

Abstract

Introduction

Tuberculosis is a worldwide public health problem. Though it was 50 years since the discovery of effective treatment for TB, it has not been controlled. It continued to spread relentlessly among poor as well as affluent, even in Sri Lanka. Treatment seeking behaviour and management procedures of PTB patients have an influence on the control of the disease.

Objectives

To determine:

- the treatment seeking and anti-TB drug collecting behaviour of new cases of pulmonary tuberculosis patients aged 15 years or more who are treated at government medical institutions in the district of Gampaha.
- the procedures adopted by the physicians in the management of patients with pulmonary tuberculosis in the district of Gampaha.

Methodology

The study consists of three Phases.

Phase 1 & 3 – Cross sectional Descriptive studies which were carried out by using interviewer administered / self-administered questionnaires to identify the treatment seeking behaviour (Phase 1) and patients management procedures adopted by different categories of medical practitioners (Phase 3) respectively.

Phase 2 – A follow up study carried out to identify the defaulters followed by comparison of the socio-demographic and selected behavioural characteristics among defaulters and non- defaulters.

Results

Seventy percent of patients were in lower social class and 83% had five or more respiratory and/ or constitutional symptoms in combination at the time of diagnosis and 93% of patients with cough had positive sputum smear. Private sector was preferred (53%) more as the initial contact among those who sought allopathic treatment and the

median number of consultations that had to be made was 2 compare to that of 1 among the patients who made the initial choice at the government sector. Multiple consultations were present among the patients as an average of 6.1 consultations were made prior to diagnosis. Also if the first consultation was made at a private sector median delay of diagnosis was 46 days. Forty eight percent of the patients were the self-referrals. Of the reasons given for choosing the government sector the commonest were availability of free treatment and confidence placed in the service provider.

It was observed that a 37.2% of patients defaulted within the first 60 days of commencement of ambulatory treatment. Smoking and 'persons not living with family' were found to be significantly associated with defaulting on multivariate regression analysis. During the onsite counting of drugs it was found that 47.6% and 52.4% of the patients ingested less than the recommended dose of Isoniazid and Rifampicin respectively.

The management procedures adopted by the medical practitioners in either sectors, i.e., government and private were more or less similar. Although medical practitioners were aware that cough was one of the important symptoms in the diagnosis of PTB, they were not aware of the diagnostic criteria in terms of duration of cough. Of the investigations carried out sputum smear examination was only the third option given by medical practitioners. There was over and under prescription of Anti-TB therapy, in terms of number of days by the physicians, who's under prescription is considered a contributory factor in the development of multi drug resistant tuberculosis.

Conclusion

- Treatment seeking behaviour of patients

An early treatment seeking behaviour was present among the patients while multiple consultations prior to diagnosis highlight an existence of delay in diagnosis.

- Defaulters

The defaulter rate was 20.3% and 71% of the total defaulters, defaulted after the commencement of ambulatory treatment. Median duration of defaulting was 59 days.

Smoking and not living with family members were significantly associated with defaulting.

- Management procedures of medical practitioners

Lack of awareness regarding specifications related to symptoms suggestive of PTB and confirmatory diagnostic tests as well as under prescription of anti –TB therapy in terms of both dosage and duration of treatment was the deficiencies identified.

Recommendation

Reduction of defaulting has to be targeted through finding reasons for, educating the patients and their relations and strengthening the available defaulter tracing mechanism. Also it is recommended that programmes have to be conducted to upgrade the knowledge of the service providers with a view to improve the case finding in terms of quality and quantity.

