# INTISARI

**ANGGRAENI, A. R., 2021, EVALUASI INTERAKSI OBAT PADA PASIEN PNEUMONIA GERIATRI DI INSTALASI RAWAT INAP RSUD Dr. R. SOEDJATI SOEMODIARDJO PURWODADI TAHUN 2019, SKRIPSI, FAKULTAS FARMASI, UNIVERSITAS SETIA BUDI, SURAKARTA.**

Pneumonia masuk lima besar penyebab kematian pada geriatri. Pneumonia pada geriatri sulit terdiagnosis, sebagian besar terjadi asimptomatik. Terapi pneumonia diberikan terapi antibiotik dan terapi pendukung. Polifarmasi dapat meningkatkan terjadinya interaksi obat. Interaksi obat dapat dicegah dan diminimalkan dengan monitoring. Tujuan penelitian ini untuk mengetahui potensi terjadinya interaksi obat, mekanisme interaksi, dan tingkat keparahan interaksi dalam pengobatan pada pasien pneumonia geriatri.

Metode penelitian yang digunakan deskriptif retrospektif dengan *purposive sampling* data penggunaan obat pasien pneumonia geriatri yang dirawat inap pada tahun 2019 di RSUD Dr. R. Soedjati Soemodiardjo Purwodadi. Data penggunaan obat dianalisis dengan aplikasi *Medscape* dan *Lexicomp Drug Interaction Checker,* diidentifikasi berdasarkan mekanisme dan tingkat keparahan.

Hasil penelitian menunjukkan bahwa terjadi interaksi obat pada 92 pasien (60,53%) dengan total kejadian sebanyak 208 kejadian interaksi obat. Kejadian interaksi yang paling banyak yaitu interaksi antara lansoprazole dan aminofilin serta interaksi antara digoxin dan furosemid sebanyak 20 kejadian (9,62%). Mekanisme interaksi yang paling banyak terjadi adalah interaksi farmakodinamik sebanyak 139 kasus (66,83%), tingkat keparahan interaksi yang paling banyak adalah minor yaitu 112 interaksi (53,85%).

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Kata Kunci : geriatri, interaksi obat, pneumonia.

## ABSTRACT

**ANGGRAENI, A. R., 2021, EVALUATION OF DRUG INTERACTIONS IN GERIATRIC PNEUMONIA PATIENTS IN HOSPITALIZATION OF RSUD Dr. R. SOEDJATI SOEMODIARDJO PURWODADI IN 2019, THESIS, FACULTY OF PHARMACY, SETIA BUDI UNIVERSITY, SURAKARTA.**

In geriatrics, pneumonia is among the top five causes of death. Pneumonia in geriatrics most them are asymptomatic. Pneumonia therapy is given antibiotics and supportive therapy. Polypharmacy can increase the occurrence of drug interactions. Drug interactions can be prevented and minimized by monitoring. The purpose of this study was to determine the potential of drug interactions, the mechanism of interactions, and the severity of interactions in the medication of geriatric pneumonia patients.

This research uses a retrospective design with purposive sampling of drug use data of geriatric pneumonia patients who were hospitalized in 2019 at Dr. R. Soedjati Soemodiardjo Purwodadi Hospital. Medical record data were used to evaluate drug interactions in the treatment of geriatric pneumonia patients. Drug use data were analyzed with Medscape and Lexicomp Drug Interaction Checker identified based on mechanism and the severity level.

The results showed that drug interactions were found in 92 patients (60.53%) with a total incidence of 208 incidences. The most common interaction was lansoprazole with aminophylline and digoxin with furosemide as many as 20 events (9.62%). The most common mechanism of interaction was pharmacodynamic interactions which were 139 cases (66.83%), the most severe level of the interactions was minor 112 interactions (53.85%).



Keywords: drug interactions, geriatric, pneumonia.