

# Perbandingan efektivitas klinis dan biaya antar metode tatalaksana hiponatremia pada gagal jantung dekompensasi akut = Clinical and cost effectiveness between treatment methods of hyponatremia in acute decompensated heart failure

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## Abstrak

### <b>ABSTRAK</b><br>

Latar Belakang: Hiponatremia ditemukan pada 15-20 admisi rumah sakit. Hiponatremia berhubungan dengan adverse outcome pada pasien gagal jantung. Penggunaan akuaretik dipertimbangkan untuk tatalaksana hiponatremia pada gagal jantung. Adverse outcomes akibat hiponatremia berdampak terhadap pembiayaan, dan merupakan target potensial untuk intervensi. Studi ini bertujuan menilai efektivitas klinis tatalaksana hiponatremia pada gagal jantung serta menganalisis biaya medis antar metode tatalaksana. Metode: Penelitian ini merupakan studi potong lintang pada pasien dengan gagal jantung dekompensasi akut dengan hiponatremia pada Januari 2014 ndash; Mei 2017. Hasil Penelitian: Total subjek 128 pasien, dengan 71 55.5 subjek mendapatkan terapi konvensional ditambah antagonis reseptor AVP. Terdapat perbedaan bermakna  $p = 0.041$  kenaikan natrium median kelompok antagonis reseptor AVP 4 -8 ndash; 26 dan tanpa antagonis reseptor AVP 3 -16 ndash; 16 , dan perbedaan bermakna  $p < 0.0001$  lama masa rawat median 10.50 3-40 hari pada kelompok antagonis reseptor AVP dan 6 3-71 hari pada kelompok tanpa antagonis reseptor AVP . Analisis biaya parsial tidak menunjukkan perbedaan bermakna pada biaya rerata harian antar kedua kelompok. Kesimpulan: Terdapat perbedaan kenaikan kadar natrium darah di hari ketiga pengobatan dan lama masa rawat antar metode tatalaksana hiponatremia pada gagal jantung dekompensasi akut. Tidak terdapat perbedaan biaya bermakna antar metode tatalaksana hiponatremia pada gagal jantung dekompensasi akut.

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### <b>ABSTRACT</b><br>

Background Hyponatremia is found in 15 20 of hospital admissions and is associated with adverse outcomes in heart failure, where aquaretics may be considered in its management. Adverse outcomes due to hyponatremia affects funding, and is a potential target for intervention to decrease expenses. We aim to evaluate the clinical effectiveness of hyponatremia treatment methods in heart failure and analyze medical costs between them. Method This is a cross sectional study among acute decompensated heart failure patients with hyponatremia in NCCHK from January 2014 until May 2017. Result 128 subjects were analyzed, with 71 55.5 subjects receiving conventional therapy and AVP receptor antagonist and 57 44.5 receiving conventional therapy only. There was a significant difference in sodium increase 4 8 ndash 26 in AVP receptor antagonist patients and 3 16 ndash 16 in those without,  $p 0.041$  , and in length of stay 10.50 3 40 days in AVP receptor antagonist patients and 6 3 71 in those without,  $p 0.0001$  . Cost analysis showed no significant difference in average daily cost. Conclusion There is a significant difference in sodium increase after three days of therapy and in length of stay. There is no significant cost difference with the addition of AVP receptor antagonist.