



RESEARCH PAPER

PREVALENCE OF NON COMPLIANCE WITH ANTI TB TREATMENT AND ITS CONTRIBUTING FACTORS AMONG TUBERCULOSIS PATIENTS.

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ABSTRACT

INTRODUCTION: Tuberculosis is a worldwide, chronic communicable bacterial disease. One third of the world's population is infected with TB. The main objective of study was to assess the prevalence of non compliance and to identify the factors contributing to noncompliance with anti – TB treatment among tuberculosis patients.

METHODS: A descriptive study was carried out in rural hospital in Tamil Nadu. A total of 60 hospitalized TB patients receiving anti-TB treatment were included in the study. Purposive sampling method was used. Data was collected using semi structured questionnaire.

RESULTS: Among the 60 patients, 64% were diagnosed with pulmonary tuberculosis with sputum positive and were on treatment. Prevalence of non compliance was 75% in surveyed population. Not understanding treatment regimen (18.8%) and being tired of taking medications (18.8%) were the most common factors causing non compliance along with forgetfulness & fear of side effects (12.5%), stress (8.3%) etc.

CONCLUSION: This study helped to improve the existing knowledge in the field of diseases which need longer period of treatment for cure. Also coordination among patient and health care worker is important to prevent patient from noncompliance to anti tuberculosis treatment.

KEY WORDS : Tuberculosis; non compliance; pulmonary tuberculosis

INTRODUCTION:

The World Health Organization (WHO) TB statistics for India for 2015 gave an estimated incidence figure of 2.2 million cases of TB for India out of a global incidence of 9.6 million.

Though TB is curable and the treatment is free, many patients are not cured because of non adherence or noncompliance to the anti-TB treatment regimen.

AIM:

To identify the factors contributing to non compliance with anti-TB treatment among patients with Tuberculosis.

OBJECTIVES:

1. To assess the prevalence and factors contributing to noncompliance with anti – TB treatment among patients with Tuberculosis.
2. To design compliance diary.

MATERIAL AND METHOD:

Investigator adopted descriptive survey for respective study. Sample size comprised 60 hospitalized TB patients receiving anti-TB treatment in a selected rural hospital in Tamilnadu. Purposive sampling method was used. Inclusion criteria were subjects with Tuberculosis receiving Anti-Tuberculosis treatment and those who were willing to Participate. Exclusion criteria were patients with tuberculosis admitted in critical care unit and those with known psychiatric disorders.

Study was conducted in two phases.**Phase I**

Data was collected using a validated semi-structured questionnaire after obtaining a written, informed consent from the respondents.

Following the questionnaire, one-on-one counselling was given to the respondents.

Phase II

Preparation of 'Compliance diary' and distribution in the same rural hospital.

RESULTS AND ANALYSIS:

Analysis was done using descriptive statistics.

Among the 60 patients, 64% were diagnosed with pulmonary tuberculosis with sputum positive and were on treatment. Prevalence of non compliance was 75% in surveyed population. Out of noncompliant subjects, 41% had not undergone formal education. Not understanding treatment regimen (18.8%) and being tired of taking medications (18.8%) were the most common factors causing non compliance along with forgetfulness & fear of side effects (12.5%), stress (8.3%) etc. 100% of compliant respondents were supervised while taking medicines. Among the compliant subjects, 71.4% were constantly motivated by their family members. Among the compliant respondents, 67.3% were counselled prior to treatment.

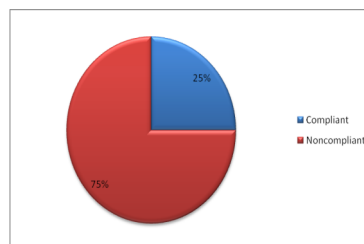


Fig.1 Prevalence of Compliance and Noncompliance of tuberculosis patient to anti TB treatment

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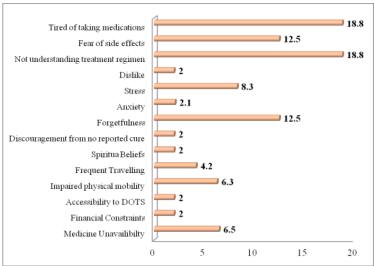


Fig.2 Factors contributing noncompliance to anti TB treatment in percentage

CONCLUSIONS:

Present study helped to assess prevalence and factors contributing to noncompliance with anti – TB treatment among patients with Tuberculosis. Intensified health education and counselling at the start of the treatment and during treatment is important for patient's adherence to the treatment. This will minimise the rate of noncompliance to treatment by timely intervention and prevents relapse, the rate of morbidity and mortality due to noncompliance. Keeping the above points in mind, a 'Compliance Diary' was created by the investigator and circulated among the respondents later.

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