

Peran apoteker dalam menurunkan drug related problem (DRP) pasien geriatri 12 puskesmas di kabupaten Karanganyar tahun 2013 =  
Pharmacist participation in decreasing geriatric patient s drug related problem (DRP) in 12 Karanganyar's primary health centers in 2013

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Abstrak

Drug-Related Problem (DRP) adalah setiap kejadian melibatkan terapi obat, yang secara aktual atau potensial mempengaruhi hasil terapi yang dikehendaki. Geriatri sering menderita banyak penyakit dan menerima banyak obat, sehingga DRP umum terjadi pada geriatri. Fungsi utama pelayanan kefarmasian adalah mengidentifikasi, mencegah, dan menyelesaikan DRP. Penelitian ini bertujuan menganalisis perbedaan DRP karena perbedaan cara intervensi. Total sampling data 1 bulan dilakukan secara retrospektif, diperoleh 205 pasien dan 12 puskesmas memenuhi kriteria inklusi-eksklusi. DRP diidentifikasi dan kemudian diklasifikasikan menurut PCNE V 6.2. Randomisasi dilakukan sehingga dokter di 6 puskesmas hanya mendapat informasi tertulis, dan dokter di 6 puskesmas lainnya diajak berdiskusi tentang hasil identifikasi DRP. Data diambil lagi setelah intervensi dan diperoleh 202 pasien memenuhi kriteria inklusi-eksklusi. Diskusi menurunkan DRP, perbedaan antara sebelum dan sesudah intervensi nyata pada masalah ( $p = 0,027$ ) dan penyebab ( $p = 0,028$ ) berdasarkan uji Wilcoxon signed rank. Rekomendasi tertulis juga menurunkan DRP, perbedaan nyata pada masalah ( $p = 0,003$ ) dan penyebab ( $p = 0,004$ ) berdasarkan uji t berpasangan. Intervensi diskusi menurunkan lebih banyak masalah ( $p = 0,001$ ) dan penyebab ( $p = 0,002$ ) berdasarkan uji t tidak berpasangan, masing-masing (20,83 + 8,931) dan (25,33 + 11,431) per puskesmas, dibandingkan informasi tertulis (4,17 + 1,941) dan (5,17 + 2,483).

*Drug-related problem (DRP) is any events involving drug therapy, which is actually or potentially affects the desired health outcome. Geriatrics often suffer from many diseases and were prescribed a lot of drugs. Therefore, DRP is common among geriatric patients. The main function of pharmaceutical care is to identify, resolve, and prevent DRPs. The study purpose was to analyze the differences in DRPs due to different intervention. One month total sampling were conducted retrospectively, 205 patients in 12 health centers met the inclusionexclusion criteria. DRPs were identified and then classified according to PCNE V 6.2. Randomization leads physicians in 6 health centers received recommendation letter only, while the rest were encouraged to discuss geriatric's DRPs identified. Patients data collection were prospectively performed again after intervention, 202 patients met the inclusion-exclusion criteria. DRPs were decreased by discussion, the differences were significant based on Wilcoxon signed rank test in the number of problems ( $p = 0.027$ ) and causes ( $p = 0.028$ ). DRPs were also decreased by recommendation letter, the differences were significant based on paired t test in the number of problems ( $p = 0.003$ ) and causes ( $p = 0.004$ ). From the independent t-test was also obtained that discussion with the physicians decreased more problems ( $p = 0.001$ ) and causes ( $p = 0.002$ ) per primary health center, (8.931 + 20.83) and (25.33 + 11.431) respectively, compared to recommendation letter (4.17 + 1.941) and (5.17 + 2.483).*