Whereas 1 patient (0.9%) died in several minutes after entering the hospital so as to be able to not get medicine therapy. Two patients (1.80%) was moved to pavilium other and 12 patients (10.81%) did not yet go out of the hospital up to February 19 2008. So as to be gathered by the data from 85 patients. From 85 patients, 55 people (64.7%) various male gender and 30 people (35.3%) various female gender. Most samples of the research experienced polypharmacy, that is of 78 (91.8%).

The total number of drug interactions occured in this study were 5 cases (5.88%). All events is potential drug interactions. Potential drug interaction involved spironolactone, furosemide, kalium supplement, aminophylline, ranitidine, and digoxin.

The sample of the research that got spironolactone and supplemen potassium totalling 1 person. The sample did not show the sign/the sign outcomes from drug interactions. Giving of the diuretic of the potassium opinion (spironolactone) along with the supplement to potassium could cause hyperkalemia.16,24

The sample of the research that got aminophyllin and furosemide totalling 1 person. The sample did not show the sign or outcomes from drug interaction. Aminophyllin (theophyllin) and furosemide (loop diuretic) could cause hypokalemia.25 In considered hypokalemia this depended in intake other that was consumed the sample, as well as the clinical condition or recurrent disease (for example: function of kidney).

The sample of the research that got aminophyllin and ranitidine totalling 1 person. The sample did not show the sign or outcomes from drug interactions. Aminophyllin (theophyllin) and ranitidine could cause hypokalemia.25

The sample of the research that got digoxin and spironolactone and furosemide totalling 1 person. The sample did not show the sign or outcomes from drug interactions. Spironolactone inhibited excretion digoxin on the kidney, but did not influence biliary clearance. Spironolactone possibly caused the reduction in the volume of the distribution from digoxin.16 The occurrence outcomes from drug interaction did not happen was caused the sample did not experience the disturbance of the balance of electrolytes so as did not cause digoxin toxicity.

The sample that got digoxin and furosemide did not show the sign or outcomes from drug interaction. The effect potassium loss from the diuretic increased toksisitas digoxin. Digoxin inhibited natrium-potassium ATP-ase, that be connected with transport from the ion natrium and potassium through the membrane from the cell myocardial. This was connected with the increase availabilitas from the calcium ion in the contraction from the cell. Potassium that was lost that was caused exacerbation from this diuretic from myocardial cells, that increased the activity and digoxin toxicity.16 The occurrence outcomes from drug interaction did not happen was caused the sample did not experience the disturbance of the balance of electrolytes so as did not cause digoxin toxicity.

Conslusion
This study demonstrates that potential drug interactions were common among hepatic cirrhosis patient, and pharmaceutical care capable in reducing drug interactions events.

References


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