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GAMBARAN KEJADIAN NEFROPATI DIABETIK PADA PASIEN DIABETES MELITUS TIPE 2 DI RSUP DR. M. DJAMIL PADANG

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PADANG

2026

ABSTRAK

GAMBARAN KEJADIAN NEFROPATI DIABETIK PADA PASIEN DIABETES MELITUS TIPE 2 DI RSUP DR. M. DJAMIL PADANG

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Diabetes melitus (DM) tipe 2 merupakan penyakit metabolik kronis yang dapat menyebabkan komplikasi mikrovaskular, salah satunya nefropati diabetik, yang berpotensi menurunkan fungsi ginjal hingga gagal ginjal terminal. Lama menderita DM, kontrol glikemik, dan riwayat hipertensi diduga berperan dalam perkembangan komplikasi tersebut. Penelitian ini bertujuan untuk mengetahui karakteristik pasien, distribusi pola terapi, serta menganalisis perbedaan kategori *estimated Glomerular Filtration Rate* (eGFR) dan stadium albuminuria berdasarkan faktor-faktor risiko pada pasien DM tipe 2 dengan nefropati diabetik di RSUP Dr. M. Djamil Padang. Penelitian ini merupakan studi observasional analitik dengan desain retrospektif menggunakan data sekunder rekam medis pasien rawat inap tahun 2024. Sebanyak 134 pasien yang memenuhi kriteria inklusi dipilih menggunakan teknik *purposive sampling.* Analisis data dilakukan menggunakan uji *Pearson Chi-Square* dan *Fisher's Exact*. Hasil penelitian menunjukkan bahwa mayoritas pasien berjenis kelamin perempuan (53,7%), berusia dewasa (60,4%), menggunakan terapi insulin (68,7%), memiliki lama menderita DM ≥5 tahun (76,9%), kontrol glikemik tidak terkontrol (52,2%), dan riwayat hipertensi (79,9%). Sebagian besar pasien berada pada kategori eGFR G5 (76,1%) dan stadium albuminuria A3 (72,3%). Terdapat perbedaan distribusi stadium albuminuria yang bermakna berdasarkan lama menderita DM (p=0,022), kontrol glikemik (p=0,048), dan riwayat hipertensi (p<0,001). Sebaliknya, tidak terdapat perbedaan distribusi kategori eGFR yang bermakna berdasarkan lama menderita DM (p=0,443), kontrol glikemik (p=0,771), dan riwayat hipertensi (p=0,821). Dapat disimpulkan bahwa terdapat perbedaan distribusi stadium albuminuria yang signifikan berdasarkan lama menderita DM, kontrol glikemik, dan riwayat hipertensi pada pasien DM tipe 2 dengan nefropati diabetik.

Kata Kunci : Diabetes melitus tipe 2, nefropati diabetik, eGFR, albuminuria, faktor risiko

ABSTRACT

OVERVIEW OF DIABETIC NEPHROPATHY INCIDENCE IN PATIENTS WITH TYPE 2 DIABETES MELLITUS AT DR. M. DJAMIL GENERAL HOSPITAL PADANG

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Type 2 diabetes mellitus (T2DM) is a chronic metabolic disease that can lead to microvascular complications, one of which is diabetic nephropathy, which may progress to impaired kidney function and end-stage renal disease (ESRD). Duration of diabetes, glycemic control, and a history of hypertension are considered contributing factors to the development of this complication. This study aimed to determine patient characteristics, treatment pattern distribution, and to analyze differences in estimated Glomerular Filtration Rate (eGFR) categories and albuminuria stages based on risk factors among patients with T2DM and diabetic nephropathy at Dr. M. Djamil General Hospital Padang. This study was an analytic observational study with a retrospective design using secondary data obtained from the medical records of hospitalized patients in 2024. A total of 134 patients who met the inclusion criteria were selected using purposive sampling. Data were analyzed using Pearson's Chi-Square and Fisher's Exact tests. The results showed that the majority of patients were female (53.7%), adults (60.4%), received insulin therapy (68.7%), had a duration of diabetes ≥5 years (76.9%), had uncontrolled glycemic status (52.2%), and had a history of hypertension (79.9%). Most patients were classified as eGFR category G5 (76.1%) and albuminuria stage A3 (72.3%). There were significant differences in the distribution of albuminuria stages based on duration of diabetes (p=0.022), glycemic control (p=0.048), and history of hypertension (p<0.001). In contrast, no significant differences were found in the distribution of eGFR categories based on duration of diabetes (p=0.443), glycemic control (p=0.771), and history of hypertension (p=0.821). In conclusion, significant differences in the distribution of albuminuria stages were observed based on duration of diabetes, glycemic control, and history of hypertension among patients with T2DM and diabetic nephropathy

Keywords: Type 2 diabetes mellitus, diabetic nephropathy, eGFR, albuminuria, risk factors