

ABSTRAK

Latar belakang. Indonesia telah mengalami peningkatan yang signifikan dalam jumlah populasi lansia, bersamaan dengan transisi epidemiologi dan kerumitan kondisi kesehatan geriatri, termasuk polifarmasi. Penggunaan banyak obat (polifarmasi) dapat berpotensi menyebabkan *Potentially Inappropriate Medicatins* (PIMs) dan *Potentially Prescribing Omissions* (PPOs), yang memiliki prevalensi tinggi pada pasien geriatri. Oleh karena itu, penelitian ini bertujuan untuk mengidentifikasi kejadian *Potentially Inappropriate Prescribing* (PIP) yang mencakup PIMs dan PPOs pada pasien geriatri di RSUD Raden Mattaher Kota Jambi dengan menggunakan kriteria STOPP-START.

Metode. Penelitian ini menerapkan desain *cross-sectional* retrospektif melalui analisis rekam medis 47 pasien geriatri di Poli Penyakit Dalam RSUD Raden Mattaher Jambi periode Juli-Desember 2023. Proses identifikasi kejadian PIP yang mencakup PIMs dan PPOs dilakukan dengan mengacu kepada kriteria STOPP/START versi 2, dan data dianalisis secara deskriptif.

Hasil. Penelitian terhadap 47 pasien geriatri, ditemukan 92 kejadian PIP. Kejadian PPO menurut kriteria START (51,09%) sedikit lebih tinggi dibandingkan dengan kejadian PIM menurut kriteria STOPP (48,91%), dengan masalah paling sering terjadi terkait pemberian obat tanpa adanya indikasi klinis yang jelas (STOPP A2) dan kelalaian dalam memberikan terapi antihipertensi (START A2).

Kesimpulan. Berdasarkan hasil penelitian, dapat disimpulkan bahwa prevalensi kejadian PIP pada pasien geriatri di Poli Penyakit Dalam RSUD Raden Mattaher Jambi periode Juli-Desember 2023 masih tinggi, dengan kejadian yang hampir seimbang antara PIM (terutama pemberian obat tanpa indikasi jelas dan NSAID berisiko) dan PPO (terutama kelalaian terapi antihipertensi dan anemia), serta didorong secara signifikan oleh praktik polifarmasi dan pemilihan jenis obat yang tidak tepat.

Kata Kunci: Geriatri, Polifarmasi, PIP, PIMs, PPOs, STOPP/START

ABSTRACT

Background. Indonesia has experienced a significant increase in its elderly population, coinciding with an epidemiological transition and the complexity of geriatric health conditions, including polypharmacy. The use of multiple medications (polypharmacy) can potentially lead to Potentially Inappropriate Medications (PIMs) and Potentially Prescribing Omissions (PPOs), which have a high prevalence in geriatric patients. Therefore, this study aims to identify the incidence of Potentially Inappropriate Prescribing (PIP), which includes both PIMs and PPOs, in geriatric patients at Raden Mattaher Hospital, Jambi City, using the STOPP-START criteria.

Methods. This study applied a retrospective cross-sectional design by analyzing the medical records of 47 geriatric patients in the Internal Medicine Outpatient Clinic of Raden Mattaher Hospital, Jambi, from July to December 2023. The identification of PIP incidents, encompassing both PIMs and PPOs, was carried out with reference to the STOPP/START version 2 criteria, and the data were analyzed descriptively.

Results. The study of 47 geriatric patients identified 92 PIP incidents. The incidence of PPOs according to the START criteria (51.09%) was slightly higher than the incidence of PIMs according to the STOPP criteria (48.91%). The most frequent problems were related to the prescribing of drugs without a clear clinical indication (STOPP A2) and omissions in providing antihypertensive therapy (START A2).

Conclusion. Based on the results, it can be concluded that the prevalence of PIP in geriatric patients at the Internal Medicine Outpatient Clinic of Raden Mattaher Hospital, Jambi, from July to December 2023 remains high. The incidents were almost balanced between PIMs (primarily drug prescribing without clear indications and risky NSAID use) and PPOs (primarily omissions in antihypertensive and anemia therapy), and were significantly driven by polypharmacy practices and inappropriate drug selection.

Keywords: Geriatric, Polypharmacy, PIP, PIMs, PPOs, STOPP/START