

COPING PATTERN WITH PULMONARY TUBERCULOSIS RECEIVED DOTS THERAPY IN SELECTED LUCKNOW HOSPITALS: AN ANALYSIS

Sandeep Jain¹, Dr. Sunita Lawrence²

Department of Nursing

^{1,2}Shri Venkateshwara University, Gajraula (Uttar Pradesh)

Abstract

This research is a systematic analysis to evidence the incidence and prevalence of latent TB infection (LTBI) and disease and to evaluate the impact of various preventive strategies that have been attempted. To identify relevant studies, we searched electronic databases and journals, and contacted experts in the field. This review demonstrates that, various types of tuberculosis have different imaging findings, and typical computed tomography (CT) and magnetic resonance (MG) findings can suggest the diagnosis. Available evidence reinforces the need to design and implement simple, effective, and affordable tuberculosis infection-control programs in health-care facilities in our countries. With the revision of all the data's, we are able to conclude that the controlling of tuberculosis by human beings is yet not achieved. So, there is an urgency to develop awareness amongst the individuals and also a new drugs regimen for the proper treatment of tuberculosis

1. OVERVIEW

In the year 2018, the incidence of tuberculosis was reported to be 1.9 million with prevalence of 2.186 million with mortality due to TB being 2, 76,512. Tuberculosis (TB) remains a major public health problem in resource-poor countries including India. Scientific knowledge is used to guide policy and practice. There is however, a limited, systematically collected data required for guiding the scale-up of interventions particularly amongst vulnerable populations including tribal groups in the country. In view of this, a systematic review of the TB research studies carried out in tribal areas of different parts of the country was undertaken[1-3].

Tuberculosis (TB) is a global health concern, India ranks first among the world's high-burden tuberculosis (TB) countries. Noncompliance to self-administered multi drug tuberculosis treatment regimens is common and is the most important cause of failure of initial therapy and relapse. Tuberculosis (TB) is still a leading cause of death worldwide. Almost a third of the world's population is infected with TB bacilli, and each year approximately 8 million people develop active tuberculosis and 2 million die as a result. However, there are few studies of long-term TB treatment outcomes from Directly Observed Therapy, Short - course (DOTS) programs in high-burden settings and particularly settings of high drug resistance.

However, during the maintenance phase many states reported multidrug resistance and extensive drug resistance. This prompted reconsideration of the existing program and introduction of daily regimen in place of intermittent regimen. When a new program is being implemented it is

important that one should take stock of the deficiencies of the previous program leading to its failure. This will help the administrators to plan a foolproof program. Tuberculosis continues to be a major health problem in the world, particularly in the developing countries. The updated WHO report reveals that about 9.4 million new TB cases occurred in 2018 including 1.4 million cases among people living with HIV. The prevalence of the disease was about 11.1 million. There were about 1.3 million deaths from TB among HIV negative people and an additional 0.52 million TB deaths among HIV positive people. India is the highest TB burden country in the world, accounting for 21% of the global incidence and 2/3rd of the cases in India[4-7].

2. DOTS THERAPY

Tuberculosis is completely curable through short-course chemotherapy. Treating TB cases who are sputum-smear positive (and who can therefore spread the disease to others) at the source, it is the most effective means of eliminating TB from a population in Lucknow. DOTS or Directly Observed Treatment Short course is the internationally recommended strategy for TB control that has been recognized as a highly efficient and cost-effective strategy. DOTS comprise five components.

1. **Sustained political and financial commitment.** TB can be cured and the epidemic reversed if adequate resources and administrative support for TB control are provided
1. **Diagnosis by quality ensured sputum-smear microscopy.** Chest symptomatic examined this way helps to reliably find infectious patients
2. **Standardized short-course anti-TB treatment (SCC) given under direct and supportive observation (DOT).** Helps to ensure the right drugs are taken at the right time for the full duration of treatment.
3. **A regular, uninterrupted supply of high-quality anti-TB drugs.** Ensures that a credible national TB programmer does not have to turn anyone away.
4. **Standardized recording and reporting.** Helps to keep track of each individual patient and to monitor overall programmer performance

3. COPING PATTERN WITH PULMONARY TUBERCULOSIS RECEIVED DOTS THERAPY IN SELECTED LUCKNOW HOSPITALS

Above figure 1 descriptive the Pulmonary tuberculosis is an infectious disease caused by *Mycobacterium tuberculosis*, 78 respondents are agree, 65 respondents are Strongly agree, 31 respondents are disagree and 59 respondents are strongly agree.

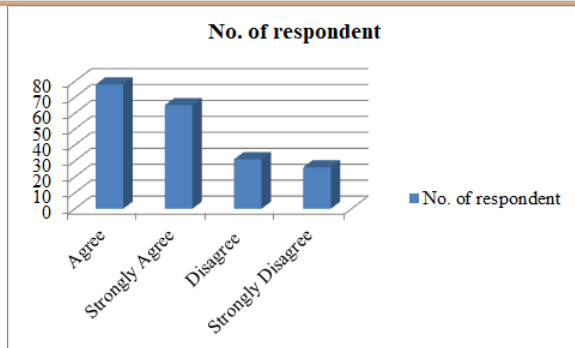


Figure 1: Pulmonary tuberculosis is an infectious disease caused by *Mycobacterium tuberculosis*

Above figure2 descriptive the Tuberculosis is completely curable through short-course chemotherapy, 78 respondents are agree, 69 respondents are Strongly agree, 29 respondents are disagree and 24 respondents are strongly agree.

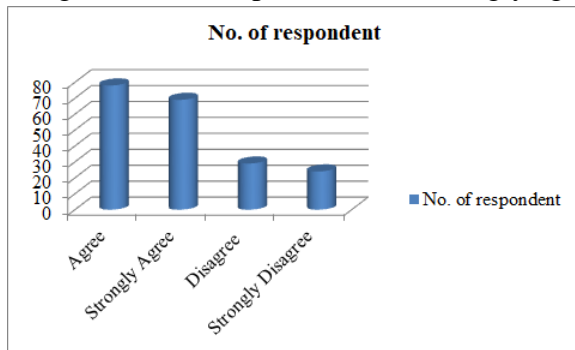


Figure 2: Tuberculosis is completely curable through short-course chemotherapy

Above figure3 descriptive the DOTS or Directly Observed Treatment Short course is the internationally recommended strategy for TB control that has been recognized as a highly efficient and cost-effective strategy, 76 respondents are agree, 67 respondents are Strongly agree, 32 respondents are disagree and 25 respondents are strongly agree.

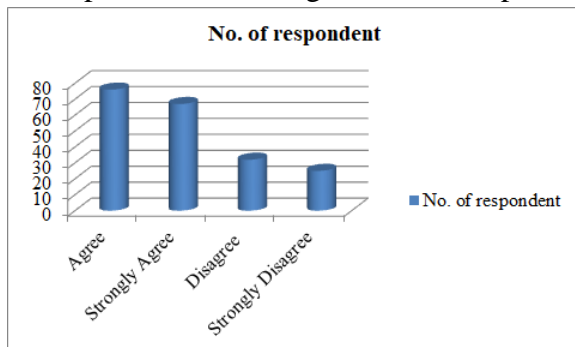


Figure 3: DOTS or Directly Observed Treatment Short course is the internationally recommended strategy for TB control that has been recognized as a highly efficient and cost-effective strategy

Above figure4 descriptive The Government of India (GoI) propelled the Revised National TB Control Program (RNTCP) in 1997 dependent on WHO embraced Directly Observed Treatment Short-course (DOTS) strategy, 79 respondents are agree, 68 respondents are Strongly agree, 31 respondents are disagree and 22 respondents are strongly agree.

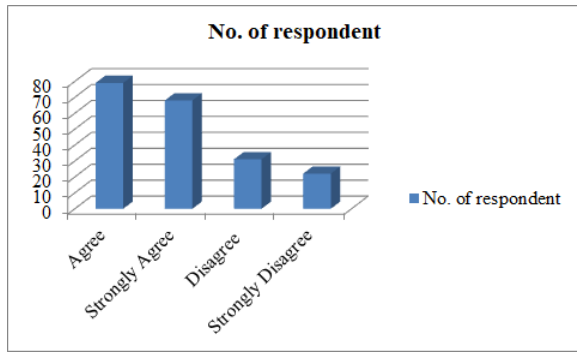


Figure 4: The Government of India (GoI) propelled the Revised National TB Control Program (RNTCP) in 1997 dependent on WHO embraced Directly Observed Treatment Short-course (DOTS) strategy

Above figure5 descriptive The Government included PPs through WHO suggested PPM (Public Private Mix)- DOTS strategy, 80 respondents are agree, 71 respondents are Strongly agree, 28 respondents are disagree and 21 respondents are strongly agree.

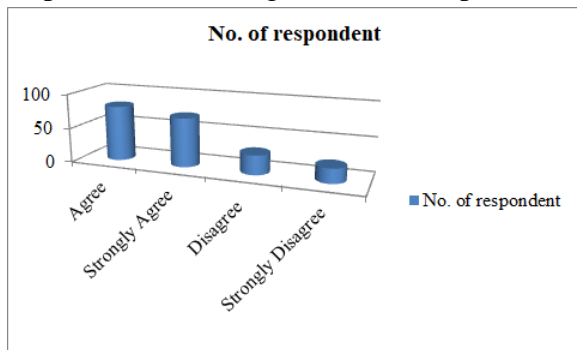


Figure 5: The Government included PPs through WHO suggested PPM (Public Private Mix)- DOTS strategy

Above figure6 descriptive Tuberculosis (TB) continues to be one of the most important public health problems in Lucknow, 72 respondents are agree, 67 respondents are Strongly agree, 33 respondents are disagree and 28 respondents are strongly agree.

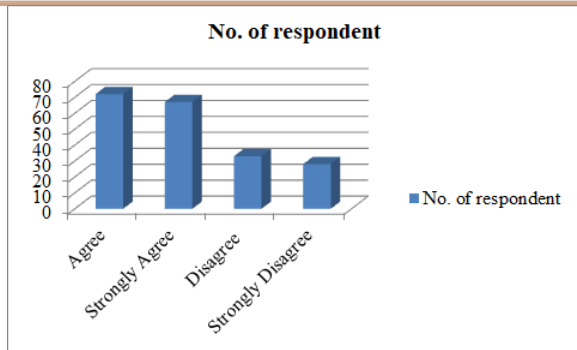


Figure 6: Tuberculosis (TB) continues to be one of the most important public health problems in Lucknow

Above figure7 descriptive Knowledge and awareness of the tuberculosis in tuberculosis patients at a tertiary care centre in Lucknow, 71 respondents are agree, 63 respondents are Strongly agree, 34 respondents are disagree and 32 respondents are strongly agree.

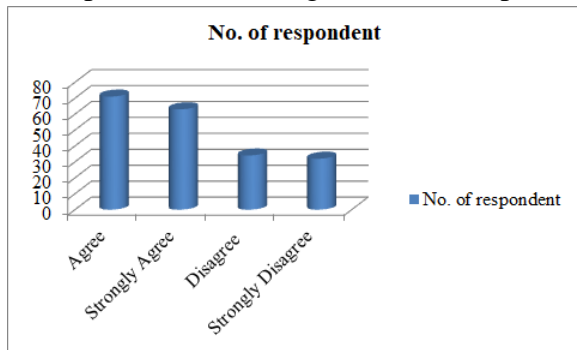


Figure 7: Knowledge and awareness of the tuberculosis in tuberculosis patients at a tertiary care centre in Lucknow

Above figure8 descriptive On the treatment of patients with TB and the role of the nurse in Lucknow is good, 82 respondents are agree, 72 respondents are Strongly agree, 27 respondents are disagree and 19 respondents are strongly agree.

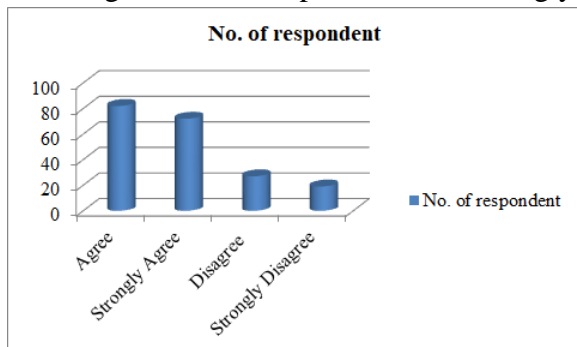


Figure 8: On the treatment of patients with TB and the role of the nurse in Lucknow is good

Above figure9 descriptive DOT compared to self-administered therapy in people on treatment for active TB or on prophylaxis to prevent active disease and its positive effect, 69 respondents

are agree, 61 respondents are Strongly agree, 36 respondents are disagree and 34 respondents are strongly agree.

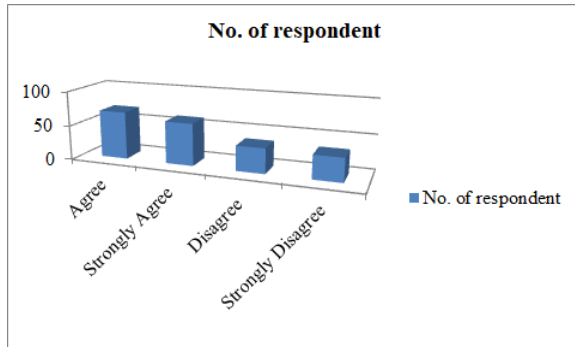


Figure 9: DOT compared to self-administered therapy in people on treatment for active TB or on prophylaxis to prevent active disease and its positive effect

Above figure10 descriptive The effectiveness of video-assisted comprehensive teaching program on enhancing knowledge, improving compliance, and life coping mechanism and to observe the association between the knowledge, compliance, and demographic variables among DOTS, 76 respondents are agree, 71 respondents are Strongly agree, 28 respondents are disagree and 25 respondents are strongly agree.

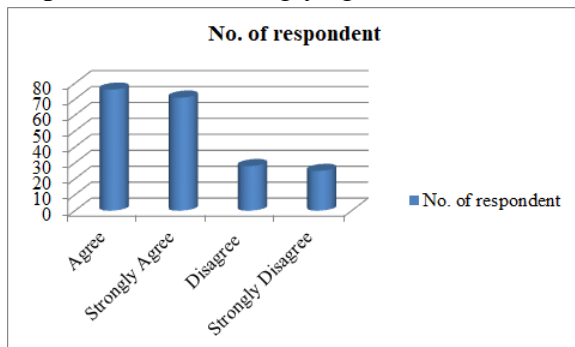


Figure 10: The effectiveness of video-assisted comprehensive teaching program on enhancing knowledge, improving compliance, and life coping mechanism and to observe the association between the knowledge, compliance

4. FACTORS INFLUENCING QUALITY OF LIFE IN PATIENTS WITH ACTIVE TUBERCULOSIS

Globally, tuberculosis (TB) is a noteworthy public health problem. World Health Organization (WHO) assessed that 32% of the world's populace was tainted with Mycobacterium tuberculosis. Tuberculosis was a notable reason for horribleness and mortality in India from the get-go in the twentieth century. Be that as it may, with the presentation of hostile to tuberculosis meds in the 1940s and 1950s, the rate of TB ailment declined significantly. Even though this pace of TB sickness inside India in worldwide terms is generally low, inside unique high-hazard groupings, rates surpass those seen in many creating countries.

TB medicine and treatment depends on Direct Observed Treatment Short-course (DOTS) and DOTS in addition to programs for the treatment of MDR-TB. A DOT is accessible throughout India, yet DOTS in addition to be constrained to certain regions of India. Medicines for DOTS and DOTS in addition to programs are provided mostly through the Global Fund and government reserves. Patients don't pay for TB medicines, yet for other supporting medicines and treatments, for example nutrients, which are not accommodated free. Money related obstructions may likewise exist with respect to paying for transportation for outpatient the board of TB and from first to auxiliary consideration office when patients are alluded. While some nearby experts do repay for vehicle cost, this isn't the standard for all health offices.

5. CONCLUSION

Analysis of TB is identified with numerous troubles that the patient encounters physically and rationally. The side effects of the illness power the patient to change his own and expert life. To work in abruptly changed conditions, the patient needs to build up certain ways and procedures for managing in another circumstance. Because of the idea of the ailment, patients with TB have a brought down degree of the quality of life. It is identified with the way that the infection might be seen as something that points of confinement the majority of the regions of human working. The issue of QoL has happened to enthusiasm because of another approach towards treatment impacts, which comprises in the estimation of the span of treatment as well as is seen from the viewpoint of 'the quality of life drawn out by a helpful success'.

The present focal point of the RNTCP of Government of India utilizes Directly Observed Treatment Short Course (DOTS) to accomplish and keep up a fixed pace of over 85% and expansion of case discovering exercises to recognize in any event 70% of evaluated cases. Accomplishing these objectives requires dynamic network interest by making awareness on the etiology, symptomatology, management, preventive measures, and data of accessibility of services, and so on. Non-adherence to treatment regularly results from lacking knowledge or comprehension of the ailment and its treatment. Then again, more prominent knowledge about TB may expand the acknowledgment to the control measures with the resultant reduction in the spread of the infection. By instructing the patients and expelling their misinterpretations, patient consistency with treatment and spread of illness is probably going to improve. Studies over the world uncovered misinterpretations and restricted knowledge about the infection and its treatment.

Scarcely any examination led to think about the awareness of TB found that awareness and knowledge change here and there. As awareness and knowledge about TB shift in various topographical areas and a relationship exists among knowledge and aversion/consistency, so it is beneficial to lead this sort of concentrate in the remote territory particularly in Lucknow. Subsequently, this examination is a genuine exertion to illuminate socio-statistic profile, knowledge, and awareness of TB among TB patients.



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