

# Validasi Skor DRIP (Drug Resistance in Pneumonia) sebagai Prediktor Kegagalan Antibiotik Empirik pada Pasien Community Acquired Pneumonia (CAP) di RSUPN DR. Cipto Mangunkusumo Jakarta = Validation of Drug Resistance in Pneumonia (DRIP) Score as Empirical Antibiotic Failure Predictor in Community Acquired Pneumonia (CAP) Patients in Cipto Mangunkusumo Hospital

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## Abstrak

Community acquired pneumonia (CAP) oleh patogen resisten obat (PRO) memiliki tingkat keparahan yang tinggi. CAP akibat PRO memerlukan terapi antibiotik spektrum luas, skor Drugs Resistance in Pneumonia (DRIP) mampu memprediksi kasus tersebut. Penggunaan skor DRIP dapat mencegah kegagalan terapi antibiotik empirik dan mempersingkat lama rawatan, untuk itu diperlukan validasi. Penelitian ini merupakan studi Cohort Retrospektif pada pasien CAP yang dirawat inap selama periode Januari 2019 hingga Juni 2020. Data diambil dari rekam medis, kegagalan antibiotik bila terdapat kematian, pindah rawat ICU dan eskalasi antibiotik. Performa skor DRIP dianalisis dengan menentukan nilai kalibrasi dan diskriminasi, uji Hosmer-Lemeshow dan Area Under Curve (AUC). Diperoleh 480 pasien yang telah memenuhi kriteria. Terdapat 331 pasien (69%) dengan skor DRIP <4 dan 149 pasien (31%) dengan skor DRIP 4, dengan jumlah kegagalan antibiotik sebesar 283 pasien (59%), 174 pasien (61,4%) skor DRIP <4 dan 109 pasien (38,5%) skor DRIP 4. Kalibrasi DRIP menggunakan uji Hosmer-Lemeshow diperoleh p-value = 0,667 ( $p > 0,05$ ), diskriminasi AUC pada kurva ROC diperoleh 0,651 (IK 95%; 0,601-0,700). Skor DRIP menunjukkan performa yang cukup baik dalam memprediksi kegagalan antibiotic empiric pada pasien CAP yang terinfeksi PRO. Skor DRIP tidak berhubungan dengan lama rawatan di Rumah Sakit.

.....Community-acquired pneumonia (CAP) caused by drug resistant pathogens (DRP) has a high level of severity. The incidence of CAP due to DRP requires broad spectrum antibiotic therapy, the Drugs Resistance in Pneumonia (DRIP) score is able to predict these cases. The use of the DRIP score can prevent antibiotic failure and minimize length of hospitalization, but validation is needed. This research is a retrospective cohort study in CAP patients who were hospitalized during the period January 2019 to June 2020. Data were taken from patient medical records, and failure of empiric antibiotics occurs when one of this criteria are found: patient mortality, ICU transfer and escalation of antibiotics as well as length of stay. Furthermore, the performance of the DRIP score was analyzed by determining the calibration and discrimination, using the Hosmer-Lemeshow test and the Area Under Curve (AUC). There were 480 patients who met the criteria. There were 331 patients (69%) with a DRIP score <4 and 149 patients (31%) with a DRIP score 4, with a total of 283 patients (59%) of antibiotic failures which were detailed in 174 patients (61.4%) with a DRIP score <4 and 109 patients (38.5%) DRIP score 4. DRIP calibration using the Hosmer-Lemeshow test obtained p-value=0.667 ( $p > 0.05$ ), AUC observations on the ROC curve obtained 0.651 (95% CI; 0.601-0.700). The DRIP score showed good performance in predicting failure of empiric antibiotics in infected CAP patients. PRO. The DRIP score is not related to the length of stay in the hospital.