ANALISIS TERAPI ANTIHIPERGLIKEMIA PADA PASIEN DIABETES MELITUS TIPE 2 DENGAN PENYAKIT GINJAL KRONIS DI RSUP DR KARIADI SEMARANG

ABSTRAK

Latar Belakang: Pemilihan terapi diabetes melitus (DM) khususnya pada pasien dengan gangguan fungsi ginjal perlu menjadi perhatian terkait risiko hipoglikemia dan perburukan progresi penyakit ginjal. Tujuan penelitian ini adalah untuk mengetahui pola terapi antihiperglikemia dan ketepatan pemilihan obat serta dosis obat pada pasien diabetes melitus tipe 2 dengan penyakit ginjal kronis (PGK).

Metode: Penelitian menggunakan rancangan penelitian *cross sectional* dengan pengambilan data secara retrospektif yang dilakukan di RSUP Dr Kariadi Semarang. Pengambilan data dilakukan melalui rekam medis pasien rawat inap selama periode Januari – Desember 2022 dengan total 96 kasus. Subjek penelitian adalah pasien diabetes melitus dengan kode diagnosis ICD-10 E11 dan N18 yang memenuhi kriteria inklusi. Data yang diperoleh dilakukan analisis secara deskriptif dan diidentifikasi ketepatan pemilihan jenis dan dosis obat berdasarkan pedoman *American Diabetes Association - Kidney Disease Improving Global Outcomes* (ADA-KDIGO) dan *The Renal Drug Handbook 5th Edition*.

Hasil: Hasil penelitian menunjukkan bahwa dari 96 kasus rawat inap, pemberian antihiperglikemia dengan terapi tunggal sebanyak 29 kasus (30%) dan terapi kombinasi sebanyak 67 kasus (70%). Pemilihan jenis obat sesuai sebanyak 87 kasus (91%) dan tidak sesuai sebanyak 9 kasus (9%). Sementara itu pemberian dosis obat sesuai sebanyak 80 kasus (83%) dan tidak sesuai sebanyak 16 kasus (17%).

Kesimpulan: Pemberian antihiperglikemia pada pasien rawat inap diabetes melitus tipe 2 dengan PGK di RSUP Dr Kariadi Semarang dominan diberikan terapi kombinasi (70%) dan pemberian jenis obat telah sesuai (91%) serta dosis obat sesuai (83%).

Kata kunci : Diabetes melitus, PGK, tepat obat, tepat dosis

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ANALYSIS OF ANTIHYPERGLYCEMIA THERAPY IN TYPE 2 DIABETES MELLITUS WITH CHRONIC KIDNEY DISEASE AT RSUP DR KARIADI SEMARANG

ABSTRACT

Background: The selection of diabetes mellitus (DM) therapy, especially in patients with impaired kidney function, needs to be a concern regarding the risk of hypoglycemia and worsening the progression of kidney disease. The purpose of this study was to determine the pattern of antihyperglycemia therapy and the accuracy of drug selection and drug dosage in type 2 diabetes mellitus patients with chronic kidney disease (CKD)

Method: The study used a cross-sectional research design with retrospective data collection conducted at Dr. Kariadi Hospital Semarang. Data collection was carried out through medical records of inpatients during the period January – December 2022 with a total of 96 cases. The study subjects were diabetes mellitus patients with ICD-10 E11 and N18 diagnosis codes who met the inclusion criteria. The data obtained were analyzed descriptively and identified the accuracy of drug selection based on the guidelines of the American Diabetes Association - Kidney Disease Improving Global Outcomes (ADA-KDIGO) and The Renal Drug Handbook 5th Edition.

Result: The results showed that from 96 hospitalized cases, antihyperglycemia administration with single therapy was 29 cases (30%) and combination therapy was 67 cases (70%). The selection of drug types was appropriate as many as 87 cases (91%) and not suitable as many as 9 cases (9%). Meanwhile, the administration of drug doses was appropriate as many as 80 cases (83%) and inappropriate as many as 16 cases (17%).

Conclusion: The administration of antihyperglycemia in type 2 diabetes mellitus inpatients with CKD at RSUP Dr Kariadi Semarang was predominantly given combination therapy (70%) and the administration of the type of drug was appropriate (91%) and the dose of the drug was appropriate (83%).

Keywords: Diabetes mellitus, CKD, drug suitability, dosage accuracy