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Original Research

Difficulty of confining recalcitrant tuberculosis patients in isolation wards in Japan, 2013–2014

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ABSTRACT

Objectives: In Japan, approximately 7000 smear-positive tuberculosis (TB) cases were reported in 2014. According to the law, such patients must be isolated in a TB ward until they become at least sputum smear-negative. However, there are some recalcitrant patients who are difficult to isolate because of problematic behaviors. This study was conducted to characterize recalcitrant TB patients and determine why they left the hospitals and how they were followed up after they left.

Study design: Cross-sectional study.

Methods: We sent a self-administered questionnaire to the hospitals in Japan with over 11 TB isolation beds, asking about recalcitrant TB inpatients from April 2013 through March 2014, in terms of demographic information, the reasons why they left, and how they were followed up.

Results: A total of 38 recalcitrant patients were reported, of whom 15 (39.5%) self-discharged, eight (21.0%) were discharged, and 15 (39.5%) were transferred. Thirty-three (86.8%) were males. The main reason (52.6%) why the patients were considered recalcitrant was related to psychiatric problems. However, nine (23.6%) patients physically assaulted or insulted the staff members. Thirty-six (94.7%) were able to continue anti-TB treatment after they left the original hospital.

Conclusion: Although the number of recalcitrant TB patients who were abusive was small, there should be TB facilities with law enforcement officials readily available to enforce isolation.

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Introduction

In Japan, the tuberculosis (TB) notification rate has declined in the past six decades from 698.4 per 100,000 population in 1951 to 15.4 per 100,000 population in 2014.¹ However, approximately 7000 smear-positive TB cases are still reported every year,² over 65% of which involve persons aged 65 years or older, reflecting the age shift of the infected population pool.

Under the communicable disease control law of 1998,³ all infectious (mostly smear-positive) pulmonary TB patients have to be isolated at designated hospitals with TB isolation beds to prevent these patients from spreading TB to the community and provide them with more intensive anti-TB treatment until they at least become smear-negative. Normally, once a physician reports an infectious TB patient to the provincial governor, the local health office issues a letter to the patient instructing him or her to be isolated³ and most patients oblige. During the isolation, all the medical costs related to anti-TB treatment, including some complications and surgery (if indicated), are covered either by the government or the health insurance agency, or both.

However, there have always been a small number of recalcitrant TB patients who are difficult to isolate and who are mentally or physically abusive in the ward,⁴ although they

cannot easily be discharged from the hospitals because of possibility of transmission of TB to the community and the fear that, if they leave the hospital, they might not adhere to anti-TB treatment any longer. They may eventually self-discharge, be discharged despite the patient's intention to be continuously hospitalized, or transferred from the original hospital to other hospitals for various reasons. Such patients might be too depressed to remain isolated, abuse alcohol in the ward, insult or physically assault other patients or staff members, or commit theft.⁴

An earlier study conducted in a large TB hospital in Tokyo, the capital of Japan, reported that the proportion of recalcitrant TB patients who were difficult to isolate from 1993 to 2003 was 1.8%.⁴ Another report pointed out that about a quarter of TB hospitals in Japan had experience with such TB patients.⁵ It was also reported that the environment in the TB wards was different from the general hospital wards and the isolated TB patients mostly started complaining between two and four weeks of isolation.⁵ However, there is a lack of current, representative data on the frequency, demographics, and reasons why the recalcitrant patients self-discharged, were discharged, or transferred.

We conducted a survey of such recalcitrant TB patients to characterize the patients in terms of time, place, and person and to determine why the patients self-discharged, were discharged, or transferred, their temporary outcomes and how they were followed up.

Table 1 – The reasons the recalcitrant tuberculosis patients left the hospital and how they were followed up after they left the hospital, 2013–2014, Japan.

(A) The reason the recalcitrant tuberculosis patient left the isolation ward		
Reasons	Number	
Psychiatric problems		
Dementia	3	7.9
Unstable mental state	3	7.9
Schizophrenia	2	5.3
Other	7	18.4
Subtotal	15	39.5
Alcohol abuse	5	13.2
Patient insulted staff and other patients	5	13.2
Physical assault of staff and other patients ^a	4	10.5
Patients went out of the hospital without permission	4	10.5
Patients self-discharged from the ward ^b	2	5.3
Other	3	7.9
Total	38	100.0
(B) Temporary outcome of how the patients were followed up		
Temporary outcome	Number	
Followed up at another facility with the support of local health office	14	36.8
Followed up at the outpatient department of the same hospital	7	18.4
Re-admission to the same hospital	3	7.9
Transferred to psychiatric hospital	12	31.6
Unknown	2	5.3
Total	38	100.0

^a One patient also conducted theft.

^b Including one patient who subsequently returned to the ward two months afterward.

Methods

A recalcitrant TB patient who is difficult to isolate was defined as a TB patient who initially was hospitalized in the TB isolation ward of a hospital and then either self-discharged, was discharged despite the patient's intention to be continuously hospitalized, or transferred to another hospital because of unmanageable conditions. Those TB patients transferred due to medical and physical conditions such as the need for intensive or cardiac care or hemodialysis were excluded from the definition. From July to October 2014, we sent a self-administered questionnaire by postal mail to the nursing directors of TB hospitals in Japan. The list of hospitals with TB isolation beds was obtained from the Ministry of Health, Labor and Welfare, Japan. Considering the relative rarity of recalcitrant TB patients, we limited the scope of hospitals to ones with more than 11 TB isolation beds. The questionnaire asked whether the hospital had experienced any recalcitrant TB inpatients from April 2013 through March 2014 and, if so, we further inquired about the patients' demographic information, the reasons why they left the hospital, and how they were subsequently followed up. We also asked about the period the patients were hospitalized in the ward. When multiple reasons were given, we chose the most serious and/or root cause reason as the main reason. For example, when both mental and physical abuses were reported, physical assaults were chosen as the main reason because of their seriousness. When physical and alcohol abuse were reported, alcohol abuse was chosen since it seemed to be the root cause of the difficulty in isolating the patient. When psychiatric problems

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