# ABSTRACT <br> THE USE OF PHOSPHATE BINDER ON THE PHOSPHATE LEVELS IN PATIENTS WITH CHRONIC KIDNEY DISEASE (Study was performed at Nephrology Outpatients Departement of Dr. Soetomo General Hospital Surabaya) 

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Background : Chronic kidney disease (CKD) is defined as the presence of kidney damage or decresed glomerular filtration rate (GFR) $60 \mathrm{ml} / \mathrm{min} / 1,73$ $\mathrm{m}^{2}$ for 3 month or more. In chronic kidney disease occurs several abnormalities of renal function resulting in clinical manifestations including mineral and bone disorder. Mineral and bone disorder caused byhormonal disorder in CKD, performed by hyperphosphatemia, hypocalcemia, and secondary hyperparathyroidism. Other disorders may include cardiovascular disorders (dysrhythmias, hypotension) and the hardening of the blood vessels (vascular calcification).

Objective : This study documented phosphate binder therapy in CKD patients at Nephrology Outpatient Departement of Dr. Soetomo Hospital Surabaya in order to asses drug utility study.

Subjective and methods : It was a descriptive observational study with cross-sectional method, conducted from April to June 2014 at Nephrology Outpatient Departement of Dr. Soetomo Hospital. Total samples obtained were 60 patients.

Result : Prevalance in women $55 \%$ and in men $45 \%$, the highest age range at the age above 61 years. The highest comorbid and complication are hypertension $46,7 \%$ and DMND 26,3\%. Phosphate binder type used for hyperphosphate therapy was calcium carbonat with dosing frequency 1-3 times in daily. In this study, $58,3 \%$ patients are appropriate with therapeutic target. The type DRP identified were adverse drug reaction $18,3 \%$ and potential drug interactions $106,7 \%$.

Keyword : Cronic kidney disease (CKD), phosphate binder, phosphate level

