

Dokter Tidur Sehat, Pasien Selamat

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Dokter adalah salah satu kelompok yang paling kurang tidur. Shift kerja bergilir, jam praktek panjang, jadwal "on-call", hingga konsul via telpon di tengah malam menjadi keseharian bahkan sejak masa

pendidikan. Malahan ada sahabat sering mengalami kecelakaan lalu lintas ringan karena tak dapat menahan kantuk setelah aktivitas sehari-hari di rumah sakit pendidikan.

Kesehatan, performa fisik, kognitif, dan stabilitas emosional dijaga dan disegarkan oleh tidur. Pengemudi truk di AS maksimum boleh berkendara 10 jam/hari, dan 60 jam tiap minggunya.

Setelah mengendara 10 jam, ia wajib beristirahat 8 jam. Seorang pilot tak boleh terbang lebih dari 30 jam / minggu atau 100 jam / bulan. Jika pilot demi keselamatan penumpang dibatasi waktu kerjanya, bagaimana dengan dokter? Kenyataannya kita kerap mengabaikannya, meski sadar kecepatan dan ketepatan kerja dokter sangat penting bagi nyawa pasien. Hasilnya?

Kesehatan kita dan keselamatan pasien jadi taruhannya.

Berikut fakta-fakta tentang tidur sehat bagi tenaga kesehatan:

- Kebutuhan tidur manusia dewasa adalah 7-9 jam/hari.
- Tidur < 5 jam sehari menurunkan konsentrasi dan kewaspadaan. Kurang tidur kronis (5-10 hari)

menurunkan kemampuan kognitif, motorik, dan stabilitas emosional.

- Tidak tidur 24 jam sama efeknya dengan kadar alkohol 0,1% dalam darah.
- Efek emosional dokter dengan kekurangan tidur tak ringan, seperti depresi, kehidupan keluarga yang buruk, tak mampu berempati pada pasien, hingga dorongan bunuh diri.

Beberapa penelitian tentang akibat kurang tidur pada dokter:

- Mengurangi daya kemampuan matematika dan bahasa. (*J Med Educ 1985.*)
- Menurunkan daya analisa hasil ECG. (*N Eng J Med 1971*)
- Hasil intubasi lebih buruk. (*Ann Emerg Med 1994*)
- Menambah waktu dan tingkat kesalahan tindakan medik. (*Lancet 1998, BMJ 2001.*)
- Meningkatkan kejadian kesalahan medis di ICU. (*N Eng J Med 2004*)
- Tingkatkan kecelakaan lalu lintas di kalangan medis. (*Acad Emerg Med 2000*)
- Memperburuk komunikasi dan empati pada pasien. (*J Med Educ 1986*)

Tips bagi para dokter:

- Tak ada satu zat pun dapat menggantikan efek restoratif tidur. Ketika sudah terlalu lelah dan melakukan kesalahan sederhana, seperti berulang kali salah menulis, segera cari waktu untuk beristirahat.
- Tidur 15-20 menit sudah cukup untuk memberikan kesegaran untuk melanjutkan pekerjaan.
- Kenali efek kafein, ia bekerja setelah 30 menit dikonsumsi dan baru akan hilang setelah 9-15 jam.
- Hindari operasi elektif di waktu biasanya tidur.
- Atur ruang operasi atau IGD seterang mungkin, agar kita lebih terjaga.
- Jika mengantuk setelah bertugas, jangan mengemudi!
- Gunakan kaca mata gelap selepas tugas malam, untuk membantu tidur di pagi hari.

Kesehatan dan keselamatan dokter dan pasiennya sangat penting. Para supervisor pasti pernah menemukan bagaimana staf / residen menjadi lamban, kurang konsentrasi dan salah mengambil keputusan setelah jam kerja yang panjang. Dokter / residen yang sedang mengantuk kerap melakukan kesalahan untuk hal sepele dan tidak jarang juga pada masalah yang lebih serius. Kesehatan dan keselamatan dokter serta perawatan terbaik bagi pasien harus selalu jadi perhatian utama. Kesehatan tidur dokter, diakui atau tidak, merupakan elemen yang paling penting untuk diperhatikan di sini. **MD**

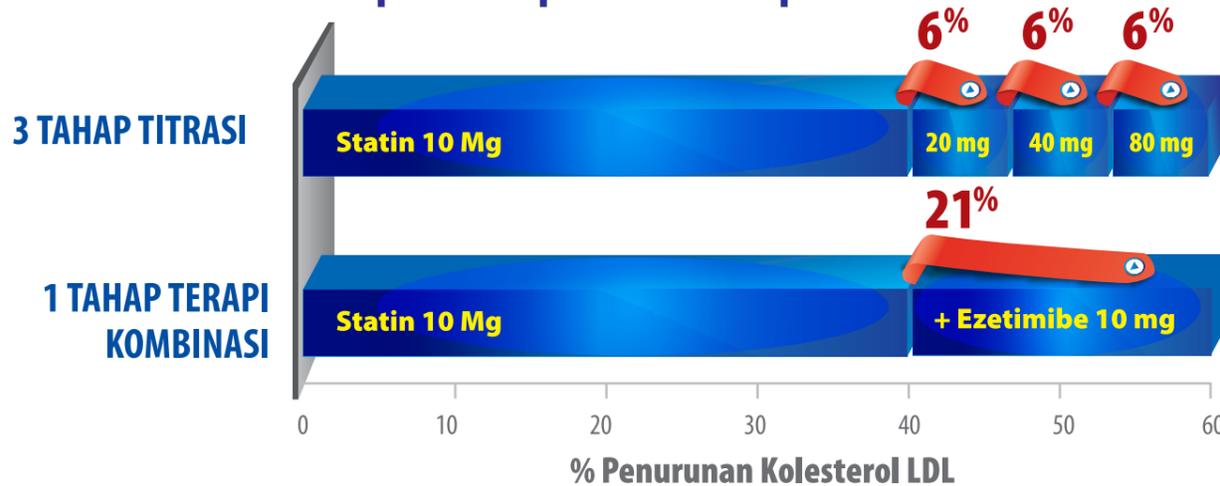
EZETROL® (ezetimibe)

**EZETROL + STATIN
HYBRID terapi**

**UNTUK PASIEN YANG TIDAK MENCAPI TARGET
DENGAN STATIN MONOTERAPI**

Tambahkan EZETROL® pada statin pilihan anda untuk penurunan LDL-C yang lebih besar³

Penurunan Bertahap: 1 Tahap atau 3 tahap?



Study design

Knopp (1999): General conclusion derived from a thorough overview of all available drug therapy for lipid disorders at the time of publication. The review focused on the characteristics of statin in particular. The 6 statins highlighted were lovastatin, pravastatin, simvastatin, atorvastatin, fluvastatin, and cerivastatin. Gagne C, et al (2002): The efficacy and safety of adding ezetimibe to ongoing statin therapy in patients with primary hypercholesterolemia was evaluated in a randomized, double-blind, placebo-controlled study. The study group included 769 adults (aged < 18 years) with primary hypercholesterolemia who had not achieved NCEP ATP II goals with dietary alteration and statin monotherapy. Patients receiving a stable dose of a statin for > 6 weeks were randomized to receive concurrent treatment with placebo (n = 390) or ezetimibe (n = 379), 10 mg/day, in addition to continuing their open-label statin for 8 weeks. The primary efficacy variable was the percent change in low-density lipoprotein (LDL) cholesterol from baseline with statin monotherapy to end point after intervention. Ongoing statin therapy plus ezetimibe led to change of = 23.1% for LDL cholesterol (HDL cholesterol = 2.7%; triglycerides = 14.0%) compared with LDL cholesterol = 3.7% (p < 0.001), HDL cholesterol = 1.0% (< 0.05), and triglycerides = 2.9% (< 0.001) for placebo added to ongoing statin therapy. Among patients not at LDL cholesterol goal at-on statin baseline, 71.5% receiving statin plus ezetimibe versus 18.9% receiving statin plus placebo reached goal at end point (Odds ratio 23.7; p < 0.001).

PRODUCT INFORMATION EZETROL

Indications: EZETROL® administered with a statin or alone, is indicated as adjunctive therapy to diet for the reduction of elevated total-C, LDL-C, Apo B, and triglycerides (TG), and to increase HDL-C in adult and adolescent (aged 10 to 17 years) patients with primary (heterozygous familial and nonfamilial) hypercholesterolemia. EZETROL® administered in combination with fenofibrate, is indicated as adjunctive therapy to diet for the reduction of elevated total-C, LDL-C, Apo B, and non-HDL-C in adult patients with mixed hyperlipidemia. EZETROL® administered with simvastatin, is indicated to reduce the risk of major cardiovascular events in patients with chronic kidney disease. **Dosage and Administration:** The recommended dose of EZETROL® is 10 mg once daily, used alone, with a statin, or with fenofibrate. **Use in Renal Impairment/Chronic Kidney Disease:** Monotherapy - In patients with renal impairment, no dosage adjustment of EZETROL® is necessary. **Combination Therapy with Simvastatin** - In patients with mild renal impairment (estimated GFR ≥ 60 mL/min/1.73 m²), no dosage adjustment of EZETROL® or simvastatin is necessary. In patients with chronic kidney disease and estimated GFR < 60 mL/min/1.73 m², the dose of EZETROL® is 10 mg and the dose of simvastatin is 20 mg once a day in the evening. In such patients, the use of higher doses of simvastatin should be closely monitored. **Selected Safety Information About EZETROL®:** **Contraindications:** EZETROL® is contraindicated in patients with hypersensitivity to any component of this medication. When EZETROL® is to be administered with a statin or with fenofibrate, please refer to the Package Insert for that particular medication. **Precautions:** When EZETROL® is to be administered with a statin or with fenofibrate, please refer to the Package Insert for that particular medication. When EZETROL® is coadministered with a statin, liver function tests should be performed at initiation of therapy and according to the recommendations of the statin. EZETROL® is not recommended in patients with moderate or severe hepatic insufficiency. Patients starting therapy with EZETROL® should be advised of the risk of myopathy and told to report promptly any unexplained muscle pain, tenderness, or weakness. EZETROL® and any statin that the patient is taking concomitantly should be immediately discontinued if myopathy is diagnosed or suspected. The coadministration of ezetimibe with fibrates other than fenofibrate is not recommended. Caution should be exercised when initiating ezetimibe in the setting of cyclosporine. **Pregnancy and Nursing Mothers:** **Pregnancy:** No clinical data on exposed pregnancies are available. Caution should be exercised when prescribing EZETROL® to pregnant women. **Nursing Mothers:** EZETROL® should not be used in nursing mothers unless the potential benefit justifies the potential risk to the infant. **Drug Interactions:** Concomitant therapy with cyclosporine increases exposure of ezetimibe and cyclosporine. **Side Effects:** In clinical trials, the following common (≥ 1/100, < 1/10) drug-related adverse experiences were reported in patients taking EZETROL® administered alone: abdominal pain, diarrhea, flatulence, fatigue, or coadministration with a statin: ALT and/or AST increased, headache, myalgia; or coadministration with fenofibrate: abdominal pain. **Use in Special Populations: Pediatric Patients:** Children and adolescents ≥ 6 years: No dosage adjustment is required. Children < 6 years: Treatment with EZETROL® is not recommended. **For more information on indications, precautions, and side effects, please consult the full Prescribing Information.**

REFERENCES: 1. Leitersdorf E. Intl. J Clin Pract. 2001;56:116-119. 2. Bays H. Ezetimibe. Expert Opin Investig Drugs. 2002; 11:1578-1604. 3. Gagne C, Bays HE, Welles SR et al. Am. J Cardiol 2002;90:1084-1091.



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