

Perbedaan tolerabilitas meloxicam dengan natrium diklofenak terhadap saluran cerna pada pasien rawat jalan di poliklinik penyakit saraf rumkital Dr. Mintohardjo Jakarta 2011

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Abstrak

Penghambatan enzim siklooksigenase merupakan dasar efikasi dan toksisitas obat anti inflamasi non steroid. Penelitian ini bertujuan untuk mengevaluasi jenis obat anti inflamasi non steroid yang digunakan di poliklinik penyakit saraf Rumkital Dr. Mintohardjo Jakarta dan mengevaluasi tolerabilitas meloxicam 15 mg dengan natrium diklofenak 100 mg terhadap saluran cerna. Metode penelitian ini observasi cross-sectional dan cohort prospektif pada periode Desember 2010-Maret 2011. Pengambilan data mengenai keluhan dispepsia terkait penggunaan obat anti inflamasi non steroid terdiri dari nyeri abdomen atas, mual, muntah, kembung abdomen dan cepat kenyang dilakukan melalui wawancara berdasarkan kuesioner PADYQ (The porto alegre dyspeptic symptoms questionnaire) yaitu sebelum, setelah 2 minggu, dan setelah 4 minggu pengobatan. Hasil penelitian menyatakan obat anti inflamasi non steroid paling banyak diresepkan di poliklinik penyakit saraf Rumkital Dr. Mintohardjo adalah meloxicam (48,21%), selanjutnya natrium diklofenak (31,07%), asam mefenamat (15,36%), piroxicam (3,93%) dan asetaminofen (1,43%). Meloxicam secara bermakna menunjukkan resiko yang lebih kecil terhadap insiden saluran cerna daripada natrium diklofenak setelah 2 minggu pengobatan dalam hal keluhan nyeri abdomen atas dan kembung abdomen dengan nilai kebermaknaan pengujian masing-masing sebesar 0,020 dan 0,037. Berdasarkan hasil penelitian ini diketahui meloxicam memiliki tolerabilitas saluran cerna lebih baik daripada natrium diklofenak setelah 2 minggu pengobatan.

.....Non-steroidal anti-inflammatory drugs (NSAIDs) are associated with a high incidence of gastrointestinal side-effects. Inhibition of the cyclooxygenase (COX) enzyme is the basis for both the efficacy and toxicity of NSAIDs. The aim of this study was to evaluate the nonsteroidal anti-inflammatory drugs were used in neuro polyclinic hospital of Dr. Mintohardjo Jakarta, and to evaluate gastrointestinal tolerability of meloxicam 15 mg compared with diclofenac sodium 100 mg. The method of this study was cross-sectional observation and cohort prospective on December 2010-March 2011. The data of dyspepsia associated were used non-steroidal anti-inflammatory drugs consist of pain in upper abdomen, nausea, vomiting, upper abdominal bloating and early satiety collected with PADYQ (The porto alegre dyspeptic symptoms questionnaire) were assessed at baseline and after 2 and 4 weeks of treatment. The non-steroidal anti-inflammatory drugs used in neuro polyclinic hospital of Dr. Mintohardjo Jakarta were meloxicam (48.21%), diclofenac sodium (31.07%), mefenamic acid (15.36%), piroxicam (3.93%) dan acetaminophen (1.43%). Insiden of adverse event after 2 weeks treatment was significantly lower in the meloxicam group compared with diclofenac sodium group in pain in upper abdomen and upper abdominal bloating ($p=0.020$ and $p=0.037$). These result suggest that meloxicam was much better tolerated than diclofenac sodium after 2 weeks treatment.