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FIXED FORMATION COMMITMENT TO INPATIENT TREATMENT OF PATIENTS WHO INTERRUPTED THERAPY

Summary: The work is dedicated to the means forming adherence to TB therapy, which interrupt patient treatment. These tools are psychological support patients, their families and provide detailed information about the conditions of curability of the disease.

Анотація: Стаття присвячена засобам формування прихильності хворих на туберкульоз до терапії, що переривають стаціонарне лікування. Такими засобами є психологічна підтримка хворих, членів їх родин та надання детальної інформації щодо умов виживності даного захворювання.

Аннотация: Статья посвящена средствам формирования приверженности больных туберкулезом к терапии, прерывающих стационарное лечение. Такими средствами являются психологическая поддержка больных, членов их семей и предоставление детальной информации об условиях излечения данного заболевания.

The level of appropriate attitude to fulfil doctor's recommendations in health care system is low: approximately 0.2% of all TB patients do not take drugs prescribed by the doctor [1]. In papers of foreign scholars who study patient's disposition to the prescribed therapy, the latter was defined as compliance therapy that means a degree of patient's readiness to follow doctor's recommendations [1, 2]. Share of the TB patients who were first diagnosed with TB and stopped taking medications amounts to 20 and 50%. Informational and educational work with the patients is a means to form a responsible attitude of TB patients to their treatment [5].

The object of the research: 210 patients with first pulmonary TB diagnosis and 43 patients with suspicion on multiresistant character of Chernivtsi Oblast Anti TB Hospital who were polled by the method of random selection.

Research tasks:

1. To study clinical and social characteristics of TB patients with positive and negative disposition during hospitalization.

2. To establish the effectiveness of pulmonary TB in Bukovyna over last years and reasons of their decrease.

3. To establish the main obstacles to conduct controlled treatment.

4. To establish the main ways of disposition formation in patients during hospitalization.

To prove positive information and educational work to prevent early termination of treatment in TB patients. To prove positive information and educational work to prevent early termination of treatment in TB patients.

The subject if the research: to establish sensitivity of TB mycobacteria to antimycobacterial medications, collection of information about the patients by polling and medical documentation.

Methods of investigation: clinical, X-rays, clinical and lab, microbiological, statistical.

The results of the study. The object of study were 210 medical histories of TB patients (registered for treatment in 2010-2011), (form № 081/0); TB case-book (form № 03-TB/0); statistical maps of patients that were discharged from hospital (form № 066/0); TB patients medical histories (form № 01-TB/0); hospitalized TB patients medical histories (form № 003/0); annual reports of Ch. Oblast Anti TB Hospital.

Criteria for inclusion of patients into study:

- first detected pulmonary TB patients with destruction and bacteria discharge beginning the main course of treatment;

- first detected pulmonary TB patients with destruction and bacteria discharge ending the main course of treatment receiving informational and psychological support on all stages of treatment;

- first detected pulmonary TB patients with destruction and bacteria discharge who ended early the course of treatment;

Criteria for exclusion of patients into study:

- patients who did not want to be polled.

Patients were discharged from hospital due to different reasons: medical data (in case of following the regimen of treatment) – assessed as «good disposition during hospitalization» and «ending the intensive stage of chemotherapy» due to break of the regimen and/or early ending of treatment by patient's decision that is assessed as «poor disposition for treatment during hospitalization» and «break in treatment».

Among the overall number of patients (210) a group of 43 patients with suspicion for multi resistant character of the disease and the analysis of data was conducted.

By age group the patients were divided into the following categories: young people – patients aged twenty to forty-five who made 46,3%, middle aged people

– patients aged 45 to 59 – 39,02%, older people – patients aged 60 to 74 – 7,3% elderly people – patients aged 75 to 89 – 7,3% (Fig. 1).

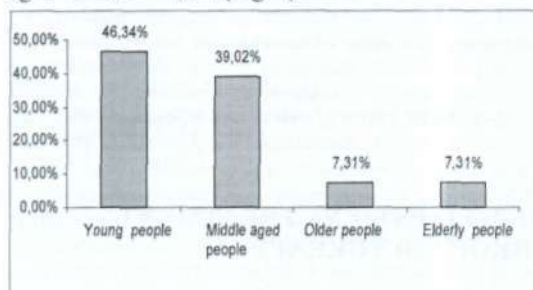


Fig. 1. Age groups of patients

The average age of patients was (41,9 ± 1,8). Men prevailed - 31 (72,1%) (Fig. 2).

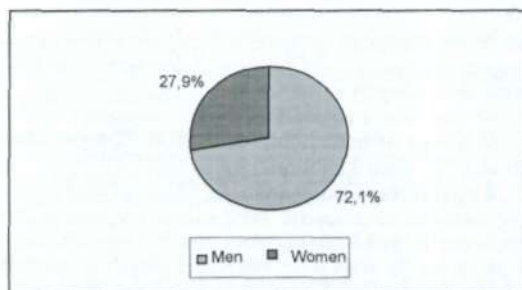


Fig. 2. Sex of patients

Examined patients complained about constant coughing with sputum, rise in body temperature (37,4-38,9°C), periodical shortness of breath, emaciation, general weakness. In 69,7% of examined patients the state was satisfactory, medium difficulty – 23,3%, and difficult in 7% of patients.

The results of treatment of patients who followed the regimen for over two months are provided in Table 1:

Table 1
The results of treatment of patients following the regimen for over 2 months

Treatment period	Total	Positive result	Progress	Without effect
2-3 months	20	10 (50%)	2	8
3-6 months	17	12 (70,6%)	1	4
over 6 months	14	11 (78,5%)	-	3

As we can see from Table 2, under the condition of adequate term of treatment in the majority of patients positive result was achieved, with the increase of treatment period its share rose.

While polling 159 patients it was found out that secondary education and lower than that was in 51% of patients, secondary specialized – 36%, non completed and completed higher education – 11%. Social portrait

was the following: workers – 34%, specialists – 8%, civil servants – 6,6%, medical workers – 1%, entrepreneurs – 5,6%, unemployed (pensioners, disabled, unemployed, housewives) – 46%. Residents of Chernivtsi – 35,5%, oblast – 65,5%.

Social portrait of patients (51) who ended their treatment early is the following: 68,2% – unemployed, 56,2% – drinking addicts, 35,1% – were inmates in the past, 5,1% – homeless.

After polling the patients who broke their treatment the following reasons for early ending of their treatment provided:

- necessity to earn their living – 25% (had to make money, necessity to be at work);
- insufficient medical information of the TB patients – insufficient knowledge about TB and its treatment – 13,5% (consider themselves healthy);
- absence of comfortable conditions in round-the-clock hospitals – 21,4%;
- family circumstance (lengthy absence from the family for the period of treatment, inability to leave home) – 9%;
- misuse of alcohol (instead of medications prefer alcohol) – 29%;
- do not want to be treated without reasons – 2,1%.

Study of this question showed that most frequent reasons for early ending of TB treatment were alcohol and lack of money (search of work, lack of money for living, fear to lose job). This means that TB patients who end treatment early are the people that belong to vulnerable and socially nonadapted groups of population (unemployed, homeless, former convicts, alcohol addicts). These conclusions indicate to the necessity to introduce the programme of social support for TB patients for raising motivation to heal and follow the treatment regimen.

Study of factors that influence treatment of first diagnosed patients prompted search of means that would shorten early discharge of the patient and would be the basis for the development of the system of formation of the informational field of the patient. We have developed the material for education of TB patients «Cure – best prophylaxis in fighting TB». In the methodology the information is a factor of influence on the patient that has logical model of the disease for the patient. On a weekly basis the patients had classes 70% of which was verbal education – provision of the information, and 30% interactive communication – answering patients' questions, polling.

The comparative analyses of length of treatment were made according to standard regimens of chemotherapy. Such criteria were analysed: ending of treatment after 15 months, treatment efficiency, breaks in treatment, fatalities, and movement to other districts/oblasts.

While providing informational aid to patients the length of treatment is shortened. The number of patients who completely fulfilled treatment with period up to 7 months was higher in the patients who had individual education (43,5 %) in comparison with the patients of another group (32 %).

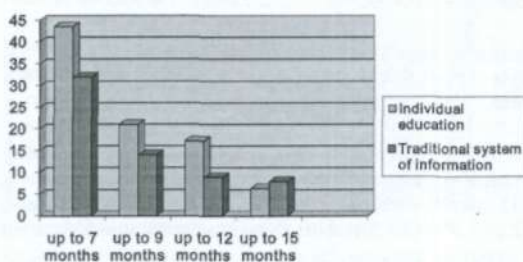


Fig. 3. Patients with different periods of treatment, %

Efficiency of treatment in 9-15 months was also higher in patients who were educated on individual basis.

The treatment was efficient with cessation of bacterial discharge and cure of pulmonary tissue destruction in 87,9% of patients of the first group at the moment of the end of course of treatment and 63,1% – in the second.

Conclusions:

1. Persons with asocial behaviour with pulmonary TB are a contingent that influence the formation the source of TB infection as the majority do not keep to the main course of anti TB therapy.

2. If the main course of treatment is followed improvement in 70,6 % of patients is achieved.

3. Understanding the problems which the TB patient faces during chemotherapy may improve the organization of anti TB help of the patients.

6. System of informational teaching of the patients allows to increase the level of their awareness up to 92% at test stage compared with 55% for traditional system of information.

7 Risk of multiresistant pulmonary TB is characteristic for the patients with broken treatment for 1 clinical category and makes up 43,3 % of the total number of patients.

9. The main means of disposition formation is psychological support of the patients, members of their families and provision of detailed information about the conditions of cure for the disease.

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КЛІНІЧНА ХАРАКТЕРИСТИКА ДІТЕЙ З СИНКОПЕ КАРДІОВАСКУЛЯРНОГО ГЕНЕЗУ

Анотація: робота присвячена синкопальним станам, обумовленим кардіоваскулярними захворюваннями (порушення ритму серця та провідності, структурна патологія серця, вазовагальні непритомні стани) у дітей. Вивчена структура кардіоваскулярних захворювань, що були причиною непритомних станів у обстежених дітей, визначені особливості клінічного перебігу, які дозволяють вже при первинному обстеженні пацієнта обґрунтувати найбільш ймовірну причину втрати свідомості.

Аннотация: работа посвящена синкопальным состояниям, обусловленным кардиоваскулярными заболеваниями (нарушения ритма сердца и проводимости, структурная патология сердца, вазовагальные обмороки) у детей. Изучена структура кардиоваскулярных заболеваний, как причины обморочных состояний у детей, определены особенности их