

Screening Tool of Older People's Prescriptions (STOPP) versi Bahasa Indonesia sebagai Instrumen Identifikator Obat Berpotensi Tidak Tepat pada Usia Lanjut = The Indonesian version of the Screening Tool of Older People's Prescriptions (STOPP) as an Instrument for Identifying Potentially Inappropriate Drugs in the Elderly

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Abstrak

Obat berpotensi tidak tepat (potentially inappropriate medications / PIMs) umumnya terjadi pada usia lanjut dengan multi morbiditas dan polifarmasi. PIMs menjadi salah faktor penyebab kejadian tidak diinginkan (KTD). Penelitian ini mengembangkan instrumen identifikator PIMs versi Bahasa Indonesia melalui adaptasi dari kriteria STOPP version 2, mengidentifikasi PIMs menggunakan instrumen STOPP versi Bahasa Indonesia, dan menilai hubungan PIMs dengan KTD. Adaptasi instrumen meliputi terjemahan kedepan, terjemahan balik, tinjauan pemegang otoritas, tinjauan tim ahli, dan pra uji. Tahap ini melibatkan penerjemah, pemegang otoritas STOPP version 2, tim ahli, dan 34 apoteker rumah sakit umum (RSU). Tahap validasi diikuti 230 apoteker RSU di Indonesia dengan desain survei melalui post sampling. Tahap identifikasi PIMs dan menilai hubungan dengan KTD, melibatkan 63 pasien usia 60 tahun, multi morbiditas, dan menjalani hospitalisasi di RSUPN Cipto Mangunkusumo. Data kategorikal dan diskrit dalam jumlah (%), diskrit dalam mean $\pm$ SD. Analisis menggunakan Content validity ratio (CVR), content validity index (CVI), Pearson correlation, explanatory factor analysis (EFA) dan Cronbach alpha untuk validitas dan reliabilitas. Mann Whitney U Test untuk menilai perbedaan rata-rata (means) antara kelompok pasien dengan obat teridentifikasi PIMs dan tanpa PIMs. Analisis chi-square dan Kappa untuk menilai hubungan antara PIMs dengan KTD, pada $\alpha = 0,05$. Hasil penelitian menunjukkan adaptasi instrumen STOPP version 2 ke Bahasa Indonesia dapat diterima. Setiap kriteria memberikan CVR $> 0,75$, r Pearson $> 0,45$ ($p < 0,001$), dan faktor loading $> 0,4$. Reliabilitas instrumen sebesar 0,978. Subyek penelitian pada tahap identifikasi PIMs melibatkan pasien usia $70 \pm 7,7$ tahun, komorbiditas $6,6 \pm 2$ CCI, terapi obat $9,9 \pm 3,1$ obat, dan lama hari rawat $16,3 \pm 10,3$ hari. Ada perbedaan rata-rata bermakna untuk variabel polifarmasi dan lama rawat antara dua kelompok subyek ($p < 0,001$). Hubungan antara PIMs dengan KTD menunjukkan nilai kemaknaan, $p < 0,001$ dan nilai Kappa sebesar 0,72 ($p < 0,001$). Obat yang teridentifikasi PIMs dan menyebabkan KTD adalah golongan antihipertensi, obat dengan efek kolinergik, antikoagulan, dan OAINS. Mayoritas KTD yang diderita pasien, seperti hipotensi orthostatik (sesuai kriteria K3), hiponatremi (sesuai kriteria A3 dan D4), perdarahan (sesuai kriteria C3 dan C5), dan penurunan LFG (sesuai kriteria E4). Penelitian menghasilkan instrumen STOPP versi Bahasa Indonesia yang valid dan reliabel dan hasil identifikasi PIMs memberikan pengukuran kesepakatan yang baik.

.....Potentially inappropriate medications (PIMs) commonly occur in the elderly with multiple morbidity and polypharmacy. PIMs are one of the factors causing adverse events (AEs). This study developed an Indonesian version of the PIMs identifier instrument through adaptation of the STOPP version 2 criteria, identifying PIMs using the Indonesian version of the STOPP instrument, and assessing the relationship between PIMs and AEs. Adaptations of the instrument include forward translation, reverse translation, authority review, expert team review, and pre-test. This stage involved the translator, the holder of STOPP

version 2 authorization, a team of experts, and 34 general hospitals (GH) pharmacists. The validation phase was followed by 230 pharmacists at the RSU in Indonesia with a survey design through post sampling. The identification phase of PIMs and assessing the relationship with AEs involved 63 patients aged 60 years, multimorbidity, and underwent hospitalization at Cipto Mangunkusumo National Hospital. Data were categorical and dichotomous in numbers (%), discrete in mean $\pm$ SD. Data were analyzed with content validity ratio (CVR), content validity index (CVI), Pearson correlation, explanatory factor analysis (EFA) and Cronbach alpha for validity and reliability. Mann Whitney U test to assess the mean difference (means) between groups of patients with PIMs and without PIMs. Chi-square and Kappa analysis to assess the association between PIMs and AEs, at $\alpha = 0.05$. The results showed that the adaptation of the STOPP version 2 instrument to Indonesian was acceptable. Each criterion gives a CVR > 0.75, Pearson's $r > 0.45$ ($p < 0.001$), and a loading factor > 0.4. The reliability of the instrument was 0.978. Research subjects at the PIMs identification stage involved patients aged 70 ± 7.7 years, comorbidity 6.6 ± 2 CCI points, drug therapy 9.9 ± 3.1 drugs, and length of stay 16.3 ± 10.3 days. There was a significant mean difference for polypharmacy variables and length of stay between the two groups of subjects ($p < 0.001$). The correlation between PIMs and AEs showed a chi-square value of $p < 0.001$ and a Kappa value of 0.72 ($p < 0.001$). Drugs identified as PIMs and causing AEs are antihypertensive, drugs with cholinergic effects, anticoagulants, and NSAIDs. The majority of adverse events suffered by patients, such as orthostatic hypotension (according to K3 criteria), hyponatremia (according to A3 and D4 criteria), bleeding (according to criteria C3 and C5), and decreased eGFR (according to criteria E4). The study produced a valid and reliable Indonesian version of the STOPP instrument and the results of the identification of PIMs provided a good measure of agreement to AEs.