

## **BAB 5**

### **KESIMPULAN DAN SARAN**

#### **5.1 Kesimpulan**

Berdasarkan kajian literatur yang sudah dilaksanakan pada 17 artikel ilmiah terkait profil keamanan penggunaan obat golongan ACE-I dan ARB pada pasien COVID-19 yang dilaksanakan mulai bulan Desember 2021 sampai bulan Mei 2022 dapat disimpulkan bahwa :

Pada sebagian besar penelitian yang digunakan,

1. Delapan dari 16 artikel yang melaporkan tingkat mortalitas menyatakan bahwa tingkat mortalitas kelompok paparan secara signifikan lebih rendah, 7 dari 16 artikel juga menyatakan hasil yang sama namun tidak signifikan, dan terdapat 1 artikel yang menyatakan tingkat mortalitas pada kelompok paparan lebih tinggi secara signifikan.
2. Empat dari 4 artikel yang melaporkan kebutuhan penggunaan ventilator menyatakan bahwa kebutuhan ventilator invasif pada kelompok paparan lebih sedikit namun hasilnya tidak signifikan, dan terdapat 1 artikel yang menyatakan hasil yang signifikan terhadap penggunaan ventilator non-invansif.
3. Empat dari 4 artikel yang melaporkan kejadian ARDS menyatakan bahwa kejadian ARDS pada kelompok paparan lebih sedikit namun hasilnya tidak signifikan.

## **5.2 Saran**

Berdasarkan hasil yang didapatkan dari kajian literatur yang telah dilakukan terkait profil keamanan penggunaan ACE-I dan ARB pada pasien COVID-19 mulai bulan Desember 2021 sampai Mei 2022, penulis memberikan saran sebagai berikut :

1. Perlu dilaksanakan penelitian lebih lanjut dengan desain atau metode penelitian yang lebih baik untuk mengetahui keamanan penggunaan ACE-I dan ARB pada pasien COVID-19 untuk memperkuat rekomendasi penggunaan obat tersebut pada pasien COVID-19 dengan atau tanpa penyakit penyerta.
2. Perlu dilaksanakan kajian literatur dengan memperluas *database* yang digunakan sehingga artikel ilmiah yang digunakan dapat semakin banyak
3. Perlu dilaksanakan meta analisa untuk melihat signifikansi hasil dari beberapa penelitian dengan karakteristik maupun parameter hasil yang sama untuk mendapatkan kesimpulan yang lebih objektif mengenai profil keamanan penggunaan ACE-I dan ARB

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