

INTISARI

HAE, M, D., 2018, ANALISIS EFEKTIVITAS BIAYA PERAWATAN TERAPI GASTRITIS ANTARA OMEPRAZOLE DAN RANITIDIN DI UNIT RAWAT INAP RSUD Ir. SOEKARNO SUKOHARJO PERIODE TAHUN 2017, SKRIPSI, FAKULTAS FARMASI, UNIVERSITAS SETIA BUDI, SURAKARTA.

Gastritis adalah peradangan mukosa lambung yang disebabkan oleh berbagai faktor seperti infeksi *helicobacter pylori*, stress, NSAID, makanan dan alcohol yang bersifat akut dan kronik . Tujuan penelitian adalah untuk menganalisis efektivitas biaya terapi pasien gastritis rawat inap yang menggunakan omeprazole atau ranitidine.

Jenis penelitian adalah observasional dgn metode *cross-sectional* menurut perpektif rumah sakit. Penelitian ini menggunakan data sekunder pasien gastritis periode januari-desember 2017 mengenai perawatan gastritis terhadap 60 pasien BPJS kelas III. Data yang diambil meliputi data demografi, lama rawat inap, total biaya dan pasien yang memenuhi kriteria inklusi. Sebanyak 30 pasien menggunakan obat gastritis omeprazole dan 27 pasien gastritis yang menggunakan ranitidine. Usia pasien berkisar 17-80 tahun. Analisis statistik yang dilakukan adalah uji *independent t-test*.

Hasil penelitian menunjukan lama rawat inap 1-3 hari omeprazole (69,7%) dan ranitidine (59,3%). Rata-rata total biaya terapi omeprazole Rp. 548.619,79 dan ranitidine Rp. 504.954,89 dengan probabilitas $0,881 > 0,005$ dimana hasil tersebut tidak ada beda signifikan terapi omeprazole lebih efektif dari pada ranitidine dengan nilai persentase berturut-turut sebesar 75,76 % dan 66,67 %. Nilai ACER terapi omeprazole Rp. 7.241,55/1% kesembuhan lebih rendah daripada ranitidine Rp. 7.573,95/1%. Nilai ICER terapi omeprazole dan ranitidine 5.133,65/1% Jadi omeprazole lebih cost effective di banding ranitidine.

ABSTRACT

HAE, M, D., 2018, COST EFFECTIVENESS ANALYSIS GASTRITIS TREATMENT THERAPI BETWEEN OMEPRAZOLE AND RANITIDINE IN HOSPITALIZE UNIT RSUD Ir. SOEKARNO SUKOHARJO 2017 PERIOD, SKRIPSI, FACULTY OF PHARMACY, SETIA BUDI UNIVERSITY SURAKARTA.

Gastritis is inflammation of the gastric mucosa caused by various factors such as infection with helicobacter pylori, stress, NSAIDs, food and alcohol which are acute and chronic. The aim of the study was to analyze the cost effectiveness of hospitalized gastritis patients using omeprazole or ranitidine.

The type of research is observational with cross-sectional method according to hospital perspective. This study used secondary data on gastritis patients from January to December 2017 regarding gastritis treatment for 60 class III BPJS patients. Data taken includes demographic data, length of stay, total costs and patients who meet the inclusion criteria. As many as 30 patients took the drug omeprazole gastritis and 27 gastritis patients who used ranitidine. The patient's age ranges from 17-80 years. The statistical analysis performed was an independent t-test.

The results showed that the duration of stay was 1-3 days omeprazole (69.7%) and ranitidine (59.3%). The average total cost of therapy for omeprazole is Rp. 548,619.79 and ranitidine Rp. 504,954.89 with a probability of $0.881 > 0.005$ where the results are not significantly different from omeprazole therapy more effective than ranitidine with a percentage value of 75.76% and 66.67% respectively. Value ACER therapy for omeprazole Rp. 7,241.55 / 1% recovery was lower than ranitidine Rp. 7,573.95 / 1%. ICER value of omeprazole and ranitidine therapy 5,133.65 / 1% So omeprazole is more cost effective than ranitidine.

Keyword : Cost effectiveness Analysis, gastritis, omeprazole, ranitidine.

