

ABSTRACT

**DRUG UTILIZATION STUDY OF ANTIFUNGAL AGENTS IN
COMMUNITY ACQUIRED PNEUMONIA PATIENT
(Study at RSUD Dr. Soetomo Surabaya)**

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Community Acquired Pneumonia is a lung inflammation caused by microorganism (bacteria, viruses, fungi) in community. In CAP, pulmonary mycosis can occur. CAP can be caused by endemic and opportunistic mycosis. However, the incidence of pulmonary mycosis in Indonesia was unknown. This study aimed to examine drug utilization of antifungal agents in CAP patients in RSUD Dr. Soetomo Surabaya. This study was done retrospectively by using patient medical record in RSUD Dr. Soetomo Surabaya in the period January 1st, 2017 to December 31st, 2018. The results of this study showed that there were 32 male patients (65.31%) and 17 female patients (34.69%) with the most common age was 58 - 66 years old. The most common dose, frequency and route of antifungal agents in CAP patients was Fluconazole 200 mg/ 24 hours iv route (79.59%) and Miconazole 100 mg/ 24 hours iv route (2.04%), they were given as single or variation dose. The most common duration of antifungal administration in CAP patients was 1-4 days (38.78%) but they were given antifungal for outpatient care when discharged. The most frequent Fluconazole dose was 400 mg/ 24 hours iv route (loading dose) followed by 200 mg/ 24 hours iv route (maintenance dose) (32.65%). Potential drug-related problems that could occurred were potential side effect and potential drug interactions of Fluconazole with Rifampicin (20.41%), Methylprednisolone (6.12%), Amitriptyline (4.08%), Phenytoin, Amlodipine, Nifedipine, Cilostazol, Clopidogrel, Nilotinib, and Simvastatin (2.04%). Antifungal agents used in CAP were Fluconazole and Miconazole in accordance with literature. Drug related problems that were analyzed in this study was potential drug interaction.

Keyword: *Community Acquired Pneumonia, Pulmonary Mycosis, retrospective, antifungal agents, Drug Related Problem*