

Pola persepan antibiotik dan faktor-faktor yang berhubungan dengan kerasionalan persepan antibiotik di Puskesmas Kecamatan kota Depok tahun 2012 = Prescribing pattern of antibiotic and factors associated with rational prescribing of antibiotic at public health care of Depok in 2012 / Andri Tilaqza

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Abstrak

ABSTRAK
Sekitar 50% persepan antibiotik tidak rasional berdasarkan data dari WHO, dimana hal ini akan menyebabkan peningkatan morbiditas, mortalitas, biaya pengobatan, efek samping dan resistensi. Penelitian ini bertujuan untuk mengevaluasi pola persepan antibiotik dan faktor-faktor yang berhubungan dengan persepan antibiotik yang rasional di seluruh puskesmas kecamatan kota Depok. Rancangan penelitian yang digunakan adalah potong lintang. Sampel penelitian terdiri dari seluruh dokter, tenaga kefarmasian, resep antibiotik per oral dan Laporan Pemakaian dan Lembar Permintaan Obat (LPLPO) periode Oktober – Desember 2012. Analisis data dilakukan dengan uji chi square dan analisis regresi logistik. Berdasarkan hasil analisis diketahui pola persepan antibiotik yang paling banyak diresepkan berdasarkan jenis antibiotik adalah amoksisilin (73,5%) dan kotrimoksazol (17,4%), berdasarkan jenis penyakit adalah faringitis akut (40,2%) dan ISPA tidak spesifik (25,4%), berdasarkan jenis kelamin pasien adalah perempuan (54,4%), dan berdasarkan usia yakni antara 19-60 tahun (45,4%). Dari 392 resep diketahui 56,1% tidak memenuhi kriteria kerasionalan persepan antibiotik yakni dalam hal pemilihan antibiotik (22,7%), durasi pemberian (72,3%), frekuensi pemberian (3,2%), durasi dan frekuensi pemberian (1,8%). Dokter yang pernah mengikuti pelatihan 2,014 kali lebih rasional dibandingkan dengan dokter yang tidak pernah mengikuti pelatihan. Dokter dengan masa kerja singkat (< 7 tahun) 3,952 kali lebih rasional dalam persepan antibiotik dibandingkan dengan masa kerja lama (> 7 tahun). Penelitian ini juga menunjukkan peran tenaga kefarmasian dalam persepan antibiotik rasional belum bisa dilakukan karena kendala keterbatasan tenaga. Oleh karena itu perlu dilakukan pelatihan kepada dokter dalam upaya meningkatkan persepan antibiotik yang rasional secara periodik dan penambahan tenaga kefarmasian agar bisa melaksanakan peran dalam persepan antibiotik rasional.

ABSTRACT
Approximately 50% of antibiotic prescribing is categorized as irrational according to the data from the WHO, which will cause an increase in morbidity, mortality, cost of medication, side effects, and resistance. The aim of this study was to evaluate antibiotic prescribing patterns and factors associated with rational antibiotic prescribing at public health care in Depok. Study design used a cross sectional method. The sample consisted of physicians, pharmacists, oral antibiotic

prescriptions, and LPLPO from October to December 2012. Data were analyzed by chi-square test and logistic regression analysis. Based on the results of analysis, the most widely prescribed antibiotic pattern based on type of antibiotic were amoxicillin (73.5%) and cotrimoxazole (17.4%), based on the type of disease were acute pharyngitis (40.2%) and non-specific respiratory infection (25.4%), based on the patient's gender was female (54.4%), and based on the age was between 19-60 years (45.4%). About 56.1% of 392 prescriptions was found not to meet the criteria for rational antibiotic prescribing in the case of antibiotic selection (22.7%), duration of administration (72.3%), frequency of administration (3.2%), duration and frequency of administration (1.8%). Physicians who had attended training for rational drug use was 2,014 times more rational than physicians who had never attended training. Physicians with short working period (<7 years) was 3,952 times more rational in prescribing of antibiotics compared to physicians with a longer working period (> 7 years). This study also indicated that the role of pharmacist in rational antibiotic prescribing could not be implemented due to the lack of pharmacist staff. Therefore, periodically training is necessary for physicians in an effort to improve a rational antibiotic prescribing in public health care. Additional staff of pharmacist in order to carry out their role in rational antibiotic prescribing is also needed.