

# Perbandingan Antara Pemberian Hidrokortison Dengan Kombinasi Hidrokortison, Asam Askorbat dan Tiamin Sebagai Terapi Ajuvan Pada Pasien Syok Septik Terhadap Mortalitas: Telaah Sistematis dan Meta-analisis = Comparison Of Hydrocortisone With Combined Hydrocortisone, Ascorbic Acid, and Thiamine As An Adjuvant Therapy On Septic Shock Patients On Mortality: A Systematic Review And Meta Analysis

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## Abstrak

Tujuan: Melakukan telaah sistematis untuk membandingkan terapi hidrokortison dan hidrokortison, asam askorbat, dan tiamin (HAT) sebagai ajuvan pada tingkat mortalitas pasien syok septik. Metode: Pencarian komprehensif dilakukan menggunakan empat pangkalan data (PubMed, EMBASE, Scopus, and Cochrane) menggunakan kata kunci spesifik hingga tanggal 18 Mei 2022. Semua studi yang dipublikasikan mengenai penggunaan terapi HAT pada pasien syok septik dikumpulkan dan ditelaah. Hasil: Dua studi uji acak terkendali, satu studi kontrol kasus, dan satu studi kohort yang melibatkan 635 pasien. Terapi HAT ditemukan tidak signifikan dalam menurunkan angka kematian di ICU (RR 0.89 95% CI [0.60 sampai 1.32], p=0.56), angka kematian di rumah sakit (RR 1.2 95% CI [0,90 sampai 1.59], p= 0,21), dan mortalitas 28 hari (RR 0,95, 95% CI [0,56 hingga 1,58], p=0,83) Kesimpulan: Tidak ditemukan perbedaan signifikan dalam mortalitas pada kelompok yang menggunakan HAT bila dibandingkan dengan terapi hidrokortison. Registrasi: ID pendaftaran PROSPERO untuk penelitian ini adalah CRD42022296055 ([https://www.crd.york.ac.uk/prospero/display\\_record.php?RecordID=296055](https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=296055)).

.....Objective: We systematically reviewed the comparison between hydrocortisone and hydrocortisone-ascorbic acid-thiamine combined therapy (HAT) as adjuvant in the mortality rate of septic shock patients. Method: Four databases (PubMed, EMBASE, Scopus, and Cochrane) are comprehensively searched using specific keywords up to 18th May 2022. All published studies on the use of HAT on septic shock patients were collected and reviewed Results: Two randomized controlled trials, one case control study and one cohort study enrolling 635 patients were included. HAT therapy was found to be not significant in reducing the ICU mortality rate (RR 0,89 95% CI [0,60 to 1,32], p=0,56), hospital mortality rate (RR 1.2 95% CI [0,90 to 1,59], p=0,21), and 28 days mortality (RR 0,95, 95% CI [0,56 to 1,58], p=0,83). Conclusion: No significant difference in mortality was found in the HAT group when compared with hydrocortisone therapy. Trial registration: PROSPERO registration ID for this study is CRD42022296055 ([https://www.crd.york.ac.uk/prospero/display\\_record.php?RecordID=296055](https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=296055)).