

# EVALUASI PENGGUNAAN OBAT PADA PASIEN SIROSIS HATI YANG MEMILIKI KOMPLIKASI DAN KOMORBID DI RAWAT INAP RSUP Dr. M. DJAMIL PADANG

## ABSTRAK

Sirosis hati merupakan penyakit kronis progresif yang sering disertai komplikasi dan komorbid yang meningkatkan morbiditas serta mortalitas. Kompleksitas kondisi klinis tersebut menyebabkan penggunaan obat pada pasien sirosis hati memerlukan evaluasi kesesuaian berdasarkan guideline terapi untuk menjamin keamanan dan efektivitas pengobatan. Penelitian ini bertujuan untuk menilai kesesuaian terapi komplikasi dan komorbid pada pasien sirosis hati terhadap guideline serta menganalisis hubungan antara derajat sirosis hati berdasarkan skor Child Turcotte Pugh (CTP) dengan kesesuaian terapi komplikasi. Penelitian ini merupakan penelitian observasional dengan desain cross-sectional dan pendekatan retrospektif menggunakan data rekam medis pasien rawat inap sirosis hati di RSUP Dr. M. Djamil Padang tahun 2024. Teknik sampling menggunakan purposive sampling sesuai kriteria inklusi dan eksklusi. Analisis data dilakukan secara deskriptif dan bivariat menggunakan uji Chi-Square dengan tingkat signifikansi  $p < 0,05$ . Hasil penelitian menunjukkan komplikasi varises esofagus (32%), asites (29%), melena/hematemesis (17%), ensefalopati hepatic (17%), Jaundice (4%) dan SBP (1%) sedangkan untuk komorbid pneumonia (33%), gangguan ginjal (27%), diabetes (16%), hipertensi (12%), dan sepsis (12%). Kesesuaian terapi komplikasi asites (35,17%), varises esofagus (29,03%), ensefalopati hepatic (17,58%), melena/hematemesis (12,71%), jaundice (5,08%), SBP (0,42%) sedangkan ketidaksesuaian asites (16,41%), varises esofagus (38,46%), ensefalopati hepatic (13,85%), melena/hematemesis (28,21%), jaundice (3,08%), SBP (0,00%). Pada komorbid kesesuaian terapi pneumonia (55,50%), hipertensi (13,09%), gangguan ginjal (4,71%), diabetes (15,18%), sepsis (11,52%), sedangkan ketidaksesuaian pneumonia (6,10%), hipertensi (12,80%), gangguan ginjal (56,10%), diabetes (20,12%) dan sepsis (4,88%). Terdapat hubungan bermakna antara derajat sirosis dengan kesesuaian terapi pada asites ( $p=0,037$ ), ensefalopati hepatic ( $p=0,016$ ), dan melena/hematemesis ( $p=0,008$ ), namun tidak terdapat hubungan pada varises esofagus ( $p=0,237$ ). Disimpulkan bahwa masih terdapat variasi dan ketidaksesuaian terapi pada pasien sirosis hati, sehingga diperlukan evaluasi penggunaan obat secara berkala berbasis derajat keparahan penyakit untuk meningkatkan mutu pelayanan dan keselamatan pasien.

**Kata kunci:** sirosis hati, komplikasi, komorbid, kesesuaian terapi, Child Turcotte Pugh

## **Evaluation of Drug Utilization in Hospitalized Patients with Liver Cirrhosis with Complications and Comorbidities at RSUP Dr. M. Djamil Padang**

### **ABSTRACT**

Liver cirrhosis is a progressive chronic disease frequently accompanied by complications and comorbidities that increase morbidity and mortality. The complexity of these clinical conditions requires evaluation of drug use based on therapeutic guidelines to ensure treatment safety and effectiveness. This study aimed to evaluate the appropriateness of therapy for complications and comorbidities in patients with liver cirrhosis according to clinical guidelines and to analyze the relationship between the severity of cirrhosis based on the Child–Turcotte–Pugh (CTP) score and the appropriateness of therapy for complications. This observational study used a cross-sectional design with a retrospective approach based on medical record data of hospitalized liver cirrhosis patients at Dr. M. Djamil General Hospital Padang in 2024. The sampling technique used purposive sampling based on inclusion and exclusion criteria. Data were analyzed descriptively and bivariately using the Chi-Square test with a significance level of  $p < 0.05$ . The results showed that the complications found were esophageal varices (32%), ascites (29%), melena/hematemesis (17%), hepatic encephalopathy (17%), jaundice (4%), and spontaneous bacterial peritonitis (SBP) (1%), while the comorbidities included pneumonia (33%), renal disorders (27%), diabetes mellitus (16%), hypertension (12%), and sepsis (12%). The appropriateness of therapy for complications was ascites (35.17%), esophageal varices (29.03%), hepatic encephalopathy (17.58%), melena/hematemesis (12.71%), jaundice (5.08%), and SBP (0.42%), while inappropriate therapy was found in ascites (16.41%), esophageal varices (38.46%), hepatic encephalopathy (13.85%), melena/hematemesis (28.21%), jaundice (3.08%), and SBP (0.00%). For comorbidities, appropriate therapy was found in pneumonia (55.50%), hypertension (13.09%), renal disorders (4.71%), diabetes mellitus (15.18%), and sepsis (11.52%), while inappropriate therapy occurred in pneumonia (6.10%), hypertension (12.80%), renal disorders (56.10%), diabetes mellitus (20.12%), and sepsis (4.88%). A significant relationship was found between the severity of cirrhosis and the appropriateness of therapy in ascites ( $p = 0.037$ ), hepatic encephalopathy ( $p=0.016$ ), and melena/hematemesis ( $p = 0.008$ ), while no significant relationship was found in esophageal varices ( $p = 0.237$ ). It can be concluded that inappropriate therapy is still found in patients with liver cirrhosis, therefore periodic drug use evaluation based on disease severity is needed to improve the quality of healthcare services and patient safety.

**Keywords:** liver cirrhosis, complications, comorbidities, therapy appropriateness, Child–Turcotte–Pugh