PENGARUH KOMPLIKASI DAN KOMORBIDITAS TERHADAP *OUTCOME* TERAPI OBAT PADA PASIEN SIROSIS HATI DI RSUP DR. M. DJAMIL PADANG

ABSTRAK

Sirosis hati adalah penyakit kronis progresif yang ditandai oleh pembentukan jaringan fibrosis dan nodul regeneratif yang secara bertahap mengubah struktur dan fungsi hati. Kondisi ini sering disertai komplikasi, antara lain ensefalopati hepatik (34,65%), jaundice (4,46%), ascites (44,55%), varises esofagus (54,95%), dan hematemesis/malena (21,78%), serta komorbiditas seperti diabetes melitus (17,82%), hipertensi (11,39%), CAP (19,80%), penyakit ginjal kronik (9,90%), dan sepsis (12,38%). Penelitian ini bertujuan mendeskripsikan pola penggunaan obat, mengidentifikasi komplikasi dan komorbiditas, serta menganalisis hubungannya dengan outcome terapi pada pasien sirosis hati di RSUP Dr. M. Djamil Padang. Penelitian ini menggunakan desain observasional retrospektif dengan analisis uji Kruskal-Wallis dan Paired Sample T-Test pada data rekam medis pasien rawat inap. Hasil menunjukkan obat yang paling sering digunakan adalah spironolakton (66,83%), propranolol (48,51%), furosemid (31,19%), carvedilol (9,41%), dan parasetamol (30,69%). Analisis paired t-test memperlihatkan sebagian besar parameter biokimia tidak berbeda bermakna antara masuk dan rawat ($p > 0,05$), kecuali kreatinin yang mendekati signifikan ($p = 0,050$). Namun, antara rawat dan pulang, terjadi perbaikan signifikan pada albumin ($p = 0,010$), bilirubin ($p = 0,021$), INR ($p = 0,003$), kreatinin ($p = 0,004$), urea ($p = 0,005$), natrium ($p = 0,004$), kalium ($p = 0,028$), dan klorida ($p = 0,023$). Uji Kruskal-Wallis menunjukkan tidak ada perbedaan signifikan lama rawat berdasarkan kombinasi komplikasi dan komorbiditas ($p = 0,081$). Disimpulkan bahwa mayoritas pasien berada pada derajat B dengan progresi menuju C, komplikasi dan komorbiditas tidak berpengaruh signifikan terhadap outcome lama rawat, namun perbaikan klinis terlihat pada beberapa parameter biokimia saat pasien dipulangkan.

Kata kunci: sirosis hati, lama rawat, komplikasi, komorbiditas, *outcome* terapi

THE EFFECT OF COMPLICATIONS AND COMORBIDITIES ON CLINICAL OUTCOMES BASED ON DRUG CLASSIFICATION IN PATIENTS WITH LIVER CIRRHOSIS AT DR. M. DJAMIL CENTRAL GENERAL HOSPITAL PADANG

ABSTRACT

Liver cirrhosis is a progressive chronic disease characterized by the formation of fibrotic tissue and regenerative nodules, gradually altering the structure and function of the liver. This condition is commonly accompanied by complications such as hepatic encephalopathy (34.65%), jaundice (4.46%), ascites (44.55%), esophageal varices (54.95%), and hematemesis/melena (21.78%), as well as comorbidities including diabetes mellitus (17.82%), hypertension (11.39%), community-acquired pneumonia (19.80%), chronic kidney disease (9.90%), and sepsis (12.38%). This study aimed to describe drug utilization patterns, identify complications and comorbidities, and analyze their association with therapeutic outcomes in cirrhotic patients at Dr. M. Djamil General Hospital Padang. A retrospective observational design was applied, using Kruskal-Wallis and Paired Sample T-Test for data analysis based on inpatient medical records. The results showed that the most frequently used medications were spironolactone (66.83%), propranolol (48.51%), furosemide (31.19%), carvedilol (9.41%), and paracetamol (30.69%). Paired t-test analysis showed no significant differences in most biochemical parameters between admission and during hospitalization ($p > 0.05$), except creatinine, which approached significance ($p = 0.050$). However, between hospitalization and discharge, significant improvements were observed in albumin ($p = 0.010$), bilirubin ($p = 0.021$), INR ($p = 0.003$), creatinine ($p = 0.004$), urea ($p = 0.005$), sodium ($p = 0.004$), potassium ($p = 0.028$), and chloride ($p = 0.023$). The Kruskal-Wallis test revealed no significant difference in length of stay based on combined complications and comorbidities ($p = 0.081$). In conclusion, most patients were in grade B with a tendency to progress to grade C. Although complications and comorbidities had no significant impact on therapeutic outcomes, clinical improvement was evident in several biochemical parameters at discharge.

Keywords: Liver cirrhosis, leg of stay, complications, comorbidity, treatment outcome