

ABSTRAK

Penyakit ginjal kronis (PGK) merupakan gangguan fungsi ginjal yang bersifat progresif dan umumnya memerlukan terapi hemodialisis pada stadium akhir. Pasien PGK yang menjalani hemodialisis memiliki risiko tinggi mengalami *Drug Related Problems* (DRPs) akibat perubahan farmakokinetika, penyakit penyerta, dan penggunaan berbagai obat secara bersamaan. Penelitian ini bertujuan mengkaji faktor-faktor yang mempengaruhi DRPs pada pasien PGK yang menjalani hemodialisis di Instalasi Rawat Inap RSUD Bandung Kiwari. Penelitian ini merupakan penelitian analitik dengan pendekatan retrospektif menggunakan data sekunder dari rekam medis dan rekap formulir DRPs pasien PGK periode Januari–Oktober 2025. Analisis dilakukan terhadap faktor sosiodemografis, faktor klinis, dan faktor penggunaan obat menggunakan uji bivariat. Hasil penelitian menunjukkan bahwa dari 76 pasien, sebanyak 41 pasien (53,9%) mengalami DRPs, dengan seluruh kejadian berupa interaksi obat. Interaksi obat yang paling sering ditemukan adalah kombinasi antihipertensi dengan antihipertensi (28,6%) dan didominasi oleh tingkat keparahan *moderate*. Analisis bivariat menunjukkan bahwa lama mengidap PGK, lama menjalani hemodialisis, komorbiditas berupa hipertensi, diabetes melitus, dan penyakit kardiovaskular lainnya, serta penggunaan antihipertensi berhubungan signifikan dengan kejadian DRPs ($p < 0,05$). Sebaliknya, usia, jenis kelamin, jumlah obat, penggunaan antidiabetes, dan obat kardiovaskular lainnya tidak berhubungan signifikan dengan kejadian DRPs ($p > 0,05$). Disarankan penelitian selanjutnya menggunakan jumlah sampel yang lebih besar dan mengkaji faktor-faktor lainnya yang dapat memengaruhi terjadinya DRP.

Kata Kunci: *Drug Related Problems*, Penyakit Ginjal Kronis, Hemodialisis, Interaksi Obat, Faktor Risiko.

ABSTRACT

Chronic kidney disease (CKD) is a progressive condition of kidney that characterized by a decline in kidney function and often requires hemodialysis therapy in the end stage. Patients with CKD that undergoing hemodialysis treatment are at high risk of experiencing Drug-Related Problems (DRPs) due to alterations in pharmacokinetics, comorbidities, and the use of multiple medications in the same treatment. This study aimed to examine the factors that influence DRPs among patients with CKD undergoing hemodialysis at the Inpatient Department of Bandung Kiwari Regional General Hospital. This quantitative study employed a retrospective analytical method with a cross-sectional design. A total of 76 patients who met the inclusion and exclusion criteria were selected using the total sampling technique. Data were collected from medical records and DRPs report forms for the period of January–October 2025. The analysis is done to the sociodemographic, clinical, and application of drugs factors, analyzed by bivariate, analysis. The results showed that from 76 patients there are 41 patients (53.9%) experienced DRPs, all of which were drug interactions. The most frequently identified interaction was the combination of antihypertensive agents (28.6%), with most interactions classified as having moderate severity. Bivariate analysis revealed that the duration of CKD, duration of hemodialysis, comorbidities including hypertension, diabetes mellitus, and other cardiovascular diseases, as well as the use of antihypertensive medications, were significantly associated with the occurrence of DRPs ($p < 0.05$). In contrast, age, sex, number of medications, use of antidiabetic drugs, and other cardiovascular medications were not significantly associated with DRPs ($p > 0.05$). Future studies are recommended to include a larger sample size and investigate additional factors that may influence the occurrence of DRPs.

Keywords: *Drug-Related Problems, Chronic Kidney Disease, Hemodialysis, Drug Interactions, Risk Factors.*