

ABSTRACT**DRUG UTILIZATION STUDY OF PROPRANOLOL
IN HEPATIC CIRRHOSIS PATIENTS**

**(Research was Conducted at Inpatient Installation of University
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Hepatic cirrhosis occurs because hepatocyte destruction and replaced with fibrous tissue (scarring liver). Scar tissue blocks some blood flow in liver, causing increased pressure in portal vein (portal hypertension). Clinical manifestation of portal hypertension are bleeding. The most causes hepatic cirrhosis are alcohol, chronic hepatitis B virus and hepatitis C virus. This study aims to describe the characteristics of patients hepatic cirrhosis, to examine the use of propranolol pattern, and to examine response of propranolol use therapy in patients hepatic cirrhosis at Airlangga University Hospital Surabaya. This study was conducted by observational retrospective method using medical record data in the period 1 January 2014-1 January 2017. The results and conclusions in this study showed that the most number of subjects were male (54.72%), the most age range at 46-65 years (71.70%). The most of length patient stay range at 4-6 days (52.83%). The most complications caused by hepatic cirrhosis are hematemesis melena (50.94%). Dose of propranolol the most widely used is 2x10 mg (50,94%) and the most dose replacement is from dose 2x10 mg to 3x10 mg (15.10%). Propranolol was administered with the aim of primary prophylaxis (18.87%) and secondary prophylaxis (81.13%). From 10 patients who received propranolol as primary prophylaxis, as much as 100% reached therapeutic response. As well as 93.02% of 43 patients who received propranolol as secondary prophylaxis also reached therapeutic response. Therapeutic response based as patients medical development showed that propranolol can reduced the incidence of melena (69.81%), hematemesis (56.60%), ascites (26.42%), and leg edema (1.88%).

Keywords : Hepatic cirrhosis, propranolol, primary prophylaxis, secondary prophylaxis, bleeding.