : kandidiasis, rasionalitas, antijamur, *outcome* klinik

ABSTRACT

Skin infections caused by fungi are a disease that often appears in Indonesia, but research related to fungal infections in Indonesia is still very limited. The inappropriate use of an antifungal can slowly trigger the fungi that are resistant to antifungals. The aim of this study was to identified the overview of antifungal therapy rationality and evaluated the relationship between rationality of antifungal therapy to clinical outcome at candidiasis patients in Polyclinic of Dermatology and Venereology RSUP Dr. Sardjito.

This research was a retrospective cross sectional study based on candidiasis patients medical records in Polyclinic of Dermatology and Venereology RSUP Dr. Sardjito period 2018-2019. The sampling technique used was purposive sampling. The rationality of antifungal therapy was analyzed by Gyssens methode, exclude from analyzing categories I (correct timing), IVC (less costly alternative), and VI (completeness of data). The main antifungal guidelines used was PERDOSKI 2017, assisted with IDSA 2016 and the Drug Information Handbook (DIH). Data analysis was performed descriptively and used Chi Square statistical test.

The number of candidiasis patients in this study was 74 patients. The results of the rationality evaluation with Gyssens algorithm obtained that rational patient therapy was 43 patients (58.12%) and irrational patient therapy was 31 patients (41.89%). Rational antifungal (category 0) was 55.81%, followed by 20.16% less effective antifungal (IVA); 6.98% inappropriate dosage (IIA); 6.98% no indication of antifungal use (V); 5.43% antifungal use too short (IIIB); 2.33% antifungal use too long (IIIA); and 2.33% inappropriate administration interval (IIB), and 0% for the rationality category of IVB (other less toxic antifungals are present), IVD (other narrower spectrum antifungals are present), and IIC (inappropriate administration route). Clinical outcome is the therapeutic result from drugs given to candidiasis patients during treatment, divided into improved clinical outcomes and not improved clinical outcomes. Based on the chi-square test between rationality and clinical outcome, p-value was 0.704 (> 0.05). Therefore, it can be concluded that there was no relationship between the rationality of antifungal therapy with the clinical outcome of candidiasis patients.

Keywords: candidiasis, rationality, antifungal, clinical outcome