

INTISARI

Penyakit jantung dan pembuluh darah merupakan penyebab utama kematian secara global, termasuk Indonesia. Manifestasi klinik penyakit jantung koroner yang paling sering mengakibatkan kematian adalah infark miokard akut (IMA). Dampak terapi IMA yang nonoptimal terhadap luaran lama rawat inap di rumah sakit dan lama hilangnya nyeri dada perlu diteliti lebih lanjut. Tujuan penelitian ini adalah mengetahui gambaran pola terapi pada pasien IMA dan mengetahui perbedaan lama rawat inap di rumah sakit dan lama hilangnya nyeri dada antara terapi farmakologik yang optimal dan nonoptimal pada pasien STEMI dan NSTEMI.

Penelitian ini merupakan penelitian observasional analitik dengan rancangan *retrospective cohort study*. Data diambil dari rekam medik selama periode Januari 2011-Desember 2014 di RS Panti Rapih dan RS PKU Muhammadiyah Yogyakarta. Terapi yang optimal adalah terapi yang mendapat streptokinase, obat golongan antikoagulan, aspirin, P2Y₁₂ *inhibitor*, isosorbid dinitrat (ISDN), dan statin, sedangkan terapi yang nonoptimal adalah terapi yang tidak mendapat minimal satu dari obat-obat tersebut. Sebanyak 74 subyek terkategori dalam kelompok terapi yang optimal dan 87 subyek dalam kelompok terapi yang nonoptimal. Rerata lama rawat inap kelompok terapi yang optimal lebih singkat 0,3 hari dibandingkan kelompok terapi yang nonoptimal ($7,18 \pm 1,625$ hari banding $7,48 \pm 1,952$ hari; $p \geq 0,05$), tetapi rerata lama hilangnya nyeri dada pada kelompok terapi yang optimal lebih lama dibandingkan kelompok yang nonoptimal ($2,32 \pm 1,480$ hari banding $2,16 \pm 1,375$ hari; $p \geq 0,05$).

Kesimpulan penelitian ini adalah bahwa seperti IMA jenis STEMI, pola terapi IMA jenis NSTEMI dengan proporsi terbesar juga mendapat kombinasi antikoagulan, aspirin, P2Y₁₂ *inhibitor*, ISDN, dan statin (56,3% banding 44,6%) dan tidak terdapat perbedaan antara terapi farmakologik yang optimal dan nonoptimal pada pasien IMA dalam lama rawat inap di rumah sakit dan lama hilangnya nyeri dada.

Kata kunci: optimal, nonoptimal, lama hari rawat, lama hilangnya nyeri dada, IMA.

ABSTRACT

Cardiovascular disease is the globally leading cause of death, including Indonesia. Clinical manifestations of coronary heart disease that most often resulted in death is acute myocardial infarction (AMI). The impact of nonoptimal AMI therapy on length of stay and length of chest pain outcome needs to be further investigated. The aim of this study were to determine the pattern of therapy in patients with AMI and To determine the difference in length of stay and length of chest pain between optimal and nonoptimal pharmacologic therapy in patients with STEMI and NSTEMI.

This study was conducted using an analytical observational design with retrospective cohort design. The data were taken from medical records during January 2011-December 2014 at both Panti Rapih Hospital and PKU Muhammadiyah Yogyakarta Hospital. The optimal therapy was defined as receiving streptokinase, anticoagulant, aspirin, P2Y₁₂ inhibitors, isosorbide dinitrate (ISDN), and statins, whereas nonoptimal therapy was defined as not receiving at least one of these drugs. A total of 74 subjects categorized in the optimal therapy group and 87 subjects were in nonoptimal group. The mean of length of stay in optimal therapy group was 0.3 days shorter than nonoptimal therapy group (7.18 ± 1.625 days vs 7.48 ± 1.952 days, $p \geq 0.05$). However, the mean of length of chest pain in optimal therapy group was longer than nonoptimal therapy group (2.32 ± 1.480 days vs 2.16 ± 1.375 days, $p \geq 0.05$).

The conclusions of this study were that like STEMI-type AMI, the pattern of NSTEMI-type AMI therapy with largest proportion also received anticoagulant, aspirin, P2Y₁₂ inhibitor, ISDN, and statin (56.3% vs 44.6%). Further more, there were no difference in length of stay and length of chest pain between optimal and nonoptimal pharmacologic therapy in patients with AMI.

Keywords: optimal, nonoptimal, length of stay, length of chest pain, AMI.