Tuberculosis patients' reasons for defaulting on tuberculosis treatment: a need for a practical patient-centred approach to tuberculosis management in primary health care

SA Fam Pract 2007;49(6):17

To the editor:

Defaulting on tuberculosis (TB) treatment is one of the major barriers to effective TB control and poses serious challenge to TB control programmes.[1]

The recommended targets of the World Health Organization (WHO) for TB control programmes are to achieve a case detection rate of 70% and a treatment success rate of 85%.[2] Nine of the world's 22 TB high-burden countries are in the African region and the treatment success rate in this region is said to have remained more or less unchanged at around 70% since 1998, considerably short of the 85% target.[2] Treatment default is one of the factors blamed for the low treatment success rate in the region.[2]

South Africa is one of the nine TB high-burden countries in Africa and the 2003 statistics for the country gave a treatment success rate of 67% among new cases and 52% among re-treatment cases, and a treatment default rate of 12%.[3]

TB treatment default results in inadequate treatment of the disease, which is a major factor in the development of multi-drug resistant TB (MDR-TB).[4,5] In 1999, MDR-TB in South Africa was estimated at 1% among new TB cases and at 4% among re-treatment TB cases.[4] The figures rose to 1.8% among new cases and 6.7% among re-treatment cases in 2004, as reported by the WHO.[3]

Patients may default on TB treatment for various reasons. At Bongani TB Hospital in Mpumalanga province, South Africa, patients who are admitted for TB re-treatment because of previous treatment interruption or default are usually questioned during the admission interview about the reasons for the previous treatment default in order to provide individualised counselling and health education.

This letter reports on the various reasons that the patients gave, as documented at the hospital by the author from December 2004 to December 2005.

A total number of 98 tuberculosis patients were admitted for TB re-treatment during the period. Thirty-nine (40%) of the 98 patients had defaulted on their treatment. The 39 patients were 11 (28%) females and 28 (72%) males. The ages of the female patients ranged from 19 years to 68 years, and that of the male patients from 17 years to 78 years.

The various reasons for defaulting on the previous treatment are shown in Table I. Psycho-socio-economic issues dominated the reasons, followed by biomedical issues of TB drug side effects and inter-current illness. The findings are similar to those reported in other studies elsewhere.[6,7]

Table I: Reasons for defaulting on TB treatment (no. of patients = 39)

Reasons	No. of patients
BIOMEDICAL:	
• Vomiting after taking TB drugs	1
• Painful legs after starting to take TB treatment	2
• Body itching after taking TB treatment	1
• Too sick at home and couldn't go to the clinic	2
PSYCHO-SOCIO-ECONOMIC:	
• Work did not allow time to go to the clinic	1
• Travelled out for job purposes	7
• Went for traditional treatment	2
• Went for spiritual treatment	1
• Drinking and forgetting to take treatment	1
• Treatment supporter was not available to give the drugs	1
• Old age, couldn't manage to go to the clinic	1
• Was losing the TB drugs at home	1
• No transport money to go to the clinic	2
• Went to look after an ill relative	1
• Lack of food, couldn't take treatment in an empty stomach	4
• Felt better	5
• No reason	3
HEALTHCARE PROVIDER:	
• Treatment was out of stock at the clinic	1
• Clinic stopped the treatment	2

A patient-centred approach to TB management is the recommended strategy by the WHO to promote compliance with TB treatment.[1] Dick and Lombard demonstrated clearly in a study at two local authority health clinics in Cape Town, South Africa that a patient-centred interview combined with a patient education booklet significantly improved compliance with TB treatment.[8]

The management of TB in South Africa is mainly done at the primary health care (PHC) level.[9] A practical way of providing a patient-centred approach to TB management in the country would be the inclusion of structured patient-centred interview guidelines and a protocol in the National TB Control Programme Guidelines for use at the PHC level, and the training of health workers at PHC clinics on the use of the interview guidelines and protocol. There is a serious need for such guidelines and protocol in view of the increasing problem of drug-resistant TB. The availability of such guidelines and protocol at the clinics would help the health workers to identify the psycho-socio-economic and biomedical issues concerning TB patients at an early stage. This would affect treatment compliance and address the issues with appropriate, individualised information, education, counselling and other necessary support to prevent treatment default. Active and practical patient-centred measures to prevent TB treatment default will go a long way to improve the TB treatment success rate and reduce the problem of drug-resistant TB in the country.

Ukpe IS, MBBCh, DTM&H, MMed (FamMed), FACTM.
Senior Specialist – Family Medicine, University of Pretoria, Mpumalanga, South Africa.

Correspondence to: Dr I Upke, E-mail: ukpe@worldonline.co.za

References

1. World Health Organization. Treatment of tuberculosis: guidelines for national programmes. 3rd ed. Geneva; 2003.
2. World Health Organization. DOTS Expansion Working Group Strategic Plan 2006 – 2015. Geneva; 2006.
3. World Health Organization. WHO Report 2006 – Global Tuberculosis Control: surveillance, planning, financing. Geneva; 2006.
4. Department of Health. The management of multidrug resistant tuberculosis in South Africa. Pretoria; 1999.
5. World Health Organization. Guidelines for the programmatic management of drug-resistant tuberculosis. Geneva; 2006.
6. Afari-Twumasi K, Nel M, Hiemstra LA, Kellerman T. Patients' tuberculosis knowledge and reasons for non-adherence to treatment in the Bisho-Zwelitsha district. The Southern African Journal of Epidemiology and Infection 2005;20(1):23–5.
7. Portwig GH, Couper ID. A qualitative study of the reasons why PTB patients at clinics in the Wellington area stop their treatment. South African Family Practice 2006;48(9):17.
8. Dick J, Lombard C. Shared vision – a health education project designed to enhance adherence to anti-tuberculosis treatment. International Journal of Tuberculosis & Lung Diseases 1997;1(2):181–6.
9. Department of Health. The primary health care package for South Africa – a set of norms and standards. Pretoria; 2000.