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A3243G MITOCHONDRIAL DNA MUTATION DOES NOT PLAY AN IMPORTANT ROLE AMONG DM POPULATION IN INDONESIA
(Agung Pranoto)

EFFECT OF CURCUMIN ON THE LEVELS OF TOTAL CHOLESTEROL, LDL-CHOLESTEROL, THE AMOUNT OF F2-ISOPROSTAN AND FOAM CELL IN AORTIC WALL OF RATS WITH ATHEROGENIC DIET
(Ika Fikriah)

INCREASE OF IMMUNOGLOBULIN A TITER IN MICE INTESTINAL MUCOSA AFTER IMMUNIZATION WITH TOXOPLASMA GONDII SOLUBLE PROTEIN WITH AND WITHOUT INTRANASAL CHOLERA TOXIN ADJUVANT
(Mona Zubaidah)

USE OF HAEMATOLOGICAL AND IMMUNOLOGICAL BIOMARKERS AS INDICATORS OF PB INTOXICATION
(Tri Martiana)

CORRELATION BETWEEN BIRTHWEIGHT AND BODYWEIGHT INCREASE OF PREGNANT WOMEN WITH NORMAL BODY MASS
(Marsianto)

ANALYSIS OF THE RISK FACTORS OF PULMONARY EDEMA IN PREECLAMPSIA-ECLAMPSIA IN DR SOETOMO HOSPITAL, SURABAYA
(Marsianto)

THE ROLE OF LAPAROSCOPY SURGERY IN INFERTILITY
(Budi Santoso)

INFLUENCE OF LBW FORMULA FEEDING ON THE GROWTH OF LOW BIRTH WEIGHT INFANT
(Risa Etika)

DIAGNOSIS OF UPPER URINARY TRACT INFECTION USING STREPTAVIDIN BIOTIN TEST IN URINE SEDIMENT
(J Priyambodo)

DETECTION OF DENGUE VIRUS ANTIGEN IN MONOCYTE TO SUPPORT THE DIAGNOSIS OF DENGUE HEMORRHAGIC FEVER
(Y Niningsri Wuryaningtingi)

DRUG UTILIZATION PROFILE IN HIV/AIDS PATIENTS
A Study at Dr. Soetomo Teaching Hospital Surabaya
(Yulistiani, Junaidi Khotib, Bambang Subakti Zulkarnain, Nasrunudin)

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<p>| Folia Medica Indonesiana | Vol. 43 | No. 3 | Page 129-194 | Surabaya Jul-Sept 2007 | ISSN 0303-7932 |</p>
<table>
<thead>
<tr>
<th>No.</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A3243G Mitochondrial DNA Mutation does not Play an Important Role among DM Population in Indonesia</td>
<td>129 - 135</td>
</tr>
<tr>
<td>2</td>
<td>EFFECT OF CURCUMIN ON THE LEVELS OF TOTAL CHOLESTEROL, LDLCHOLESTEROL, THE AMOUNT OF F2-ISOPROSTAN AND FOAM CELL IN AORTIC WALL OF RATS WITH ATHEROGENIC DIET</td>
<td>136 - 140</td>
</tr>
<tr>
<td>3</td>
<td>Increase of Immunoglobulin A Titer in Mice Intestinal Mucosa after Immunization with Toxoplasma Gondii Soluble Protein with and without Intranasal Cholera Toxin Adjuvant</td>
<td>141 - 147</td>
</tr>
<tr>
<td>4</td>
<td>Use of Haematological and Immunological Biomarker as Indicator of Pb Intoxication</td>
<td>148 - 152</td>
</tr>
<tr>
<td>5</td>
<td>Correlation between Birthweight and Bodyweight Increase of Pregnant Women with Normal Body Mass</td>
<td>153 - 159</td>
</tr>
<tr>
<td>6</td>
<td>ANALYSIS OF THE RISK FACTORS OF PULMONARY EDEMA IN PREECLAMPSIAECLAMPSIA IN DR SOETOMO HOSPITAL, SURABAYA</td>
<td>160 - 164</td>
</tr>
<tr>
<td>7</td>
<td>The Role of Laparoscopy Surgery in Infertility</td>
<td>165 - 169</td>
</tr>
<tr>
<td>8</td>
<td>Influence of LBW Formula Feeding on the Growth of Low Birth Weight Infant</td>
<td>170 - 176</td>
</tr>
<tr>
<td>9</td>
<td>Diagnosis of Upper Urinary Tract Infection using Streptavidin Biotin Test in Urine Sediment. A New Approach Using Immunohistochemical Test for Determining the Site of Urinary Tract Infection</td>
<td>177 - 182</td>
</tr>
<tr>
<td>10</td>
<td>Detection of Dengue Virus Antigen in Monocytes to Support the Diagnosis of Dengue Hemorrhagic Fever</td>
<td>183 - 188</td>
</tr>
<tr>
<td>11</td>
<td>Drug Utilization Profile in HIV/AIDS Patients. Study at Dr Soetomo Teaching Hospital Surabaya</td>
<td>189 - 194</td>
</tr>
</tbody>
</table>
Drug Utilization Profile in HIV/AIDS Patients. Study at Dr Soetomo Teaching Hospital Surabaya

Abstract

Increasing prevalence and mortality of HIV/AIDS led to a revolution in the care patients with HIV/AIDS. The accurate strategy of treatment was needed to solve any problems in related to opportunistic infections of AIDS. The treatments with antiretroviral (ARV) utilization are not a cure and present new challenges with respect to side effect and toxicity in the short therapy as well as ARV resistance which is used the long therapy due to viral mutation. The objective of this study was to analyze the drug profile in HIV/AIDS patients. The patients studied all were receiving antiretroviral and antimicrobial therapy who were hospitalized in Dr. Soetomo Teaching Hospital Surabaya during January 1st, 2004 until January 31st, 2006 (n=66 patients). This study was a descriptive analysis using patient's medical records. The results revealed that the patients' infection levels were in Stage III and IV (± 96% patients). Among the patients, about 82% using combination of the first line antiretroviral (ARV) drugs consisted of NRTIs (3TC, AZT) and NNRTIs (NVP, EFV). The ARV used in this study met the WHO guidelines as referred to the clinical condition of patients (stage III and IV) based on the total lymphocytes. There were 21% patients changing or stopping ARV treatment due to ADRs. Most patients ADRs were caused by: (i) zidovudine (AZT) namely haematological toxicity as shown by decreasing Hb and WBC levels, (ii) Nevirapine (NVP) caused drug eruption or Steven Johnson's syndrome and hepatotoxicity with is shown by increasing SGOT and SGPT levels. The common opportunistic infections were chronic diarrhea (28%), lung tuberculosis (22%), oral candidiasis (15%), sepsis (14%), pneumonia (14%) and pneumocystic carinii pneumonia (4%). The major prescribed antimicrobials were cotrimoxazole (13%), ceftriaxon (10%), levofloxacin (7%) and antifungal agents including nistatine (11 %), ketoconazole (7 %), fluconazole (6 %). The choice of antimicrobial agents based on the ability of the drugs to eliminate anaerob and aerob microorganisms and minimalizing the potential endotoxin release that could induce proinflammatory cytokines secretion (IL-1 &beta;, IL-6 and TNF- &alpha;), whereas antifungal agents used should be able to cover the broad spectrum fungal infection including aspergilosis. Potential drug interaction observed were the use of AZT with fluconazole or cotrimoxazole or rifampicin and NVP with rifampicin or ketoconazole. In conclusion, Drug profile used in HIV/AIDS patients were the first line ARV consisted of NRTIs (3TC, AZT) and NNRTIs (NVP, EFV); antimicrobial treatment including antibiotics and antifungal agents; and others to prevent or to treat opportunistic infections. ADRs was occurred in 21% patients receiving ARV therapy.

Keyword : Drug, Utility, Study, DUS, HIV/AIDS, ARV/ART, opportunistic, infection, antimicrobials

Daftar Pustaka :