

# Efek kombinasi irbesartan dan simvastatin terhadap kadar malondialdehid jantung dan serum tikus model penyakit ginjal kronis = Effect of combined irbesartan and simvastatin on malondialdehyde levels in heart and serum of chronic kidney disease rats

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## Abstrak

<p><strong>Latar belakang:</strong>Penyebab utama kematian pasien penyakit ginjal kronis (PGK) adalah penyakit kardiovaskular. Stres oksidatif merupakan mediator dalam patogenesis sindrom kardiorenal. Terapi kombinasi penghambat reseptor angiotensin dan statin dapat dipertimbangkan dalam manajemen pasien PGK karena pendekatannya berbeda dalam menekan stres

oksidatif.</p><p><strong>Tujuan:</strong>Penelitian ini bertujuan untuk mengetahui efek irbesartan dan simvastatin terhadap penurunan stres oksidatif melalui pengamatan kadar malondialdehid (MDA) jantung dan serum tikus PGK.</p><p><strong>Metode:</strong>Penelitian ini menggunakan jantung dan serum tersimpan dari tikus jantan galur <em>Sprague-Dawley </em>yang telah diberikan perlakuan pada penelitian sebelumnya. Terdapat 3 kelompok yakni kontrol normal (<em>sham</em>; n=4), nefrektomi 5/6 (Nx; n=4), dan nefrektomi 5/6 + terapi irbesartan 20mg/kgBB/hari dan simvastatin 10mg/kgBB/hari selama 4 minggu (Nx + Ir-Si; n=4). Kadar MDA sampel jantung dan serum tersimpan diukur dengan metode TBARS. Data dianalisis dengan SPSS menggunakan uji One-Way Anova. Nilai p 0.05 dianggap bermakna secara statistik.</p><p><strong>Hasil:</strong>Pemberian irbesartan 20mg/kgBB/hari dan simvastatin 10mg/kgBB/hari selama 4 minggu menyebabkan kadar MDA yang cenderung meningkat namun tidak bermakna pada organ jantung (p=0,069) dan serum (p=0,091) tikus

PGK.</p><p><strong>Simpulan:</strong>Tidak terdapat perbedaan yang bermakna antara kelompok tikus PGK yang diberi terapi kombinasi irbesartan dan simvastatin dengan kelompok tikus PGK tanpa terapi terhadap hasil rerata kadar MDA jantung dan serum tikus.</p><hr>

><p><strong><em>Background:</em></strong><em>Cardiovascular disease is the main cause of mortality in chronic kidney disease</em>(<em>CKD</em>). Oxidative stress is one of the mediators in cardiorenal syndrome. Combined angiotensin-receptor blockers and statins can be considered in <em>CKD</em>management. </em></p><p><strong><em>Purpose:</em></strong><em>This study aims to determine the effect of irbesartan-simvastatin on reducing oxidative stress by observing malondialdehyde </em>(MDA)<em>levels in the heart and serum of CKD rats model.</em></p><p><strong><em>Methods:</em></strong><em>This study uses stored heart tissue and serum from male Sprague-Dawley rats, those had been given treatment in previous study. There are 3 groups which are normal control (sham; n=4), untreated 5/6 nephrectomy (Nx; n=4), and 5/6 nephrectomy + irbesartan 20mg/kgBW/day and simvastatin 10mg/kgBW/day (Nx + Ir-Si; n=4).</em>MDA<em>levels were measured using TBARS methods. Data were analyzed with <em>SPSS</em>using One-Way Anova test. p value <em><0.05 is considered statistically significant.</em></p><p><strong><em>Results:</em></strong><em>Combined therapy of irbesartan 20mg/kgBW/day and simvastatin 10mg/kgBW/day for 4 weeks caused a tendency in malondialdehyde levels to increase but not statistically significant in heart </em>(p=0.069) <em>and

serum </em>(p=0.091)<em>of CKD rats model.</em></p><p><strong><em>Conclusion:</em></strong><em>There were no significant differences between group of CKD rats with combined therapy of irbesartan-simvastatin and group of CKD rats without therapy on the MDA levels in heart and serum.</em></p>