

## Efektivitas dan keamanan kombinasi ACEi+ARB sebagai antiproteinuria pada sindroma nefrotik anak = Effectiveness and safety of ACEi+ARB combination as antiproteinuric in pediatric nephrotic syndrome

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### Abstrak

**Pendahuluan:** Gejala sindroma nefrotik (SN) adalah proteinuria massif. Penambahan Angiotensin Converting Enzyme Inhibitor (ACEi) atau Angiotensin Receptor Blocker (ARB) membantu menurunkan proteinuria pasien SN yang telah mendapat steroid. Belum ada penelitian mengenai efektivitas dan keamanan kombinasi ACEi+ARB dalam penatalaksanaan pasien SN sensitif steroid (SNSS) relaps sering atau SN dependen steroid (SNDS). **Metode:** Penelitian kohort retrospektif yang menggunakan data rekam medis anak RSUPN dr. Cipto Mangunkusumo 2014-2018. **Hasil:** Dari 63 pasien yang dievaluasi, 33 pasien menggunakan ACEi+ARB dan 30 pasien menggunakan ACEi. Tidak terdapat perbedaan bermakna onset tercapainya proteinuria negatif (ACEi+ARB minggu ke-3 vs ACEi minggu ke-4,  $p=0.125$ ). Tidak terdapat perbedaan bermakna proporsi pasien yang mencapai proteinuria negatif dalam 4 minggu terapi (ACEi+ARB 72.7% vs ACEi 63.3%,  $RR=1.148$ ;  $IK95\%: 0.815-1.619$ ,  $p=0.424$ ). Tidak terdapat perbedaan efek samping yang bermakna dalam hal hipotensi, peningkatan ureum dan kreatinin, hiperkalemia dan penurunan laju filtrasi glomerulus. **Kesimpulan:** Tidak terdapat perbedaan bermakna efektivitas dan keamanan kombinasi ACEi+ARB dibandingkan ACEi sebagai antiproteinuria pada pasien anak SNSS relaps sering atau SNDS.

.....**Introduction:** Symptoms of nephrotic syndrome (NS) is a massive proteinuria. The addition of Angiotensin Converting Enzyme Inhibitors (ACEi) or Angiotensin Receptor Blocker (ARB) can help to reduce proteinuria in NS patients who received steroids. There has been no study on the effectiveness and safety of ACEi+ARB combinations in the management of patients with frequent relapse NS (FRNS) or steroid-dependent NS (SDNS). **Method:** A retrospective cohort study using data collected from medical record of pediatrics with FRNS or SDNS at Cipto Mangunkusumo Hospital between 2014-2018 was conducted. **Results:** Out of the 63 patients who were evaluated, 33 patients were in ACEi+ARB while 30 other patients were in ACEi. There was no significant difference in the onset of negative proteinuria (3 weeks in ACEi+ARB vs 4 weeks in ACEi,  $p=0.125$ ). There was no significant difference in the proportion of patients who achieved negative proteinuria in 4 weeks therapy (ACEi+ARB 72.7% vs ACEi 63.3%,  $RR=1.148$ ;  $95\% CI: 0.815-1.619$ ,  $p=0.424$ ). There was no significant difference between ACEi+ARB and ACEi groups in the occurrence of hypotension, hyperkalemia, increased of creatinine serum, and decreased of glomerular filtration rate. **Conclusion:** There was no significant difference in the effectiveness and safety of the use of ACEi+ARB compared to ACEi as antiproteinuric in patients with FRNS or SDNS.