

BAB 5

KESIMPULAN DAN SARAN

5.1 Kesimpulan

Berdasarkan kajian pustaka dari 10 jurnal ilmiah terkait efektivitas dan efek samping penggunaan asetosal pada penderita penyakit jantung koroner dapat disimpulkan bahwa :

1. Asetosal (1x75-150mg) per oral kurang efektif digunakan sebagai terapi primer maupun sekunder penghambatan platelet yang ditunjukkan parameter resistensi asetosal (*AA*)-induced aggregation dengan nilai $\geq 20\%$ sebanyak 23% partisipan, adenosine diphosphate (*ADP*)-induced aggregation $\geq 70\%$ sebanyak 24,72%, serta *Aspirin Reaction Unit* (ARU) dengan nilai ≥ 550 IU sebanyak 30,35% partisipan. Asetosal (1x300mg) per oral efektif digunakan sebagai terapi primer maupun sekunder yang ditunjukkan dengan parameter resistensi asetosal *Aspirin Reaction Unit* (ARU) dengan nilai < 550 IU sebanyak 100% partisipan.
2. Asetosal (1x75-300mg) per oral pada jangka panjang (> 1 tahun) meningkatkan efek samping berupa perdarahan *gastrointestinal tract* yang terjadi pada 2,13% partisipan.

5.2 Saran

1. Perlu dilaksanakan kajian pustaka dengan memperluas database yang digunakan sehingga jurnal ilmiah yang digunakan dapat semakin banyak untuk mendapatkan kesimpulan lebih objektif mengenai efektivitas dan efek samping penggunaan asetosal pada penderita penyakit jantung koroner.

2. Perlu dilaksanakan penelitian selanjutnya dengan melakukan perbandingan kejadian efek samping asetosal pada pasien dengan resistensi asetosal vs pasien yang masih sensitif asetosal.

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