

**ANALISIS *COST-EFFECTIVENESS* PENGGUNAAN
KOMBINASI ANTIPSIKOTIK TIPIKAL
DAN KOMBINASI ANTIPSIKOTIK ATIPIKAL
PADA PASIEN SKIZOFRENIA RAWAT INAP**
(Studi Pendahuluan di Rumkital dr. Ramelan Surabaya)

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ABSTRAK

Telah dilakukan penelitian mengenai *cost-effectiveness* penggunaan kombinasi antipsikotik tipikal (chlorpromazine-trifluoperazine) dan kombinasi antipsikotik atipikal (clozapine-risperidone) pada pasien skizofrenia yang dirawat inap di Rumkital Dr. Ramelan Surabaya. Penelitian ini merupakan penelitian noneksperimental dan bersifat retrospektif. Sampel penelitian adalah 31 rekam medik dengan diagnosa skizofrenia yang memenuhi kriteria penelitian. Hasil penelitian menunjukkan bahwa perbedaan lama perawatan antara pasien yang menggunakan kombinasi antipsikotik tipikal dan atipikal tidak bermakna ($\alpha=0,05$). Perbedaan antara biaya penggunaan kombinasi antipsikotik tipikal dan atipikal bermakna ($\alpha=0,05$), demikian pula dengan biaya total ($\alpha=0,05$), di mana biaya pada pasien yang menggunakan kombinasi antipsikotik atipikal lebih besar daripada yang menggunakan kombinasi antipsikotik tipikal. ACER penggunaan kombinasi antipsikotik tipikal (103.438,04) lebih kecil daripada kombinasi antipsikotik atipikal (649.682,48), demikian pula dengan ACER biaya total pada pasien yang menggunakan kombinasi antipsikotik tipikal (138.165,92) lebih kecil daripada kombinasi antipsikotik atipikal (664.855,74). Dapat disimpulkan bahwa penggunaan kombinasi antipsikotik tipikal (chlorpromazine-trifluoperazine) lebih *cost-effective* daripada kombinasi antipsikotik atipikal (clozapine-risperidone).

Kata Kunci : skizofrenia, *cost-effectiveness*, antipsikotik.

**COST-EFFECTIVENESS ANALYSIS OF
TYPICAL ANTIPSYCHOTICS COMBINATION AND
ATYPICAL ANTIPSYCHOTICS COMBINATION
IN SCHIZOPHRENIC INPATIENT**

(A Pre-Study At Rumah Sakit Angkatan Laut dr. Ramelan Surabaya)

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ABSTRACT

This study is a nonexperimental-retrospective study which analyzes the cost-effectiveness between two alternatives, typical antipsychotics combination (Chlorpromazine-Trifluoperazine) and atypical antipsychotics combination (Clozapine-Risperidone), in schizophrenic inpatient at Rumah Sakit Angkatan Laut dr. Ramelan Surabaya. Based on thirty-one medical records, this study shows that the difference of length of stay between patients receiving typical antipsychotics combination and atypical antipsychotics combination was not significant ($\alpha=0.05$). There was a significant difference of antipsychotic drug costs between typical antipsychotics combination and atypical antipsychotics combination ($\alpha=0.05$), while for the total costs of antipsychotic and antimuscarinic drugs, there was also a significant difference ($\alpha=0.05$). The drug costs of atypical antipsychotic combination were higher than the typical antipsychotics combination. The ACER value of typical antipsychotics combination was less than atypical antipsychotics combination, while for the total costs of antipsychotic and antimuscarinic drugs, the ACER value of the typical antipsychotics combination was also less than the atypical antipsychotics combination. The conclusion is that using typical antipsychotics combination (Chlorpromazine-Trifluoperazine) is more cost-effective than using atypical antipsychotics combination (Clozapine-Risperidone).

Keywords : schizophrenia, cost-effectiveness, antipsychotics