

INTISARI

Prevalensi PGK berbanding lurus dengan peningkatan kejadian hipertensi. Penatalaksanaan hipertensi yang tepat, efektif dan efisien dibutuhkan untuk pengendalian tekanan darah maupun memperlambat kejadian kardiovaskular. Penelitian ini bertujuan untuk mengetahui efektivitas biaya *Angiotensin Receptor Blocker* (ARB) terhadap amlodipin pada pasien PGK Stadium 5 Dialisis dari perspektif rumah sakit.

Penelitian observasional dengan rancangan kohort retrospektif ini dilakukan di RS Bethesda pada pasien PGK Stadium 5 Dialisis periode tahun 2014-2019. Terapi ARB meliputi irbesartan, kandesartan dan valsartan. Luaran klinis yang diamati selama 12 bulan adalah kejadian tekanan darah tak terkontrol dan kejadian kardiovaskular sedangkan biaya yang dihitung adalah biaya medis langsung. Analisis statistik menggunakan *chi square* untuk mengetahui hubungan terapi dan proporsi kejadian luaran klinis serta *Kaplan Meier* untuk menilai estimasi waktu kejadian luaran klinis.

Dari 25 pasien kelompok ARB, 16 pasien (64%) mengalami tekanan darah tak terkontrol dan 4 pasien (16%) mengalami kejadian kardiovaskular berupa gagal jantung, trombosis vena dalam dan RBBB. Pada 25 pasien kelompok amlodipin, 21 pasien (84%) mengalami kejadian tekanan darah tak terkontrol dan 6 pasien (24%) mengalami kejadian kardiovaskular berupa gagal jantung, hipertensi emergensi dan NSTEMI. Berdasarkan analisis efektivitas biaya, ACER terapi ARB untuk kontrol tekanan darah dan pencegahan kejadian kardiovaskular dalam jangka waktu 12 bulan secara berturut-turut sebesar Rp246.640.416,44 dan Rp105.703.035,619 sedangkan ACER amlodipin sebesar Rp590.873.756,25 dan Rp124.394.475,00. Nilai ICER ARB dibandingkan amlodipin untuk kontrol tekanan darah sebesar -Rp28.746.255,40 dan untuk pencegahan kejadian kardiovaskular sebesar -Rp71.865.638,50.

Kata kunci: PGK, ARB, amlodipin, efektivitas biaya

ABSTRACT

The prevalence of CKD is proportional to the increase of hypertension incidence. An appropriate, effective and efficient management of hypertension is needed to control blood pressure and slow down the cardiovascular events. This study aims to conduct a cost effectiveness analysis of Angiotensin Receptor Blocker (ARB) versus amlodipine in patients with CKD stage 5 dialysis from a hospital perspective.

This observational study with retrospective cohort design was conducted at Bethesda Hospital on CKD Stage V Dialysis patients in 2014-2019. Angiotensin Receptor Blocker included irbesartan, candesartan and valsartan. The clinical outcomes observed were the incidence of uncontrolled blood pressure and cardiovascular events meanwhile the calculated costs were direct medical costs. Statistical analysis was carried out with chi square to determine the relationship between therapy and proportion of clinical outcome while Kaplan Meier to estimate mean survival time of the clinical events.

In the 25 patients of the ARB group, 16 patients (64%) had uncontrolled blood pressure and 4 patients (16%) had cardiovascular events such as heart failure, deep vein thrombosis and RBBB. In 25 patients of the amlodipine group, 21 patients (84%) experienced uncontrolled blood pressure events and 6 patients (24%) experienced cardiovascular events such as heart failure, hypertensive emergencies and NSTEMI. Based on the cost-effectiveness analysis, the ACER of ARB therapy for blood pressure control and prevention of cardiovascular events within 12 months was Rp. 246.640.416,44 and Rp. 105.703.035,619, respectively, while the ACER of amlodipine was Rp590.873.756,25 and Rp124.394.475,00. The ICER value of ARB compared to amlodipine for blood pressure control was -Rp 28,746,255.40 and for prevention of cardiovascular events was -Rp 71,865,638,50.

Keywords: CKD, ARB, amlodipine, cost effectiveness