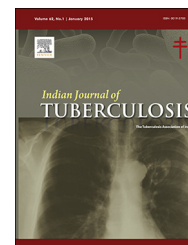


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Original Article

TB management by private practitioners – Is it bad everywhere?

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ABSTRACT

Introduction: Poor prescribing practice is alleged to be one of the major factors fuelling the drug-resistant tuberculosis (DR TB) emergence. A study in Mumbai revealed the extent of inappropriate tuberculosis (TB) management practices of private practitioners and discussed that with the context of high DR TB. Kerala is rated among the well performing States in India as far as TB control is concerned with evidences for a lower level of TB transmission and DR TB. The current study was done in Kerala State to assess the prescribing practices of private sector doctors in the treatment of TB.

Methods: Survey questionnaire to write a standard prescription for treating TB was administered to private practitioners dealing with TB, who attended continuing medical education programme on TB at two major cities in Kerala.

Results: Responses from a total of 124 questionnaires were studied. None of them prescribed anti-TB regimen for less than 6 months. Only 7 (5.6%) prescribed a regimen without complete four drugs (H, R, Z, E) in the intensive phase. Out of the 81 doctors who prescribed private anti-TB regimen, 67 (82.7%) had of the opinion that not less than 80% of their patients complete the treatment for the prescribed duration.

Conclusion: The current study reports a reasonable TB management practice among the private sector doctors from a State with a low prevalence of DR TB and compliments the argument that effective treatment of TB following the principles of standards for TB care can prevent the emergence of DR TB.

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1. Introduction

Emergence of drug-resistant tuberculosis (DR TB), particularly drug-resistant multidrug-resistant TB (MDR TB) and extensively drug-resistant TB (XDR-TB) is a matter of great concern.

Sub-national drug-resistance surveys have indicated that the prevalence of MDR TB in India is 2–3% among new cases and 12–17% among re-treatment cases.¹ Indiscriminate use of anti-TB drugs, especially outside the Revised National TB Control Programme (RNTCP), has alleged to be contributing significantly to the emergence of drug-resistant TB in India.² Poor

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prescribing practice is thought to be one of the major factors fuelling the MDR TB emergence.

The vision of India's National TB Control Programme is that the people suffering from TB receive the highest standards of care and support from healthcare providers of their choice. Private sector accounts for more than half of the TB care delivered in India with major challenges as far as quality of diagnosis and treatment is concerned.

A study in Mumbai two decades ago revealed the extent of inappropriate TB management practices of private practitioners (PPs).³ The study was repeated recently in the same area and concluded that little seems to have changed over these years among doctors working in private sector regarding awareness and practice of prescribing anti-TB regimes.⁴ Revealing that 106 practitioners had prescribed 63 different drug regimens for treatment of TB, the study highlighted the magnitude of the poor prescribing practices of PPs. The authors discussed this issue with the alarming trend of increasing incidence of MDR TB in Mumbai. We were wondering whether the awareness and practice of PPs are the same everywhere in India. Hence we conducted a similar study in two major cities of Kerala, where there is high concentration of PPs.

Kerala is rated among the well performing States in India as far as TB control is concerned with evidences for a lower level of TB transmission and DR TB.^{5,6} Annual total TB case notification for 2014 was 69 per 100,000 populations. Private sector is well established in health care of the State accounting for more than 70% of all facilities and 60% of all beds. Some of the early initiatives for Public Private Partnership (PPP) for TB control were from the State of Kerala.^{7,8} More than 100 designated microscopy centres in private hospitals and laboratories collaborate with the Government to provide RNTCP services. Of the cases registered under RNTCP, approximately 20% of sputum smear positive, 30% of smear negative and extra-pulmonary cases are contributed by private sector. Still a sizable number of TB patients are managed with private regimes. It is important to know whether the care offered to these patients meet standards, to reengineer the current PPP strategy if required.

2. Methods

Two continuing medical education sessions on latest diagnostic modalities and management of tuberculosis were organised for private sector doctors by Initiative for Promoting Affordable Quality TB tests (IPAQT) and their private sector laboratory partners at Thiruvananthapuram and Cochin, two largest cities in Kerala.⁹ Doctors practicing modern medicine in the area who provide care for TB were identified and invited for continuing medical education (CME) by the private sector laboratory partners. CMEs were led by renowned faculties. Date and venue were selected appropriately for doctors to participate. Participation was voluntary; no incentives were offered for participation.

Prior to the beginning of the CME session, a short unlinked anonymous questionnaire was handed out to each of the attending doctors. The purpose of the study was described, confidentiality was ensured and they were given the freedom to not to fill the questionnaire if they feel to do so. The

questionnaire included general information related to their private practice, TB related practice and a main question "to write a prescription for a previously untreated adult case of sputum-positive pulmonary tuberculosis weighing 50 kg". The doctors were expected to write a prescription and specify drugs, dosage and duration of treatment in three columns provided. Average time spent by doctors for filling the questionnaire was 5–10 min. The prescriptions written by the doctors were then analysed and compared for appropriateness with those recommended nationally.

3. Results

Of the total of 367 doctors invited, 234 attended the CMEs. One hundred and ninety-eight questionnaires were filled and returned. Among 198, 74 reported that they have not diagnosed or treated a case of TB in the last 1 year and their responses were excluded from the analysis. Responses from a total of 124 questionnaires were studied. The details of number of years in practice, usual number of TB patients diagnosed in a year and their speciality were shown in [Table 1](#).

Of the 124 doctors, 58 (46.7%) doctors reported that they used to prescribe only daily anti-TB regimen. Overall 124 doctors prescribed nine regimens for treating tuberculosis. Of them 34 (27.4%) reported that they have put all the TB patients diagnosed by them on a RNTCP regimen and another 9 (7.2%) reported that they used to refer the patients diagnosed with TB to some specialists. Various regimens prescribed by the doctors were summarised in [Table 2](#).

None of them prescribed anti-TB regimen for less than 6 months while 27 (33.3%) prescribed the drugs for 7–9 months and 10 (12.3%) prescribed the drugs for more than 9 months. Of them seven (5.6%) prescribed a regimen without complete four drugs (H, R, Z, E) in the intensive phase. Out of the 81 private anti-TB prescriptions, 3 (2.4%) had a quinolone. Streptomycin was prescribed by two (1.6%) doctors. Among them, 19 (15.3%) prescribed four drugs (HRZE) for the entire treatment duration.

Out of the 81 doctors, who prescribed private anti-TB regimen, 67 (82.7%) had of the opinion that more than 80% of their patients complete the treatment for the prescribed duration. The responses of doctors regarding duration and follow-up were tabulated in [Table 3](#).

4. Discussion

Treating TB effectively and rationally is not only essential for good patient care but is also a key element in the public health response to TB control. The Standards for TB Care in India (STCI) has been developed by a collaborative effort of Government of India Central TB Division (CTD) and WHO country office for India as a way to engage with the Indian private sector for effective TB prevention and control.¹⁰ We have set STCI as the gold standard to compare the anti-TB prescription practices of private sector doctors of Kerala.

In our study, about 45% of the doctors wrote prescriptions of drugs for longer than 6 months suggesting over rather than under treatment of their TB patients. Only around 5% prescribed a regimen without H, R, Z and E in the intensive

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