

ADVERSE DRUG REACTION (ADR) STUDY IN HOSPITALIZED HEPATIC CIRRHOSIS PATIENT DR. RAMELAN NAVY HOSPITAL

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Background: Cirrhotic liver lead to some 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.

Objective: To study the most frequent adverse events from drug therapy in hospitalized hepatic cirrhosis patient.

Method: Samples were collected using purposive sampling methods. Both drug therapy and disease progress were followed prospectively until patient discharged from the hospital. Adverse events were recorded and evaluated according to some literature. The association of drug events occurred in patient therapy was determined by Naranjo scale.

Result: Patients involved in this study were 85. The total number of adverse drug events occurred in this study was 120 cases. Those include actual ADRs 8.33% (e.g. furosemide induced hyperuricemia, amlodipine induced edema periphery) and potential DRPs 76.67% (e.g. cimetidine and metoclopramide induce changed central nervous system). Outcomes from ADRs observation were resulting in no further morbidity 79.17%, and occurrence new medical problems 5.83%.

Conclusion: The most frequent ADRs occur in this study was cimetidine induce changed central nervous system in hepatic cirrhosis patients. Although the event was potential, it still needs tight monitoring to prevent the occurrence.

Keywords: adverse drug reactions; hepatic cirrhosis