Gambaran pemberian profilaksis primer kotrimoksazol pada pasien HIV dewasa di unit pelayanan terpadu HIV RSCM tahun 2004-2013 = Description of primary cotrimoxazole prophylaxis in adult HIV patients in HIV integrated clinic Cipto Mangunkusumo hospital Jakarta in 2004-2013

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Abstrak

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Latar Belakang : Pemberian kotrimoksazol diberikan sebagai standar pencegahan primer terhadap infeksi toksoplasmosis dan pneumonia Pneumocystis jirovecii (PCP) pada pasien HIV dengan CD4 kurang dari 200 sel/mm3 dan pasien tuberkulosis. Beberapa penelitian di luar negeri mendapatkan bahwa pemberian profilaksis kotrimoksazol belum sesuai dengan panduan nasional, sehingga perlu dilakukan penelitian untuk menilai kepatuhan dokter dalam meresepkan profilaksis primer kotrimoksazol.
Tujuan : mengetahui pola peresepan dokter terutama dalam memulai, menghentikan, dosis obat, efek samping, durasi pemberian dan persentase lama pemberian profilaksis primer kotrimoksazol pada pasien HIV
Metode : Studi ini merupakan studi kohort retrospektif dan mengambil data semua pasien HIV usia lebih dari 18 tahun yang berobat ke UPT HIV RSCM tahun 2004-2013 dan memenuhi kriteria pemberian profilaksis primer kotrimoksazol. Variabel yang diteliti adalah pola inisiasi peresepan, penghentian peresepan, dosis, durasi, persentase lama pemberian, serta ada tidaknya efek samping kotrimoksazol
Hasil : Sejumlah 3818 pasien mempunyai indikasi pemberian kotrimoksazol dengan nilai tengah usia pasien adalah 29 tahun, pria (79,1%), tuberkulosis (58,5%), stadium 3 dan 4 (86%). Nilai tengah CD4 saat awal adalah 51 sel/mm3 (RIK 101). Profilaksis primer kotrimoksazol sudah dimulai pada 83% pasien. Pemberian dosis kotrimoksazol sudah sesuai pedoman pada 99,8% pasien. Efek samping yang dari yang paling sering sampai yang jarang terjadi adalah peningkatan transaminase (38,1%), leukopenia (16,9%), anemia (16,5%), mual (15,4%), muntah (7,8%), trombositopenia (7,4%) dan alergi (5,3%). Efek samping yang menyebabkan penghentian peresepan adalah alergi (100%), anemia (2,4%), peningkatan transaminase (2,1%), muntah (0,8%) dan leukopenia (0,6%). Pola penghentian peresepan tidak sesuai pedoman pada 61,6% dengan nilai tengah persentase lama pemberian 87,5% (RIK 39) dan nilai tengah durasi pemberian profilaksis primer kotrimoksazol adalah 20 bulan (RIK 20). Durasi pada pasien dengan CD4100 sel/mm3 dan >100 sel/mm3 adalah 21 bulan (RIK 22) dan 12,5 bulan (RIK 14,75) dengan nilai p=0,000.
Kesimpulan : walaupun pada saat awal 83% pasien HIV dewasa dilakukan pemberian profilaksis primer kotrimoksazol dengan pengaturan dosis yang sangat baik, namun 61,6% penghentian peresepan tidak sesuai pedoman.
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Back Ground : Cotrimoxazole was standard of primary prevention against toxoplasmosis infection and Pneumocystis jirovecii pneumonia (PCP) in patients with CD4 less than 200 cell/mm3 and tuberculosis. Some study found that prophylactic use cotrimoxazole in patients with HIV was inappropriate with national

guideline. It was necessary to have research in order to know clinician adherence to prescribe primary cotrimoxazole prophylaxis.
Objective : to know initiation, discontinuation, dosage, adverse events, duration and duration percentage of primary cotrimoxazole prophylaxis in HIV patients
Methods : This was cohort retrospective study and was done in UPT HIV RSCM and subject of study were all patients more than 18 years old from 2004 to 2013 and had indication of primary cotrimoxazole prophylaxis. Variable in this study were initiation, discontinuation, dosage, duration, duration percentage and adverse events of primary cotrimoxazole prophylaxis.
Result : There were 3818 patients had indication of primary cotrimoxazole prophylaxis with median age of study subjects were 29 years old, 79,1% were male, 58,5% were tuberculosis, WHO clinical stage 3 and 4 were 86%. Median CD4 at beginning was 51 cell/mm3 (IQR 101). Initiation of primary cotrimoxazole prophylaxis was performed in 83% patients who met indication. 99,8% patients used appropriate dose of cotrimoxazole. Frequent adverse events were increasing hepatic transaminase (38,1%), leucopenia (16,9%), anemia (16,5%), nausea (15,4%), vomiting (7,8%), thrombocytopenia (7,4%) and hypersensitivity (5,3%). Adverse event causing discontinuation were hypersensitivity (100%), anemia (2,4%), increasing hepatic transaminase (2,1%), vomiting (0,8%) and leucopenia (0,6%). Inappropriate discontinuation of cotrimoxazole was 61,6% with median duration percentage was 87,5% (IQR 39) and median of duration was 20 month (IQR 20). Duration in patients with CD4100 cell/mm3 and >100 cell/mm3 was 21 month (IQR 22) and 12,5 month (IQR 14,75) p=0,000.
Conclusion : although initiation of primary cotrimoxazole prophylaxis was done in 83% adult HIV patients with appropriate dosage, but 61,6% discontinuation was inappropriate with guideline;Back Ground : Cotrimoxazole was standard of primary prevention against toxoplasmosis infection and Pneumocystis jirovecii pneumonia (PCP) in patients with CD4 less than 200 cell/mm3 and tuberculosis. Some study found that prophylactic use cotrimoxazole in patients with HIV was inappropriate with national guideline. It was necessary to have research in order to know clinician adherence to prescribe primary cotrimoxazole prophylaxis.
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