

**GAMBARAN KLINIS PASIEN DEMENSIA YANG DI TATALAKSANA
DENGAN OBAT GOLONGAN ASETILKOLINESTERASE INHIBITOR DAN
FARMAKO LAINNYA DI RUMAH SAKIT JIWA Dr. SOEHARTO HEERDJAN
PERIODE JANUARI 2009 – DESEMBER 2013 DAN TINJAUANNYA MENURUT
ISLAM**

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ABSTRAK

Latar belakang: Demensia merupakan sindrom dari kerusakan otak yang disebabkan oleh perubahan kognitif akibat trauma otak atau degenerative, adapun gejala klinis pada demensia mempunyai variasi baik dari gangguan kognitif maupun gangguan non kognitif sehingga tatalaksana yang sesuai berupa intervensi farmakologi diperlukan dalam mengatasinya.

Tujuan: untuk mengetahui gambaran klinis pada pasien demensia serta penggunaan obat Asetilkolinesterase Inhibitor dan obat lainnya sebagai tatalaksana di Rumah Sakit Jiwa Dr. Soeharto Heerdjan.

Metode: penelitian kuantitatif non-eksperimental atau bersifat analitik, dan penetapan sampel dengan metode *consecutive sampling*, yaitu semua rekam medis yang memenuhi kriteria inklusi dan eksklusi yang telah ditetapkan dimasukkan ke dalam penelitian hingga jumlah sampel terpenuhi.

Hasil: didapatkan kriteria inklusi sebanyak 96 rekam medis milik pasien Rumah Sakit Jiwa Dr. Soeharto Heerdjan dengan jenis kelamin perempuan dan jenis kelamin laki-laki, usia didapatkan demensia presenilis (<65 tahun) dan demensia senilis (>65 tahun). Diagnosis didapatkan pada pasien demensia yang tidak terklasifikasi, demensia alzheimer, demensia vaskuler, demensia ytt, demensia parkinson, dan yang terakhir demensia ydk. Untuk obat asetilkolinesterase didapatkan donepezil, rivastigmin, dan galantamin. Gejala yang didapat berupa gejala umum demensia, gejala positif, serta gejala negatif. Penyakit komorbid berupa hipertensi, skizofrenia paranoid, skizofrenia residual, tension type headache, gangguan cemas, gangguan depresi berulang, dan gangguan depresi. Untuk obat-obatan lain berupa antipsikotik, antiparkinson, *mood stabilizer*, antidepresan, anxiolitic, antikonvulsan, analgesik, immunosupresan, antihipertensi, vitamin, dan N-Methyl-D-Aspartate.

Kesimpulan: pasien demensia di Rumah Sakit Jiwa Dr. Soeharto Heerdjan mempunyai diagnosis tertinggi pada demensia alzheimer dengan gejala klinis terbanyak pada gejala *sundowner* serta gejala delusi dengan beberapa diantaranya memiliki penyakit komorbid terbanyak berupa hipertensi. Adapun dalam penatalaksananya, penggunaan obat pada golongan asetilkolinesterase berupa donepezil serta obat-obatan lainnya seperti obat antipsikotik berupa risperidone atau olanzapin, dan obat anti hipertensi berupa captopril, amlodipin, serta beta blocker merupakan obat yang sering dipakai pada pasien.

Kata Kunci: Demensia, Gambaran Klinis, Asetilkolinesterase Inhibitor, Obat lain

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**CLINICAL DESCRIPTION OF DEMENTIA PATIENTS CONCERNED BY DRUG
ACETYLYLOLINESTERASE INHIBITORS AND OTHER DRUGS IN Dr.
SOEHARTO HEERDJAN PSYCHIATRIC HOSPITAL FOR THE PERIOD
JANUARY 2009 - DECEMBER 2013 AND REVIEWED FROM ISLAMIC
STANDPOINTS**

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ABSTRACT

Background: Dementia is a syndrome of brain damage caused by cognitive changes due to brain trauma or degenerative, while clinical symptoms in dementia have a variety of both cognitive impairments and non cognitive disorders so that appropriate management in the form of pharmacological interventions is needed.

Objective: to determine the clinical symptoms of dementia patients and use of drug Acetylcholinesterase Inhibitor and other drugs as a treatment in the Dr. Suharto Heerdjan Psychiatric Hospital.

Methods: quantitative non-experimental or analytical research, and the determination of samples by consecutive sampling method, that is, all medical records that meet established inclusion and exclusion criteria are included in the study until the number of samples is met.

Results: obtained inclusion criteria of 96 medical records belonging to Dr. Soeharto Heerdjan Psychiatric Hospital patients. with gender of female and male, age presenile dementia (<65 years) and senile dementia (> 65 years) were found. The classification is found in dementia patients including not classified dementia, Alzheimer's dementia, vascular dementia, ytt dementia, parkinson's dementia, and finally dementia ydk, for acetylcholinesterase drugs were founded using donepezil, rivastigmine, and galantamine. The symptoms are obtained with general symptoms of dementia, positive symptoms, and negative symptoms. Comorbid diseases include hypertension, paranoid schizophrenia, residual schizophrenia, tension type headache, anxiety disorders, recurrent depression, and depressive disorders. And other drugs include antipsychotics, antiparkinsonians, mood stabilizers, antidepressants, anxiolytics, anticonvulsants, analgesics, immunosuppressants, antihypertensive agents, vitamins, and N-Methyl-D-Aspartate.

Conclusion: dementia patients at Dr. Soeharto Heerdjan Psychiatric Hospital has the highest diagnosis of Alzheimer's dementia with the most clinical symptoms in sundowner symptoms and delusional symptoms with some of them having the most comorbid disease in the form of hypertension. As for management, drug use in the acetylcholinesterase group in the form of donepezil and other drugs such as antipsychotic drugs in the form of risperidone or olanzapin, and anti-hypertensive drugs in the form of captopril, amlodipine, and beta blockers are drugs that are often used in patients.

Keywords: Dementia, Clinical Features, Acetylcholinesterase Inhibitors, Other drugs

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