

# Pengaruh Penggunaan Aplikasi mhealth HARKIT iCare terhadap Rehospitalisasi dan Kepatuhan Minum Obat Pada Prevensi Sekunder pasca-Sindrom Koroner Akut = Impact of mHealth application HARKIT iCare on Rehospitalization and Medication Adherence in Secondary Prevention post Acute Coronary Syndrome

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## Abstrak

Latar Belakang : Aplikasi mHealth menjadi modalitas menjanjikan dalam prevensi sekunder sindrom koroner akut. Tujuan dari studi ini adalah untuk mengetahui pengaruh aplikasi mHealth HARKIT iCare terhadap angka rehospitalisasi dan kepatuhan minum obat.

Tujuan : Mengetahui efek penggunaan aplikasi HARKIT iCare dibandingkan dengan layanan standar terhadap angka rehospitalisasi dan kepatuhan minum obat.

Metode : Studi ini adalah uji klinis acak tunggal, 106 subyek pasien pasca-sindrom koroner akut dirandomisasi dengan permutasi blok acak ke kelompok aplikasi berbasis aplikasi ponsel pintar HARKIT iCare atau layanan standar. Subyek diikuti selama 6 bulan lalu dilihat angka rehospitalisasi dan kepatuhan minum obat menggunakan MMAS-8 sebagai parameter luaran.

Hasil : Rehospitalisasi berulang lebih rendah pada kelompok iCare dibandingkan kontrol setelah dilakukan analisis multivariat (2 [3.7%] vs 7 [13.5%], HR 0.11 [IK 95% 0.01-0.98], p=.048). Rehospitalisasi tak terencana lebih rendah pada kelompok iCare dibanding kontrol, tidak berbeda bermakna (13 [24.1%] vs 16 [30.8%], HR 0.73 [IK 95% 0.35-1.53], p=.41). HARKIT iCare berkorelasi pada peningkatan tingkat kepatuhan secara signifikan setelah dilakukan analisis multivariat (16 [30.8%] vs 26 [48.1%], RR 2.37 [IK 95% 1.00-5.61], p=.049). Terdapat peningkatan bermakna secara statistik perbedaan nilai median kepatuhan minum obat berdasarkan MMAS awal dan akhir pada kelompok iCare dibandingkan kontrol (iCare - MMAS awal 6.5 [2-8] akhir 8 [4-8] median = +1.5, p=.000 ; kontrol - MMAS awal 7 [3-8], akhir 8 [5-8], median = +1, p=0.053 ).

Kesimpulan Penggunaan aplikasi HARKIT iCare berkorelasi dengan angka rehospitalisasi berulang yang lebih rendah dan peningkatan derajat kepatuhan minum obat diukur dengan peningkatan median MMAS.

.....Background Smartphone based mHealth applications is a promising platform for increase adherence to secondary prevention programs post acute coronary syndrome. The aim of this study is to know the impact of smartphone based mHealth applications HARKIT iCare on rehospitalization and medication adherence. Objective To determine the impact of HARKIT iCare apps on secondary prevention compared to standard care on rehospitalization and medication adherence.

Method Study was a single blinded randomized clinical trial involving 106 subjects post-acute coronary syndrome. Subjects were randomized by permuted block randomization into HARKIT iCare (intervention) group or standard care. Subjects were followed for 6 months. The outcome of this study was rates of unplanned and recurrent rehospitalization, and also medication adherence by questionnaire MMAS-8.

Result Recurrent hospitalization occurred fewer in the iCare group compared to control (Adjusted, 2 [3.7%] vs 7 [13.5%], HR 0.11 [CI 95% 0.01-0.98], p=.048). Unplanned rehospitalization also occurred fewer in iCare group compared to control, significantly different (13 [24.1%] vs 16 [30.8%], HR 0.73 [CI 95% 0.35-

1.53], p=.41). HARKIT iCare related to increased levels of adherence (Adjusted, 16 [30.8%] vs 26 [48.1%], RR 2.34 [CI 95% 1.03-5.33], p=.049). Comparison between pre and post median MMAS was significant for iCare group but not with control group. (iCare - MMAS pre 6.5 [2-8] post 8 [4-8] median = +1.5, p=.000 ; control - MMAS pre 7 [3-8], post 8 [5-8], median = +1, p=.053).

Conclusion HARKIT iCare related with fewer recurrent rehospitalization, increase of medication adherence and improvement of median MMAS significantly.