



EVALUATION OF THE APPROPRIATENESS OF MEDICATION USE IN OUTPATIENTS WITH DEPRESSION AT RADJIMAN WEDIODININGRAT MENTAL HOSPITAL, LAWANG, MALANG REGENCY, IN 2024

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Abstrak

Depresi adalah gangguan suasana hati yang ditandai dengan perasaan sedih yang mendalam. Gangguan ini sering terjadi di berbagai lapisan masyarakat dan merupakan faktor utama penyebab bunuh diri. Berbagai pendekatan terapeutik tersedia untuk mengobati depresi, termasuk antidepresan, antipsikotik, anxiolitik, dan antikolinergik. Namun, penggunaan kombinasi obat psikotropik seringkali kurang tepat. Studi ini bertujuan untuk menganalisis profil penggunaan obat dan menilai kesesuaian penggunaan obat pada pasien rawat jalan depresi di Rumah Sakit Jiwa Dr. Radjiman Wediodiningrat, Lawang, pada tahun 2024, dengan fokus pada indikasi yang tepat, kesesuaian pasien, pemilihan obat, dan akurasi dosis. Data dikumpulkan secara retrospektif dari rekam medis pasien depresi pada tahun 2024, menggunakan teknik pengambilan sampel probabilitas. Sebanyak 94 rekam medis memenuhi kriteria inklusi. Data yang diperoleh dievaluasi ketepatannya berdasarkan pedoman terapi. Hasil penelitian tentang profil penggunaan obat menunjukkan bahwa kombinasi terapi obat yang paling umum digunakan adalah antidepresan dengan antipsikotik dan anxiolitik, yaitu sebesar 36% dari resep. Evaluasi penggunaan obat menunjukkan bahwa 100% sesuai dengan indikasi, 100% cocok untuk pasien, 93,6% tepat dalam pemilihan obat, dan 96% memiliki dosis yang akurat.

Kata Kunci: *Depresi; Kesesuaian; Rawat Jalan; Antidepresan.*

Abstract

Depression is a mood disorder characterized by profound feelings of sadness. It frequently occurs across various societal strata and is a leading factor contributing to suicide. Multiple therapeutic approaches are available for treating depression, including antidepressants, antipsychotics, anxiolytics, and anticholinergics. However, the use of psychotropic drug combinations often lacks precision. This study aims to analyze the drug utilization profile and assess the appropriateness of medication use in outpatient depression patients at Dr. Radjiman Wediodiningrat Mental Hospital, Lawang, in 2024, focusing on correct indication, patient suitability, drug selection, and dosing accuracy. Data were collected retrospectively from medical records of depression patients in 2024, using a probability sampling technique. A total of 94 medical records met the inclusion criteria. The obtained data is evaluated for its precision based on therapy guidelines. The research results on drug use profiles show that the most commonly used drug therapy combination is antidepressants with antipsychotics and anxiolytics, at 36% of prescriptions. Evaluation of drugs use revealed that 100% were appropriate in terms of indication, 100% were suitable for the patient, 93.6% were appropriate in drug selection, and 96% had accurate dosing.

Keywords: *Depression; Appropriateness; Outpatient; Antidepressants.*

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INTRODUCTION

Health in Islam is viewed holistically, encompassing physical, mental, and spiritual balance. Since the time of the Prophet Muhammad (peace be upon him), Islam has emphasized the importance of cleanliness, a healthy diet, and scientifically based medicine (Rahmawati, 2024). One common mental health problem is depression, a persistent mood disorder associated with feelings of sadness and loss of interest, affecting one's behavior and outlook on the world. Depressive disorder is a serious medical condition that involves brain function, not just a momentary feeling of gloom. Symptoms include prolonged sadness, guilt, fatigue, loss of interest, disturbed appetite and sleep, and difficulty concentrating (WHO, 2017). If left untreated, depression can become chronic, recurrent, and in severe cases, even lead to suicidal thoughts.

The WHO (2017) noted that depression is more common in women than men, with a proportion of 75.8 % in women and 24.2% in men. Most cases occur in the 20–30 age group, followed by those under 20 and those aged 31–40. The high rate of depression is also exacerbated by limited access to mental health services, a shortage of medical personnel, and stigma and discrimination that discourage sufferers from seeking professional help. According to the 2010–2011 IMS, antidepressants are among the most frequently prescribed medications, and in 2011, central nervous system therapies such as antipsychotics and antidepressants topped the list in the United States. A similar finding is evident in a report by the NHS Business Services Authority in the UK, which recorded 86 million antidepressant prescriptions issued during 2022–2023. However, more than half of the medications prescribed globally are not used according to standards, and approximately 50% of patients do not take their medications correctly. This condition indicates a high burden of mental health problems. In Indonesia, the 2018 East Java Riskesdas data shows that the prevalence of depression in Malang Regency reached 9.22% (N=4,863), higher than the provincial average and ranked third highest, making this area one of the regions with the highest number of depression sufferers.

Based on the 2016 Health Research and Development Agency Sample Registration System, approximately 1,800 suicide cases are recorded annually in Indonesia, or an average of 5 cases per day. 47.7 % of these cases occur in the 10–39 age group, which includes adolescents and the productive age group. This condition is reinforced by the findings of the Indonesian Psychiatric Association (PDSKJI) of 14,988 respondents in 2020–2022, which showed an increasing trend of psychological problems. In 2020, 70.7% of respondents experienced

psychological disorders, rising to 80.4% in 2021, and increasing again to 82.5% in 2022. Depression problems also showed a similar pattern, from 69.3 % in 2020 to 77.2% in 2021 (PDSKJI, 2022; Wijaya, 2023). This phenomenon of increasing anxiety and depression has actually been mentioned in the Quran. One example is found in Surah Yusuf, verse 84, which describes the Prophet Jacob's profound sorrow, which had a physical impact on him. This verse demonstrates that anxiety and depression are part of the real human experience and serves as a reminder of the importance of patience, fortitude, and effort in facing life's pressures.

According to Shihab (2016) and Agustin (2022), the Prophet Jacob was dissatisfied with his children's explanation of Yusuf's disappearance. He chose to isolate himself, enduring profound grief until he lost his sight. Profound grief can cause psychological stress that affects eye health, ranging from gradual vision loss to blindness, characterized by whitening of the eyes. In the Qur'an, Surah Yusuf, verse 84, indicates that depression is a powerful emotion that negatively impacts human life. Depression occurs when profound sadness leads to further effects such as impulsive anger, physical disorders, excessive guilt, and despair. Depression is generally associated with past events. In the Qur'an, the word *khauf* (anxiety) is used as a noun, while the word *huzn* (sadness) is used as a verb. This emphasizes that fear and anxiety arise as spontaneous reactions beyond human control, while sadness is more of a conscious action, where one person can feel it while others are not in the same situation (Sany, 2022).

The most frequently prescribed medications for mental disorders are antidepressants. These drugs have been shown to be effective in treating moderate to severe major depression, although their effectiveness in mild cases is not entirely optimal. Antidepressants are divided into several classes, including tricyclics, selective serotonin re-uptake inhibitors (SSRIs), monoamine oxidase inhibitors (MAOIs), and others. Research by Indraswari (2022) shows that in the period January–April 2022, there were 9 single antidepressant medications used, representing 8.18% of the population, while the use of combination medications was much higher, at 101 medications (91.81%). The most frequently used type of medication was a combination of SSRIs with psychotropic drugs, accounting for 53 cases (48.18 %). When prescribing antidepressants, doctors need to consider various factors, such as the patient's age, half-life, and drug metabolism. SSRIs are the first-line therapy for patients with specific conditions, including the elderly, pregnant women, and depressed patients with other medical disorders (Nurfahanum, 2022).

Rational drug use aims to ensure that patients receive therapy that meets their needs, is administered within the appropriate timeframe, and at an affordable cost. Conversely, irrational drug use can have negative impacts and reduce the benefits of treatment (Ministry of Health of the Republic of Indonesia, 2011). Septyarini et al. (2021) found that fluoxetine was the most frequently prescribed antidepressant for outpatients with depression at Kraton Pekalongan Regional Hospital, but the dosage accuracy rate was only 37.6%. Another study by Fadilla and Puspitasari (2016) on antipsychotic use in hospitalized schizophrenic patients showed that the evaluation of medication accuracy included parameters such as indication, dosage, type of medication, and patient. The results showed that medication accuracy reached 77.6% for the patient, 96.6% for the drug, 74.1% for the dose, and 69% for the frequency.

Inappropriate medication use, such as inappropriate indications, dosages, medications, and patient management, is still frequently encountered in daily practice at community health centers, hospitals, and private practices. This is usually influenced by a lack of understanding regarding symptoms, drug selection, and appropriate dosage, potentially leading to therapeutic failure (Fadilla, 2016). To address this, evaluating the appropriateness of medication use is a crucial step. This evaluation serves to monitor and ensure the appropriate treatment is administered, thereby improving the quality of therapy and supporting the achievement of rational medication use.

Antidepressants are a class of drugs widely consumed annually, potentially leading to inappropriate use. Therefore, research evaluating the appropriateness of drug use is crucial to determine the profile, suitability, and scientific basis for their use. Dr. Radjiman Wediodiningrat Mental Hospital in Lawang, Malang Regency, is the largest mental hospital in the area with the highest number of patients with mental disorders. This high number of patients results in a large number of medications prescribed and consumed, including antidepressants. Given this situation, research evaluating the appropriateness of antidepressant use is necessary based on four parameters: appropriate indication, appropriate patient, appropriate drug, and appropriate dosage, particularly for depressed patients in the outpatient unit of Dr. Radjiman Wediodiningrat Mental Hospital.

METHODS

This study is a qualitative study using an observational research design with a retrospective approach. Observational research design means that this study observes and analyzes existing data without providing special treatment or

intervention to the research subjects. This study was conducted in the medical records room at Dr. Radjiman Wediodiningrat Lawang Mental Hospital in East Java Province in 2024. The population in this study were outpatients with depression at Dr. Radjiman Wediodiningrat Lawang Mental Hospital, Malang Regency. Sampling was carried out using a probability sampling technique, namely stratified random sampling. Therefore, the sample of this study was the medical records of patients with depressive disorders in the outpatient installation of Dr. Radjiman Wediodiningrat Lawang Mental Hospital during a specified time period with a minimum sample size of 94 medical records that met the inclusion and exclusion criteria.

The tools used in this study were the 2021 National Guidelines for Pharmaceutical Services for Mentally Ill Patients, Pharmacotherapy A Pathophysiologic Approach 11th of 2020, the National Guidelines for Mental Health Services Number HK.02.02/MENKES/73/2015, and Stahl's essential psychopharmacology: Prescriber's guide, along with a data collection sheet. Medical records of depressed patients at Dr. Radjiman Wediodiningrat Mental Hospital, Lawang, also served as sources for this study. These medical records included patient identity, prescribed medication, and the diagnosis made by the doctor. Data analysis in this study aimed to determine the percentage of medication use accuracy based on four parameters: correct indication, correct patient, correct drug, and correct dosage. The qualitative data analysis model used was Miles and Huberman (Sugiyono, 2020), which consists of four stages:

Data Collection (Data Collection)

Data were obtained through descriptive observation of samples of outpatient medical records at Dr. Radjiman Wediodiningrat Mental Hospital.

Data Reduction

The collected data was summarized, focused on important aspects, then coded and grouped into tables to facilitate evaluation. The tables contained patient identification (medical record number, age, gender, occupation), diagnosis, symptoms, medications, frequency, and medication accuracy parameters. Evaluation was conducted by comparing patient data with official guidelines, namely:

- a. National Guidelines for Pharmaceutical Services for Patients with Mental Disorders (2021)
- b. Pharmacotherapy A Pathophysiologic Approach (11th ed., 2020)
- c. National Guidelines for Mental Health Services (2015)
- d. Stahl's Essential Psychopharmacology: Prescriber's Guide

In addition, the patient's drug dosage was compared with reference literature, for example fluoxetine (10–20 mg/day), sertraline (25–50 mg/day), risperidone (1–2 mg/day), and trihexylphenidyl (1–4 mg/day).

1. Data Display (Data Presentation)

The reduced data is displayed in tables, graphs, or diagrams. The percentage of each parameter is calculated using the following formula:

- a. % Correct Indication = $(\text{Number of correct indications} \div \text{Number of samples}) \times 100\%$
- b. % Correct Medication = $(\text{Exact amount of medication} \div \text{Number of samples}) \times 100\%$
- c. % Correct Dose = $(\text{Number of correct doses} \div \text{Number of samples}) \times 100\%$
- d. % Correct Patients = $(\text{Number of correct patients} \div \text{Number of samples}) \times 100\%$

The evaluation results are then presented descriptively.

2. Conclusion Drawing/Verification

Initial conclusions are tentative, but will become credible if supported by valid and consistent data. The collected data on antidepressant use profiles and efficacy in depressed patients were processed using Microsoft Excel 2019 to produce a structured analysis.

RESULTS AND DISCUSSION

The purpose of collecting demographic data on depressed patients was to determine the profile of medication use in depressed patients at the outpatient unit of Radjiman Wediodiningrat Mental Hospital. Demographic data on depressed patients were grouped based on gender, age, occupation, and patient diagnosis. The sample used in the analysis of demographic data on depressed patients based on gender, age, and occupation was 94 medical records. The demographic data on depressed outpatient patients based on gender was intended to determine the comparison between female and male patients and to determine the relationship between depressive disorders suffered by patients and patient gender. The demographic data obtained by gender showed that 65 female patients (71.27%) and 29 male patients (28.72%). The results can be seen in Table 1.

Table 1 Patient demographic data by gender

Gender	Frequency	Percentage (n=94)
Woman	67	71.27%
Man	27	28.72%

Based on the patient demographic data table by gender, it was found that female patients

were more likely to experience depression than male patients. Women are twice as likely to experience depression as men. This fact aligns with the findings of a study by Albert (2015) published in the Journal of Psychiatry and Neuroscience, which showed a higher prevalence of depression in women. This difference can be explained by several factors, one of which is the different triggers of depression between genders. Women tend to exhibit internalizing symptoms such as sadness or withdrawal, while men more often display externalizing symptoms such as irritability or aggression. Although hormonal or other biological differences may play a role, a panel discussion hosted by the American Psychological Association (APA) by Kuehner (2016) concluded that the gender disparity in depression prevalence is largely due to the greater stress burden women face in their daily lives. The study identified that women tend to face more stressful life factors than men, such as physical and sexual abuse, poverty, single parenthood, and gender discrimination. This combination of biological vulnerability and higher life stress makes women more susceptible to major depression.

This may also be due to differences in the amount of the hormone responsible for regulating a person's psyche, called Corticotropin-Releasing Hormone (CRH), which is higher in women than in men. This makes women more susceptible to stress and can lead to depression (Bangaser in Palupi, 2017). Cortisol, as the primary glucocorticoid hormone released by the adrenal glands, plays a crucial role in the body's response to stress. However, excessive and chronic exposure to cortisol, as often occurs in individuals with prolonged psychosocial stress, can contribute to the pathophysiology of depression through several mechanisms. HPA axis dysregulation is a hallmark of individuals experiencing depression. Under normal physiological conditions, a negative feedback mechanism exists whereby increased cortisol levels inhibit the release of corticotropin-releasing hormone (CRH) from the hypothalamus and adrenocorticotropic hormone (ACTH) from the pituitary gland. However, in depression, this feedback mechanism is disrupted, leading to HPA axis hyperactivity and persistent cortisol production. Prolonged elevated cortisol levels can have detrimental effects on brain structure and function, particularly in areas associated with emotional regulation and cognition. Specifically, cortisol can cause atrophy and volume reduction in the hippocampus, a brain area essential for memory, learning, and mood regulation. Hippocampal damage may explain the memory impairments and difficulty regulating emotions frequently seen in depressed patients. Furthermore, excessive cortisol can also affect the prefrontal cortex, an area involved in executive

function, decision-making, and emotional control. Dysregulation in this area can manifest itself in depressive symptoms such as anhedonia, difficulty concentrating, and decreased motivation. Cortisol affects the balance of neurotransmitters in the brain, particularly serotonin, dopamine, and norepinephrine, known as monoamines and vital for mood regulation. High cortisol levels can disrupt the synthesis, release, and reuptake of these neurotransmitters, leading to decreased availability in the synaptic cleft (Rosyanti et al., 2017) . Women tend to exhibit a stronger HPA axis response to psychosocial stress than men. This means that in stressful situations, women may have higher CRH and ACTH responses, which are then followed by greater increases in cortisol. This could be one reason why women are more susceptible to stress-related disorders such as depression and anxiety. This is supported by research conducted by Septyarini et al. (2021) which found that depressive disorders were most common in women, at 68.8 % . Other research also showed that depressive disorders were more common in women (54.2 %) compared to men (45.8%) (Palupi and Novembrina, 2017).

demographic data on depression patients, based on age , aims to identify the age groups experiencing depression. Based on the age groupings determined by the Basic Health Research (Riskesmas) (2018), this study identified six age groups. The results are shown in Table 2.

Table 2. Patient demographic data by age category

Age category	Frequency	Percentage (n=94)
Ages 12-24	33	35.10%
Age 25-34	34	36.17%
Age 35-44	11	11.70%
Age 45-54	11	11.70%
Age 55-64	4	4.26%
Age 65-74	1	1.06%
Age 75+	0	0%

Depressive disorders can occur in anyone regardless of age (WHO in Putri, 2022). Based on Table 2, demographic data on patients by age category shows the highest percentage, namely in the 25-34 age category, with 34 patients, or 36.17%. The age range of 25 to 34 years is the period when every individual will experience the transition from adolescence to adulthood. During this period, an individual will experience many things that affect their life, resulting in a Quarter-Life Crisis. Quarter-Life Crisis refers to a period of crisis experienced by early adults, usually between the ages of 20 and 30, who face significant challenges in various aspects of their lives triggered by uncertainty in various aspects of life regarding career choices, interpersonal relationships, financial stability, and the search for a clear life purpose. Individuals who experience or feel emotional attacks arising from within and

without will cause the individual to feel anxious, uncomfortable, and confused about the future of life (Golu and Zega, 2024).

From a biological and social developmental perspective, emerging adulthood , or the age range of 20-40 years, is the age group most susceptible to depression, anxiety, and stress (Dariyo in Hakim, 2023). This is because this stage represents a transition from adolescence, where dependence on parents is still present, to adulthood, which is considered to be full of instability (Kartikasari & Ariana, 2020). During this age range, individuals experience peak physical development, accompanied by a significant transition period of social and cultural responsibilities, such as graduating from high school, continuing their education to university, starting work, leaving home, and finding a life partner. The complexity of these various developmental tasks is considered a triggering factor for early adulthood's vulnerability to depression, anxiety, and stress. Individuals under 35 years of age are at high risk for psychological disorders such as depression (Huang, 2020). This finding is consistent with research conducted by Nurfahanum (2022), which found that the highest incidence of depression in Embung Fatimah Regional Hospital, Batam City, was in the 25-54 age range (71.2%). The analysis showed that the highest number of depression cases occurred in early adulthood patients aged 25-54 . This is because this age group is considered productive, meaning a person is still able to work and produce something. Therefore, complex problems and issues that can lead to depression arise during this age range.

Demographic data on depressed patients based on occupation was used to determine the relationship between their occupation and their depressive disorder. The results are shown in Table 3.

Table 3 Patient demographic data based on occupation

Employment status	Frequency	Percentage (n=94)
Student	22	23.40%
Self-employed	21	22.34%
housewife	16	17.02%
Not yet working	15	15.95%
Students	11	11.70%
Farmer	3	3.19%
Midwife	2	2.12%
Catfish seller	1	1.06%
Teacher	1	1.06%
civil servant	1	1.06%
odd jobs	1	1.06%

Based on Table 3, demographic data of depression patients based on occupation was obtained in the student group, as many as 22 patients or 23.40% . Students are individuals who study or learn at one type of higher education, consisting of Academic, Polytechnic, College,

Institute and University (Kadi et al., 2020), where they are required to achieve as much as possible because it is part of the measure of student success (York et al., 2015). For some people, the transition to university may be stressful and increase the risk of developing mental disorders, one of the most important aspects is managing increased psychosocial stress and academic pressure in a new, unfamiliar environment (Geng & Midford, 2015). Students are classified as late adolescence. The transition period experienced by students will encourage students to face all new demands and developmental tasks, this arises due to changes in physical, psychological and social aspects. Furthermore, students' lack of time management skills and inability to understand their subject areas are other reasons why they cannot fulfill their academic obligations. Academic stress can result from the pressure of students' inability to fulfill their academic obligations in college (Kadi et al., 2020).

One factor influencing depression in college students is the coping strategies they use. Coping mechanisms themselves are cognitive and behavioral efforts that continuously change to manage internal and/or external demands that are perceived as detrimental or exceeding their capabilities. In conclusion, each individual will have a different way of using their coping to face each problem, all depending on how well the individual is able to observe the difference between the relationship between stressful situations and sources of strength within themselves (Folkman & Lazarus, 1990; Pragholapati, 2019). During the transition period, students will be able to adjust and live their life on campus well if they are able to overcome the problems they face. Students who are unable to cope with stress and pressure will tend to avoid activities that cause stress and pressure. Good coping strategies are needed by students to be able to overcome their problems (Mosley in Tuasikal, 2019). This is supported by research conducted by Putra et al. (2023) which showed that of a total of 379 student respondents, 79 students (20.8%) experienced mild depression; moderate depression as many as 101 students (26.6%); severe depression as many as 41 students (10.8%); very severe depression as many as 37 students (9.8%) so that only 121 students were found without symptoms of depression and a total of 258 students with symptoms of depression.

Demographic data on depression patients based on diagnosis aims to determine the grouping of depression diagnoses. Grouping patients based on diagnosis influences the choice of therapy they receive. Depression diagnoses are divided into several groups:

1. F32.0: Major depressive disorder, single episode, mild

2. F32.1: Major depressive disorder, single episode, moderate
3. F32.2: Major depressive disorder, single episode, severe without psychotic features
4. F32.3: Major depressive disorder, single episode, severe with psychotic features
5. F32.9 Major depressive disorder, single episode, unspecified

The results can be seen in table 4.

Table 4. Patient demographic data based on depression diagnosis

Types of depression diagnosis	Frequency	Percentage (n=94)
F32.0	21	22.34%
F32.1	22	23.40%
F32.2	10	10.63%
F32.3	34	36.17%
F32.9	7	7.44%

Based on Table 4, patient demographic data based on depression diagnoses shows that the most common depression diagnosis was F32.3 (Major depressive disorder, single episode, severe with psychotic features), with 32 patients (36.17%). F3.3 represents severe depression with psychotic features. These symptoms meet the criteria for a major depressive episode but are accompanied by psychotic symptoms such as auditory or olfactory hallucinations, such as insulting voices or foul odors. Delusions are usually associated with ideas of sin, threats, or disaster, for which the patient feels responsible. Patients may also experience psychomotor retardation, which can lead to stupor (Ministry of Health, 2021).

Profile of medication use in depression patients in the outpatient installation of Radjiman Wediodiningrat Lawang Mental Hospital in 2024. The data can be seen in Table 5.

Table 5. Profile data on therapy selection for depressed patients

Types of Therapy	Frequency	Percentage (n=94)
Combination Therapy		
Antidepressant + antipsychotic	34	36.17%
antipsychotic + anxiolytic	18	19.14%
anxiolytic + Antidepressants	26	27.72%
antipsychotics + Antidepressant	3	3.19%
anxiolytic + Antidepressant	1	1.0%
antipsychotic + Antidepressant	9	9.57%
anxiolytic + anticholinergic	3	3.19%
Antipsychotic + anxiolytic		
anticholinergic + Antidepressants		
Antipsychotics + Antidepressants		

Based on the results obtained, as shown in Table 5, the profile of medication use in patients

with depression shows that combination therapy using antidepressants, antipsychotics, and antipsychotics was the most commonly used drug therapy, with 34 patients (36%). Antidepressants are medications used to treat major depressive disorder and other conditions, such as anxiety disorders, chronic pain, and the management of substance dependence (Jennings in Nurfahanum, 2022).

The table shows that patients with depression receive a variety of treatments. Besides antidepressants, medications prescribed include antipsychotics, anxiolytics, and anticholinergics. The type of therapy obtained from this study indicates that 36% of patients received combination therapy. This combination therapy strategy is not included in the 2015 national guidelines for psychiatric services, but is in line with the statement Glezer, in his 2009 study, noted that with the development of psychopharmacological therapy for major depressive disorder, the use of combination therapy with multiple psychotic medications concurrently for the treatment of major depressive disorder has increased. Most clinicians would state that the goal of combination therapy is to increase efficacy, with other reasons including managing side effects or treating comorbid conditions (Glezer, 2009; Jiwandono, 2022).

Antidepressants are a class of drugs primarily used to treat depression and anxiety disorders. However, they can also be used to manage eating disorders, impulse control disorders, enuresis, sexual dysfunction, aggression, and some personality disorders (Yerkade, V., & Siddiqui, 2017). Based on the table above, 30.30% of antipsychotic drugs are used, as they are primarily used to relieve anxiety and restlessness but not to treat them completely. 29% of anxiolytic drugs are used, as they are often used as sedatives to calm patients during relapses. Anxiolytic drugs are also used to treat sleep disorders, as closely as possible to mimic natural sleep (Haumeni, 2019). Based on research conducted by Nurfahanum (2022) on the use of antidepressants in depressed patients at Embung Fatimah Regional Hospital, Batam City, from January to December 2020, it can be concluded that of the 80 patients with depression, 44 received antidepressant therapy (55%). Meanwhile, in Haumeni's (2019) study, the use of psychotropic drugs as therapy in depressed patients included antipsychotics (17%), antidepressants (31%), and anxiolytics (52%).

The goal of depression treatment is to improve adherence to treatment, facilitate patients to return to their pre-depression life functions, avoid work disability, reduce unnecessary use and costs of care, prevent suicide, restore self-esteem, improve quality of life, and prevent further depression (Putri et al., 2015). Table 6 shows that

the most widely used SSRI drug is fluoxetine, which is prescribed to patients with 34 drugs (38.20%) of the total number of 89 antidepressant drugs.

Table 6. Profile of antidepressant drug use in outpatient depression patients

Antidepressant class	Frequency	Percentage (n=89)
SSRI		
Fluoxetine	34	38.20%
Escitalopram	19	21.34%
Sertraline	33	37.07%
TCA		
Amitriptyline	3	3.37%

Research results (Ningtyas, 2018) indicate that the therapeutic effects of antidepressant drugs tend to be similar across classes. The differences between these classes are drug price, drug interactions, and side effects. A history of positive responses to certain drugs in an individual or family can be used as a guideline for patient treatment. SSRIs are first-line antidepressants, with fewer side effects and toxicity than other antidepressants. Fluoxetine is also safer and more effective in elderly patients and pregnant women (Asqiya et al., 2023). Fluoxetine's mechanism of action is its minimal activity on noradrenergic reuptake. Due to serotonin reuptake, fluoxetine produces an activating effect, and due to its long half-life (2 to 4 days), the initial antidepressant effect appears within 2 to 4 weeks (Cao et al., 2019). Given the proven efficacy of SSRIs as first-line treatment for MDD (Major Depressive Disorder) outside the perinatal period, citalopram, escitalopram, and sertraline are recommended based on their efficacy and safety (CANMAT, 2016). These results are in line with research conducted by Prasetyaningrum et al. (2016) which showed that the most commonly prescribed antidepressant drug was fluoxetine from the SSRI class at 73.28%. This is supported by research conducted by Prasetyo (2015) which discussed the profile of antidepressant drug prescriptions in outpatient depression patients, which showed that the patients who received the most antidepressant therapy were from the SSRI class, namely fluoxetine, at 12 patients (57.1 %).

Furthermore, for the TCA or Tricyclic Antidepressant class of antidepressants, the type of drug used is amitriptyline. Amitriptyline is a tricyclic antidepressant drug, this drug is effective for the treatment of moderate and severe depression associated with psychomotor and physiological changes, such as loss of appetite and difficulty sleeping. Tricyclic antidepressants are also effective for the treatment of panic disorders (Nurfahanum, 2022). The mechanism of action of amitriptyline is by inhibiting the reuptake of biogenic amines in the form of serotonin and norepinephrine in the central nervous system so that the concentration of serotonin and norepinephrine increases (Dana in Agustin, 2022).

The results of this study are in line with research conducted by Prasetyo (2015) which showed that the most common antidepressant drug after fluoxetine was amitriptyline, namely 5 patients (23.8 %).

Table 7 shows additional therapies given to patients suffering from depressive episodes in addition to the antidepressant therapy being administered. Antipsychotics are prescribed for the treatment of depression accompanied by psychotic symptoms (hallucinations) and to enhance the effects of antidepressant medication. Table 5.7 shows that the most commonly used antipsychotic therapy is risperidone, with 23 drugs (34.84%).

Table 7. Profile of antipsychotic drug use in outpatients with depression

Antipsychotic class	Frequency	Percentage (n=66)
Atypical		
Antipsychotics	23	34.84%
Risperidone	22	33.33%
Olanzapine	7	10.60%
Clozapine	7	10.60%
Aripiprazole	7	10.60%
Quetiapine		

Risperidone is an atypical antipsychotic, called atypical because this class of drugs rarely causes extrapyramidal reactions. The atypical antipsychotic class is thought to be effective for both positive symptoms (such as disorganized speech, hallucinations, delusions) and negative symptoms (poor vocabulary, flat affect, social withdrawal, decreased initiative) (Gunawan in Prasetyo 2015). Side effects of antipsychotics include sedation and psychomotor inhibition such as drowsiness, restlessness, decreased psychomotor activity, and decreased cognitive abilities. Autonomic disorders (hypotension, anticholinergic/parasympathetic, such as dry mouth, dysuria and defecation, nasal congestion, blurred vision, glaucoma, arrhythmias or heart rhythm disorders) can also occur. Extrapyramidal disorders, such as tremors, bradykinesia, and rigidity. Endocrine disorders (amenorrhea, gynecomastia in men), metabolic disorders (jaundice), hematological disorders (agranulocytosis), most often with long-term use (Puspitasari and Angeline, 2019).

Table 8 shows additional therapies for patients suffering from depressive episodes with symptoms of sleep disturbance and anxiety, in addition to the prescribed antidepressant therapy. The table shows that the most commonly used anxiolytic therapy is lorazepam, with 48 (70.58%) of the benzodiazepines being used.

Table 8. Profile of anxiolytic drug use in depressed patients

Anxiolytic group	Frequency	Percentage (n=68)
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Benzodiazepines		
Lorazepam	48	70.58%
Clobazam	18	26.47%
Non-benzodiazepine		
Zolpidem	1	1.47%
Buspirone		

Benzodiazepines have sedative or calming effects, making them widely used to treat acute anxiety, sleep problems, and for the rapid control of panic disorders. Anxiety is a common symptom and affects 90% of depression patients (Ismail in Musdalipah, 2018). Lorazepam is a benzodiazepine with a fast-acting mechanism that functions to reduce anxiety, decrease coordination and muscle tone, and has anticonvulsant effects (Nabila, 2024). Anxiolytic drugs generally act on GABA receptors, neurotransmitters that play a role in inhibiting neuronal transmission. Benzodiazepines bind specifically to GABA receptors, thereby enhancing the inhibitory effect and reducing the release of neurotransmitters, particularly noradrenaline (Ministry of Health, 2021).

Table 9 shows that the percentage of anticholinergic drug use in outpatient depression therapy was 1.32%. The use of trihexylphenidyl in adjuvant depression therapy at Wediodiningrat Mental Hospital was not significant because not all patients experienced side effects from antipsychotic use.

Table 9. Profile of anticholinergic drug use in depressed patients

Types of anticholinergics	Frequency	Percentage (n=4)
Trihexyphenidyl	4	100%

Side effects of antipsychotics include sedation and psychomotor inhibition such as drowsiness, restlessness, decreased psychomotor activity, and decreased cognitive abilities. Autonomic disorders (hypotension, anticholinergic/parasympathetic, such as dry mouth, dysuria and defecation, nasal congestion, blurred vision, glaucoma, arrhythmias or heart rhythm disturbances). Extrapyramidal symptoms (EPS) such as tremor, bradykinesia, and rigidity. Endocrine disorders (amenorrhea, gynecomastia in men), metabolic disorders (jaundice), and hematological disorders (agranulocytosis) are most common.

Drug use evaluation is an activity to evaluate a treatment therapy that aims to ensure the drug used is rational, namely according to the indications, safe, effective, and affordable (Ministry of Health of the Republic of Indonesia, 2019). Evaluating the rationality of a treatment therapy can be done through evaluating patient treatment data in a service based on established criteria and standards (Agustin, 2022). The benefit of drug use evaluation is to improve treatment therapy patterns continuously based on evidence

(Ministry of Health of the Republic of Indonesia, 2019). There are 14 criteria for drug use that can be considered rational according to the Ministry of Health (2011). The evaluation of the appropriateness of drug use conducted in this study includes four criteria: appropriate indication, appropriate patient, appropriate drug, and appropriate dose.

1. Accurate Indication

Appropriate indications refer to the accuracy of determining the indications for depression that align with the doctor's diagnosis. This is because each drug has a specific therapeutic spectrum (Ministry of Health of the Republic of Indonesia, 2011). Evaluation of appropriate indications in depression treatment is the process of assessing the selection of medications that are appropriate to the patient's needs, having been correctly established (Untari et al., 2018). The results can be seen in Table 10.

Table 10. Percentage of correct indications in depressed patients

Parameter	Frequency	Percentage (n=94)
Right indication	94	100%
Incorrect indication	0	0%

Based on the evaluation table of the accuracy of depression indications using 94 samples, the correct indication was 100% (94) of the prescriptions that were correct for depression indications. Correct indications can be observed based on the determination of an accurate diagnosis, the medication prescribed to patients who are proven to be diagnosed with depression and supplemented by the symptoms experienced by the patient. This is related to determining whether or not a medication is necessary to be prescribed (Sumawa et al., 2015). Correct indications aim to determine the rationality of the choice of therapy given to patients. The diagnosis established by the doctor on the patient is based on several examinations in the form of a physical examination, clinical symptoms and signs experienced by the patient where the symptoms are stated as in the National Guidelines for Mental Health Services Number HK.02.02 / MENKES / 73/2015. If the diagnosis established by the doctor is incorrect, the medication used by the patient will not provide the desired therapeutic effect (Agustin, 2022). All patient samples analyzed had signs and symptoms that met the National Guidelines for Mental Health Services No. HK.02.02/MENKES/73/2015. This is supported by research conducted by Agustin (2022) regarding the evaluation of the appropriateness of antidepressant medication use in outpatients with depression at the Licin Community Health Center, which stated that the patient's indications were 100% accurate.

2. Right Patient

Patient appropriateness refers to the accuracy of considering the physiological and

pathophysiological conditions of patients, such as pregnant women, nursing mothers, pediatricians, and geriatricians, to ensure that the medication administered does not cause contraindications for the patient (Sumawa et al., 2015). Accurate assessment of a patient's condition can be observed from the patient's response to the drug's effects, which vary widely. Patient appropriateness in this study can be seen from the contraindications to treatment and the patient's condition. The results obtained were then compared with the guidelines used, namely the 2021 National Guidelines for Pharmaceutical Services for Patients with Mental Disorders, Pharmacotherapy A Pathophysiologic Approach 11th of 2020, and the National Guidelines for Mental Health Services Number HK.02.02/MENKES/73/2015. Patient appropriateness data in this study can be seen in Table 11.

Table 11. Percentage of patients with depression

Parameter	Frequency	Percentage (n=94)
Right patient	94	100%
Incorrect patient	0	0%

Based on Table 11, the patient appropriateness evaluation using 94 patient samples obtained a 100% accurate analysis of patients with depression because all medications prescribed to depressed patients were in accordance with the patient's pathological and physiological conditions according to information in the medical record and did not cause contraindications in the patient. There is a possibility that information regarding the patient's condition is not available based on supporting examinations, so the patient is considered to have no contraindications to the prescribed medication. An accurate assessment of the patient's condition takes the patient's condition into account so that there are no contraindications for the patient. An assessment of the patient's condition can be said to be accurate if there are no side effects or allergies or other contraindications to the medications given to depressed patients. Drug contraindications are conditions where a drug is unsuitable or should not be given because it will be risky for the patient if taking the drug. From the results of this study, there were no drugs administered that caused side effects. This is because the doctor fully understood the patient's condition because the doctor directly observed the patient's condition and had considered the appropriate medication for the patient.

3. Right Medicine

Medication selection is the process of selecting medications after a correct diagnosis has been established. Medication selection should include medications with therapeutic effects appropriate to the patient's condition and illness

(Ministry of Health of the Republic of Indonesia, 2011). The evaluation of medication selection in this study was conducted by selecting medications from the antidepressant, anxiolytic, antipsychotic, and anticholinergic groups, then comparing them with the reference standards of the 2021 National Guidelines for Pharmaceutical Services for Mentally Ill Patients, Pharmacotherapy A Pathophysiologic Approach 11th of 2020, the National Guidelines for Mental Health Services Number HK.02.02/MENKES/73/2015, and Stahl's Essential Psychopharmacology: Prescriber's Guide. The evaluation of medication selection for depressed patients at Radjiman Wediodiningrat Mental Hospital can be seen in Table 12.

Table 12. Appropriate percentage of drugs in depressed patients

Parameter	Frequency	Percentage (n=94)
Right medicine	88	93.6%
Incorrect medication	6	6.38%

Based on the table, the results obtained were accurate with a percentage of 93.6% using 94 samples that had been analyzed.

Table 13. Inaccurate data on anticholinergic drugs

Case No.	Diagnosis	Patient Symptoms / Conditions	Drug Name	Duration	Route
6	F32.0	Difficulty sleeping, sometimes anxious, excessive sadness, self-harm	Trihexyphenidyl	7 months	PO
13	F32.1	Difficulty sleeping, stress due to excessive thoughts about college. Patients feel excessive sadness and confusion, pessimism, and	Trihexyphenidyl	2 years 2 months	PO

31	F32.3	The patient feels anxious, has palpitations, experiences OVT and panic, wakes up frequently at night, hears buzzing sounds, and is confused when meeting people. Sexual desire decreases.	Trihexyphenidyl	7 months	PO
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Based on table 13. data on inappropriate medication, it is said that the medication is inappropriate because the drug prescription does not match the diagnosis established by the doctor based on the 2021 National Guidelines for Pharmaceutical Services in Mentally Ill Patients and Pharmacotherapy A Pathophysiologic Approach 11th. There are 4 patients who received additional therapy in the form of anticholinergics, namely patients with case numbers 6, 13 and 31. In patients with case numbers 6, 13 and 31, it is said that the medication was inappropriate because the administration of the medication with the established dose was not appropriate, this is not relevant to the guidelines used, namely the rational drug use module by the Ministry of Health 2011. In the module it is stated that the appropriate choice of medication is a decision to undertake therapeutic efforts taken after a diagnosis is correctly established. In this case number, the patient received an anticholinergic drug in the form of trihexyphenidyl. The drug is used to treat EPS which is suspected to be caused by the side effects of using antipsychotic drugs. However, without a doctor's diagnosis confirmed with the ICD 10 code G25.9 (Extrapyramidal and movement disorder), it is difficult to know

whether the patient is actually experiencing EPS caused by the use of antipsychotics.

Table 14. Inaccurate data on antipsychotic drugs

Case No.	Diagnosis	Patient Symptoms / Conditions	Drug Name	Duration	Route
3	F32.0	Confusion, often crying suddenly, often alone, not doing activities, difficult to wake up, anxious when socializing	Risperidone	3 years 1 month	PO
66	F32.2	Often crying, quiet a lot, disturbed eating and sleeping patterns, sometimes experiencing anxiety, feeling guilty	Olanzapine, Clozapine	3 years	PO
79	F32.2	Decreased appetite, attempted suicide and harming others, difficulty sleeping, anxiety, isolation	Aripiprazole	3 years	PO

Meanwhile, in patients with case numbers 3, 66 and 79, they are patients who only receive antipsychotic drugs as their choice of therapy. Patient with case number 3 is a patient with mild depression who receives antipsychotic monotherapy in the form of risperidone while patient with case number 66 is a patient with major depression without psychotic symptoms who receives antipsychotic drugs in the form of olanzapine and clozapine. In patient with case number 79, a patient with a first trimester pregnancy condition who receives antipsychotic drugs in the form of aripiprazole. The patient was given aripiprazole to overcome the suicidal symptoms of her depression. According to Stahl's essential psychopharmacology: Prescriber's guide, (2014) patients do not receive SSRI class antidepressant therapy because this class can activate suicidal ideas and behavior (suicidality). SSRIs, SNRIs, tricyclic/tetracyclic antidepressants, and MAOIs are also not recommended for use during pregnancy, particularly during the first trimester. However, exposure to SSRIs in late pregnancy may be associated with an increased risk of gestational hypertension and preeclampsia. Newborns exposed to SSRIs or SNRIs in the late third trimester are at risk for complications requiring prolonged hospitalization, respiratory support, and

tube feeding. Reported symptoms are consistent with direct toxic effects of SSRIs and SNRIs, or possibly drug withdrawal syndrome, and include respiratory distress, cyanosis, apnea, seizures, temperature instability, feeding difficulties, vomiting, hypoglycemia, hypotonia, hypertonia, hyperreflexia, tremors, restlessness, irritability, and persistent crying (Stahl, 2014).

However, from the research data, it was found that patients with depression disorders only used drugs from the antipsychotic group without a combination with the antidepressant group, this was not listed in the 2015 national guidelines for psychiatric services or the 2021 national guidelines for pharmaceutical services for patients with mental disorders, and was supported by Anthony J. Rothschild's statement that there were no treatment guidelines that recommended antipsychotic monotherapy as a treatment option for depression disorders with psychotic features (Rothschild, 2013; Jiwandono, 2022).

Antipsychotics are an additional therapy for patients with depressive episodes in addition to the antidepressant therapy given, according to Mann in Prasetyo (2015) this additional therapy is often used to enhance the effects of antidepressants and prevent the occurrence of bipolar disorder. According to the National Guidelines for Mental Health Services Number HK.02.02 / MENKES / 73/2015 atypical antipsychotics can be used as a therapeutic treatment for depressed patients with psychotic symptoms. This drug has a mechanism of action by blocking dopaminergic receptors 2, reducing positive symptoms and stabilizing affective symptoms also works by blocking serotonin 2A receptors, causing an increase in dopamine in certain brain areas thereby reducing motor side effects. The effect of serotonin-antagonist dopamine, causes the output of dopamine to remain unchanged thereby reducing extrapyramidal symptoms and also preventing an increase in prolactin (Rissa, 2020). This is in line with research conducted by Prasetyo (2015) that treatment in outpatient depression patients using the atypical antipsychotic class in the form of risperidone as much as 61.9%. often encountered with long-term use (Puspitasari & Angeline, 2019). EPS (Extrapyramidal Symptoms) can occur from the beginning of antipsychotic administration, depending on the dosage. Antipsychotic use can cause EPS, which works by reducing dopamine activity in the nigrostriatal pathway due to affinity for dopamine receptors. Extrapyramidal syndromes can appear several days to weeks after antipsychotic use (Handayani, 2017). To treat EPS, anticholinergic drugs can be given, such as trihexyphenidyl, atropine sulfate, and diphenhydramine. Trihexyphenidyl is an anticholinergic drug that is widely used to treat EPS (Rahaya, 2016).

In the treatment of major depression, fluoxetine and sertraline can be combined with atypical antipsychotics. This is in accordance with the results of a study by Prasetyaningrum (2016), which found that SSRI antidepressants were more commonly used in combination with atypical antipsychotics at 58.62%. Based on the literature used, the first-line treatment for depression patients is SSRI antidepressants. Fluoxetine and sertraline are drugs in the same class, namely SSRIs (*Selective Serotonin Re-Uptake Inhibitors*), where the mechanism of SSRIs is to reduce depressive symptoms by selectively inhibiting 5-HT reuptake (Dipiro et al., 2020). In prescribing and selecting drugs, drugs must be chosen by considering their benefits and risks. Evaluation of drug suitability in patients with depression is carried out by considering the diagnosis in the medical record and comparing it with established guidelines (Sumawa et al., 2015). The selection of appropriate drugs can be assessed by the appropriateness of the therapeutic class and type of drug that matches the diagnosis. Drugs must also have proven benefits and safety. In addition, drugs must also be easy to obtain and the types of drugs used by patients must be as minimal as possible (Saputri, 2018).

The second-generation antipsychotics aripiprazole, olanzapine, risperidone, and quetiapine have been FDA-approved as adjuncts to antidepressant treatment (Dipiro et al., 2020). For psychotic depression, antidepressant-antipsychotic combinations are more effective than antidepressant monotherapy and antipsychotic monotherapy (CANMAT, 2016). Long-term use of antipsychotic combinations can cause extrapyramidal side effects, including akathisia (Susilowati, 2021). Trihexyphenidyl, or THP, is an anticholinergic drug used to treat extrapyramidal symptoms (EPS), which can cause patient non-compliance and lead to relapse. The combination of an antidepressant and a benzodiazepine is an adjunct therapy for patients with sleep and anxiety disorders. Benzodiazepines, which have sedative or calming effects, are widely used for the treatment of acute anxiety, sleep problems, and the rapid control of panic disorder. Anxiety is a common symptom and affects 90% of depression patients (Ismail in Musdalipah, 2018). This is in line with research conducted by Anggraeni (2019) that the pattern of depression treatment using benzodiazepine anxiolytics in 52 psychiatric patients at the Atma Husada Mahakam Regional Mental Hospital in Samarinda had a percentage of 57.69%.

4. Correct Dosage.

The dosage, method, and duration of drug administration significantly influence the therapeutic effects of the drug. Excessive dosage, especially for drugs with a narrow therapeutic range, carries a high risk of side effects.

Conversely, a dose that is too low will not guarantee the desired therapeutic level (Ministry of Health, 2011). Appropriate dosage refers to the accuracy of administering a medication dose that fits within the therapeutic dose range based on the daily dose and adapts to the patient's specific condition (Untari, 2018). The therapeutic effect of medication is strongly influenced by the dosage. The results of the evaluation of appropriate medication dosages for depressed patients at Radjiman Wediodiningrat Mental Hospital are shown in Table 15.

Table 15. Percentage of appropriate doses in patients with depression

Parameter	Frequency	Percentage (n=94)
Correct dosage	90	96%
Incorrect dosage	4	4%

Based on the table above, the accuracy of drug dosage in patients with depression using 94 samples obtained the results of the analysis of the correct dosage of 93.6% (88) prescriptions were the correct dosage according to the symptoms and diagnosis established by the doctor. The evaluation data for incorrect dosage can be seen in table 15.

Table 16. Inaccurate data on dosage of depressed patients

Cas e No.	Diagnosi s	Drug Name	Dose	Literatur e Dose
6	F32.0	Clobazam	2.5 mg/day	5-10 mg/day
10	F32.9	Lorazepam	0.5 mg/day	1-2 mg/day
50	F32.1	Lorazepam	0.5 mg/day	1-2 mg/day
66	F32.2	Olanzapine	1 mg/day	2.5-10 mg/day
		Clozapine	1 mg/day	12.5-25 mg/day

Based on Table 15 data on inappropriate dosages for patients with depression, the inaccuracy in medication use was due to the calculation or prescribing of a single daily dose for each drug not in accordance with the 2021 National Guidelines for Pharmaceutical Services for Patients with Mental Disorders. In patient number 6, the patient was given an anxiolytic drug in the form of clobazam at a dose of 2.5 mg/day. The dosage range for administration is 5-10 mg/day. For patients with case numbers 10 and 50, they received lorazepam at a dose of 0.5 mg/day. The dosage range for lorazepam is 1-2 mg/day. Then, for patient number 66, they received olanzapine at a dose of 1 mg/day and clozapine at 1 mg/day. The appropriate dosage for olanzapine is 2.5-10

mg/day, while for clozapine, it is 12.5-25 mg/day. All of these cases share one common problem : underdosing. Doses below the therapeutic range can result in suboptimal drug therapy. This is because the drug concentration is below the minimum required for therapeutic effect (Wida, 2020).

To achieve successful therapy, proper medication use must be considered. Proper medication use is defined as appropriate when the medication is used according to the prescribed dosage . As Allah says in the Qur'an, Surah Al-Qamar, verse 49:

إِنَّا كُلَّ شَيْءٍ خَلَقْنَاهُ بِقَدَرٍ

Meaning: " *Indeed, We created everything according to a measure .*" (QS Al -Qamar: 49)

It has been explained that everything that happens to all creatures is predetermined by God. God created everything according to its proper measure, namely a system and conditions that have been previously determined (Shihab et al., 2016). As creatures created by God, humans are responsible for their choices. In addition to sending the Prophet Muhammad to guide mankind, God also gave humans reason so they can understand what is right and wrong. This is part of the accurate, precise, and precise system that God has established.

The previous verse explains that Allah created all creatures according to their proper proportions and capacities. This also applies to treating illness. For therapy to be successful, medication must be administered according to the prescribed dosage. Failure to administer medication according to the prescribed dosage can cause negative effects and harm the patient. Therefore, drug use evaluation is necessary to determine the appropriateness of medication use (Wida, 2020).

The use of appropriate types of drugs for the therapy of depression patients is implicitly written in the hadith below:

لِكُلِّ دَاءٍ دَوَاءٌ فَإِذَا أُصِيبَ دَوَاءُ الدَّاءِ بَرَأَ بِإِذْنِ اللَّهِ

Meaning: " *Every disease has a cure. If the medicine is appropriate to the disease, then the person will be cured by Allah's permission .*" (Narrated by Muslim, no. 2204)

Based on this hadith, we as pharmacists are directly required to ensure the accuracy of the selection of safe and effective medication. Ibn Qayyim al-Jauziyah, a jurist from the Hanbali school (1292 CE–1350 CE), explained that the disease referred to here includes all ailments of the heart, soul, and body (Abdalla, 2021). This study focused on evaluating the appropriateness of medication use in patients with depression.

The Quran explains non-pharmacological therapy for depression, namely through fortitude and trust in God. As Allah says in the Quran, Surah Yunus, verse 62:

In the name of Allah إِنَّ أَوْلِيَاءَ اللَّهِ خَوْفٌ عَلَيْهِمْ وَلَا هُمْ يَحْزَنُونَ

Meaning: " *Remember, verily the lovers of Allah, there is no worry (fear) for them nor (nor) do they grieve .*" (QS . Yunus: 62)

According to (Shihab et al, 2016) what is meant by guardians of Allah in this verse are lovers of Allah who do not have fear and anxiety about what they will face in the afterlife and are not sad and depressed about things that have happened in the world. What is meant by no fear for them is because they believe that Allah's promises will definitely come, and His help will certainly arrive and His guidance will certainly guide them on the straight path. When disaster strikes them, they remain patient in facing it and overcoming it with great fortitude and trust in Allah (Department of Religion, 2011). Depressed patients must be patient in making efforts through their treatment.

Hardiness is a personality trait that results from the learning process *and* can help reduce the negative impact of stressful situations . This is supported by research findings that show that hardiness *is* actually an accumulation of personality traits that function to counteract the sources of stressful life circumstances, as well as help protect individuals from the negative effects of stressful conditions experienced (Endang Prastuti, 2021). According to Buhairi (2012) Tawakal to Allah means concentrating on the body in *ubudiyah* (worshiping Allah with the body), hanging the heart with *rububiyah* (surrendering and being content with Allah's provisions), calming the soul with *sufficiency* (calming the soul and feeling sufficient with what Allah has given), and being grateful for the blessings given by Allah and being patient with the blessings not given. Then, the treatment carried out must be appropriate to avoid harm in accordance with the rules of *usul fiqh*, namely:

الصَّرَرُ يُزَالُ

Meaning: " *The harm (danger) must be eliminated .*"

This principle implies that a sick person must strive to prevent their condition from worsening through appropriate treatment (Amiruddin, 2024). In the context of depressed patients, taking medication regularly is part of an effort to eliminate the harm caused by this mental disorder. Inappropriate medication administration can exacerbate symptoms and increase the risk of relapse. Therefore, following recommended pharmacological therapy is a form of effort and adherence to sharia principles to maintain health and avoid greater harm.

CONCLUSIONS

Based on the research evaluating the appropriateness of drug use in outpatient depression patients at Dr. Radjiman

Wediodiningrat Lawang Mental Hospital in 2024, the following conclusions can be drawn:

1. Overall, the profile of drug use in depression patients at Dr. Radjiman Wediodiningrat Lawang Mental Hospital in 2024 was a combination of antidepressants with antipsychotics and anxiolytics with a percentage of 36% of 34 patient samples from a total of 94 samples.
2. Evaluation of the appropriateness of drug use in depression patients still found inaccurate drug use, namely 100% correct indication, 100% correct patient, 93.6% correct drug and 96% correct dose.

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