

# **Studi Pilot Fibrilasi Atrium: Karakteristik Klinik Pasien Fibrilasi Atrium dan Penggunaan Pengobatan Antikoagulan Oral di Rumah Sakit Tersier di Indonesia = Atrial fibrillation pilot study: clinical characteristics of patients with atrial fibrillation and pattern of oral anticoagulant treatment in a tertiary hospital in Indonesia**

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## **Abstrak**

<p><strong><em>Pendahuluan</em></strong>: Fibrilasi atrium (FA) adalah tipe aritmia yang paling sering ditemukan. Selama berjalannya waktu, FA telah menunjukkan peningkatan dalam prevalensi dan insidens. Namun angka mortalitas tersebut lebih terkait dengan komplikasinya, yaitu gagal jantung dan stroke. Untuk itu, pencegahan komplikasi FA, terutama stroke, dalam bentuk terapi antikoagulan oral (TAK), adalah sama pentingnya dengan pengobatan FA lainnya seperti kendali laju dan kendali irama. Studi ini bertujuan untuk mendapatkan karakteristik klinik pasien FA dan pola penggunaan TAK di RSCM.</p><p><strong><em>Metode</em></strong>: Data dari rekam medis dikumpulkan dan dianalisis menggunakan aplikasi SPSS. Karakteristik klinik pasien FA akan disediakan dalam bentuk frekuensi, dan rata-rata.</p><p><strong><em>Hasil</em></strong><em>:</em> Rata-rata umur pasien FA di RSCM adalah  $56.37 \pm 14.69$  tahun dan distribusi jenis kelamin hampir seimbang. Pasien FA yang <em>overweight</em> dan <em>obese</em> ada 23 (45.1%) secara total. Klasifikasi FA paling sering adalah FA <em>persistent</em> (37.3%). Tipe FA yang paling sering ditemukan adalah FA <em>non-valvular</em> (64.7%). Gejala tersering ditemukan adalah sesak nafas (56.9%). Penyakit jantung koroner (PJK) adalah komorbiditas tersering (39.2%), sedikit lebih tinggi dari hipertensi (37.3%) di populasi pasien FA di RSCM. Komplikasi FA tersering adalah gagal jantung (60.8%). Strategi kendali laju paling sering digunakan (94.1%) untuk pasien FA di RSCM. Kebanyakan pasien FA di RSCM memiliki skor CHA<sub>2</sub>DS<sub>2</sub>VASc 2 (82.4%). Warfarin paling sering digunakan (84.3%) sebagai TAK untuk pasien FA di RSCM.</p><p><strong><em>Kesimpulan</em></strong>: Hasil dari studi ini memiliki perbedaan dan kesamaan dengan negara Asia lainnya dalam distribusi variabel. Pola penggunaan TAK berada diluar ekspektasi, mungkin dikarenakan harga yang mahal dalam meresepkan NOAC</p><p> </p><hr /><p><strong><em>Introduction</em></strong><em>:</em> Atrial fibrillation (AF) is the most common type of arrhythmia which has shown increasing prevalence and incidence throughout the years. However, the mortality of AF cases is related to its complication which are stroke and heart failure. Therefore, in the attempt to prevent complication of AF, particularly stroke, anticoagulant treatment, which has developed by time, is considered when encountering AF cases just as importantly as the rate control and rhythm control management of AF. This study aims to provide the clinical characteristics of patients with AF and the pattern of anticoagulant therapy in RSCM.</p><p><strong><em>Methods</em></strong><em>:</em> Data from medical records from RSCM were collected and were analyzed using SPSS, where the frequency and mean or median of the variables were explored where appropriate.</p><p><strong><em>Results</em></strong><em>:</em> The average age of AF patients in RSCM was  $56.37 \pm 14.69$  years old with an almost equal distribution of gender. AF patients who were overweight and obese was 23 (45.1%) in total. The most common classification of AF

was persistent AF (37.3%). Non-valvular AF was the most common type of AF (64.7%). The most common symptom in the population was dyspnea (56.9%). Coronary artery disease was the most frequent comorbidity (39.2%), slightly higher than hypertension (37.3%). The most frequent complication found was heart failure (60.8%). Rate control was mostly used (94.1%). Most AF patients in RSCM had CHA<sub>2</sub>DS<sub>2</sub>VASc score 2 (82.4%). Vitamin K Antagonists (VKA) was mostly used (84.3%) as oral anticoagulant of choice in RSCM.

</p><p><strong><em>Conclusion</em></strong><em>:</em> This study had differences and similarities with studies from other Asian countries. The pattern of oral anticoagulant treatment was commonly VKA, which is unexpected, might be due to high cost in prescribing NOAC.</p><p></p>