

# Faktor-faktor yang berpengaruh terhadap Cutaneous Adverse Drug Reaction (CADR) pada penggunaan Obat Anti Tuberkulosis (OAT) = Cutaneous Adverse Drug Reaction (CADR) due to anti tuberculosis drugs and its influencing factors

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## Abstrak

Latar Belakang: Cutaneous Adverse Drug Reaction (CADR) dapat memengaruhi tatalaksana infeksi TB. Hal ini berdampak pada bukan hanya morbiditas dan mortalitas tapi juga resistensi kuman. Untuk itu, proporsi CADR dan faktor-faktor yang berhubungan pada penggunaan Obat Anti Tuberkulosis (OAT) perlu ditentukan demi tatalaksana pasien yang komprehensif.

Tujuan: Mengetahui gambaran kejadian CADR terkait pemberian OAT dalam bentuk proporsi, analisis peran faktor pejamu yang berkaitan dengan kejadian tersebut, dan OAT yang paling sering menimbulkan CADR. Metode: Desain penelitian ini adalah kohort retrospektif dengan menggunakan rekam medik pasien Rumah Sakit Cipto Mangunkusumo selama 1 Januari 2014

hingga 30 Juni 2015. Sampel diperoleh dengan metode konsekutif yang diseleksi berdasarkan kriteria penelitian. Data kemudian dianalisis untuk menilai hubungan antara CADR dengan usia, jenis kelamin, status HIV, status gizi, dan riwayatmlkojuujh Adverse Drug Reaction (ADR). Hasil: Proporsi CADR pada pemberian OAT mencapai angka 5,5%. Dari kelima variabel independen, variabel usia (RR=6,510; IK95% 2,036-20,819 p=0,008) dan riwayat ADR (RR=5,174; IK95% 1,500-17,838; p=0,009) berpengaruh terhadap kejadian CADR. OAT yang paling sering menyebabkan kejadian CADR adalah rifampisin. Analisis Cochran Mantel-Haenszel menunjukkan bahwa risiko relatif terjadinya CADR untuk faktor usia adalah 7,267 (IK95% 2,093-25,235 p <0,001) dan risiko relatif terjadinya CADR untuk faktor riwayat ADR adalah 5,880 (IK95% 1,552-22,273 p=0,003). Simpulan: Proporsi kejadian CADR setelah pemberian OAT adalah 5,5%. Variabel usia dan riwayat ADR bermakna secara statistik dan klinis terhadap kejadian CADR. Rifampisin adalah OAT tersering yang menimbulkan CADR.

.....Background: Cutaneous Adverse Drug Reaction (CADR) affected the therapy of TB, which impacted not only its morbidity and mortality but also its resistance. Therefore, the incidence of CADR and the factors associated during the administration of Anti Tuberculosis Drugs (ATDs) needed to be determined in order to achieve comprehensive treatment.

Objective: To know CADR events on ATD administration by finding the incidence, analyzing the host factors associated with those events, and searching the most common ATD that caused CADR. Methods: This study used retrospective cohort by accessing medical record registered in Cipto Mangunkusumo Hospital from January 1st 2014 until June 30th 2015. Samples were collected consecutively, selected by certain criteria. The data were then analyzed to determine the association between CADR and age, sex, HIV infection, nutritional status, and history of Adverse Drug Reaction (ADR). Results: The incidence of CADR after the administration of ATD was 5.5%. Among the five variables, age (RR=6.510; 95%CI 2.036-20.819, p=0.008) and past history of ADR (RR=5.174; 95%CI 1.500-17.838; p=0.009) were statistically and clinically correlated to CADR. The most frequent drug that triggered CADR was rifampicin. Cochran

Mantel-Haenszel showed that the relative risk of CADR according to age was 7,267 (IK95% 2,093-25,235 p <0,001), while the relative risk according to the past history of ADR was 5,880 (IK95% 1,552-22,273 p=0,003). Conclusions: The incidence of CADR after ATDs administration was 5.5%. Age and past history of ADR were significantly associated with CADR. The most common ATD causing CADR was rifampicin.