A study of Non - Compliance by patients of Tuberculosis to DOTS therapy

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Introduction

It is mandatory for TB patients to take Anti TB drugs in correct and complete form. Many a time long duration of treatment leads to non-adherence to treatment. Poor adherence to treatment leads to emergence of multidrug-resistant bacilli, so ensuring compliance is of utmost importance to control TB and halt the MDR TB epidemic at its beginning. The focus must remain on dealing with important reasons of default and timely retrievals of patients who interrupt treatment.

Aim

The aim of this project is to elicit reasons of treatment default from a cohort of Tuberculosis patients treated under Directly Observed Treatment Short (DOTS) course chemotherapy.

Methods

This cross sectional study was conducted in Navsari city of Gujarat state. All the patients registered at three Designated Microscopy Centers (DMCs), coming under

the sole Tuberculosis Unit (TU) of the Navasari city. It was conducted in August 2011 including all patients registered during the period from January – 2010 to January – 2011. A predesigned preformat was used to collect details of each patient. The treatment cards of these patients were obtained from the DMCs and all the required information was collected. Patients who defaulted on treatment were further trace, telephonically and personally. The information thus collected was computerized and analyzed.

Results

On analyzing the reasons of default among defaulters, side effects following medication and lack of awareness were found to be the most common reasons (32.1%). Next important reasons were no relief in symptoms and improvement in symptoms (21.4% and 14.2% respectively). None of the patients stated financial problems as a reason of default. Some other reasons such as going out of station, alcoholism, non-satisfaction with the DOTS Supervisor, treatment from private physicians, and domestic problems were also found to have importance in 17.8% of the patients.

Implication

- 1. Health Education and Counseling
- 2. Reducing Side effects
- 3. Public Private Partnership