

## **Poster Abstract Submission Form**

Category	Clinical Pharmacy / Pharmacy Practice – Poster Presentation
Poster no.	ACCP10-237
Title	DRUG CHOICE PROBLEM STUDY IN HOSPITALIZED HEPATIC CIRRHOSIS PATIENT Dr. RAMELAN NAVY HOSPITAL
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Abstract (not more than 350 words)	
Background	Cirrhosis is a late stage of hepatic fibrosis that has resulted in widespread distortion of normal hepatic architecture. Cirrhotic liver changes in pathophysiology such as reduction in liver blood flow, decrease some metabolic and synthetic function of the liver. Also there is a change in endothelial lining from hepatic sinusoid. These changes result in some consequences that are increase in drugs sensitivity and adverse events due to pharmacokinetic and pharmacodynamic influences. The inappropriate use of prescription drugs in cirrhosis may cause unnecessary adverse drug reactions that can lead to subtle deterioration of function or precipitate medical crises resulting in hospitalization or death.
Methods	Samples were collected using purposive sampling methods. Both drug therapy and disease progress were followed prospectively until patient discharged from the hospital. Every medication were recorded and evaluated according to some literature.
Results	Patients involved in this study were 85. The total number of drug choice problems event occurred in this study were 206 cases. Those include inappropriate drug (not most appropriate for indication) 33.01%, duplication of therapeutic group 0.97%, contraindication for drug 35.92%, no clear indication for drug use 1.94%, and no drug prescribed but clear indication 28.16%. Outcome from inappropriate drug observation were resulting in no further morbidity 88.35%, and occurrence new medical problems 2.91%, drug related morbidity 7.77%, and drug related mortality 0.97%.
Conclusions	The most frequent drug choice problems occur in this study was adminstration of ringer lactate infusion in patient with cirrhosis. Although the events was potential, it still need tight monitoring to prevent the occurrence.