

# HUBUNGAN INTERAKSI OBAT ANTIHIPERTENSI DENGAN LUARAN KLINIS PADA PASIEN PREEKLAMPSIA DI RSUD BANTUL TAHUN 2021

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## INTISARI

**Latar Belakang:** Preeklampsia merupakan kelainan yang terjadi setelah umur kehamilan 20 minggu yang ditandai dengan adanya hipertensi dan proteinuria. Pada saat kehamilan, pemilihan obat harus mempertimbangkan rasio manfaat terhadap risiko bagi ibu dan janin agar menghasilkan pengobatan yang aman dan rasional. Penggunaan dua obat atau lebih pada saat yang sama dapat berpotensi menimbulkan interaksi obat yang mengakibatkan ketidaktercapaian efek terapi yang diinginkan.

**Tujuan Penelitian:** Mengetahui masalah dalam penggunaan obat antihipertensi khususnya interaksi obat pada pasien preeklampsia dan luaran klinis yang dihasilkan.

**Metode Penelitian:** Penelitian observasional analitik dengan pendekatan secara *retrospektif* menggunakan data rekam medis pasien preeklampsia rawat inap pada periode Januari-Mei 2021 di RSUD Bantul. Teknik pengambilan sampling menggunakan *purposive sampling*. Sampel pada penelitian ini sebanyak 96 pasien.

**Hasil Penelitian:** Pasien preeklampsia mayoritas berusia 26-35 tahun (56,25%) dengan usia kehamilan 28-41 minggu (trimester ke-3) (96,88%). Prevalensi tertinggi yaitu mengalami derajat preeklampsia berat (72,92%) serta pasien dengan status kehamilan ke-1 (35,41%). Karakteristik obat pasien preeklampsia didominasi oleh penggunaan antihipertensi metildopa (42%), nifedipin (37,33%) dan amlodipin (13,33%) dengan golongan antihipertensi yaitu *Calcium Channel Blocker* (50,66%) dan *Agonis Receptor Alfa-2 Adrenergik* (42%). Terdapat potensi kejadian interaksi obat 36 pasien yang didominasi dengan tingkat keparahan *moderate* dan mekanisme farmakodinamik. Mayoritas luaran klinis pasien tercapai.

**Kesimpulan:** Tidak terdapat hubungan yang bermakna antara interaksi obat antihipertensi dengan ketercapaian target luaran klinis dengan nilai  $p\text{ value}=0,828$  ( $>0,05$ ).

**Kata kunci:** Preeklampsia, Antihipertensi, Interaksi Obat, Luaran klinis.

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**ASSOCIATION BETWEEN THE INTERACTION OF  
ANTIHYPERTENSIVE DRUGS AND CLINICAL OUTCOME OF  
PREECLAMPSIA PATIENTS AT BANTUL GENERAL HOSPITAL IN  
2021**

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**ABSTRACT**

**Background:** Preeclampsia is a disorder that occurs after 20 weeks of gestation which is characterized by hypertension and proteinuria. During pregnancy, needs to be considered on the benefit to risk ratio for the mother and fetus in order to produce safe and rational treatment. The use of two or more drugs at the same time can potentially cause drug interactions which result in not achieving the desired therapeutic effect.

**Objective:** Knowing the problems in the use of antihypertensive drugs, especially drug interactions in preeclampsia patients and the resulting clinical outcomes.

**Method:** The study was used an analytical observational with a retrospective approach using medical record data of inpatient preeclampsia patients in the January-May 2021 period at the Bantul Hospital. The sampling technique was using purposive sampling. The sampel in this study were 96 patients.

**Result:** The majority of preeclampsia patients were aged 26-35 years (56,25%) with a gestational age of 28-41 weeks (3rd trimester) (96,88%). The highest prevalence was on severe preeclampsia (72,92%), and patients with on 1st pregnancy status (35,41%). Drug characteristics of preeclampsia patients were dominated by the use of antihypertensive methyldopa (42%), nifedipine (37,33%) and amlodipine (13,33%) with antihypertensive groups, namely Calcium Channel Blockers (50,66%) and Alpha-2 Adrenergic Receptor Agonists ( 42%). There is a potential for drug interactions in 36 patients, which were dominated by moderate severity and pharmacodynamic mechanisms. Most patients clinical outcome was achieved.

**Conclusion:** There was no significant relationship have been found between antihypertensive drug interactions and achievement of clinical outcome targets with p value = 0,828 (> 0,05).

**Keywords:** Preeclampsia, Antihypertension, Drug Interactions, Clinical Outcome.

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