Barriers to Access to Tuberculosis Treatment, as Seen Through the Eyes of Patients Living with HIV Infection and Tuberculosis in Russia

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Brief description of the project:

In the period from January 1 to June 30, 2013, Non-profit Partnership "E.V.A.", in cooperation with ITPCRU and with the support from STOP TB Partnership, Aids Healthcare Foundation and the Fund for Treatment Preparedness (FTP), carried out the survey titled "Improving access to TB treatment for patients co-infected with TB / HIV in the Russian Federation".

This project was implemented as a pilot initiative to assess access to tuberculosis treatment, with a focus on patients co-infected with TB / HIV. The goal of the project was to identify the problems in the diagnosis, prevention and treatment of tuberculosis in patients co-infected with TB / HIV in the Russian Federation. Other results of the project that are not included in this report can be found at http://evanetwork.ru/.

Brief description of the study:

The study involved 193 patients with HIV, and with experience in the treatment / prevention of tuberculosis. The study was conducted in four cities in Russia - Yekaterinburg, St. Petersburg, Kaliningrad and Naberezhnye Chelny. These regions were selected on the basis of the epidemiological situation, morbidity and mortality rates among patients with TB/HIV[1], and due to the presence of activists interested in this project's activity.

The purpose of the study:

To identify barriers in access to treatment and prevention of tuberculosis, carry out analysis and develop recommendations for improvement of the situation.

Research design and methods of data collection:

1. Questioning of 171 patients, who were treated / taking drugs to prevent development of the latent TB infection at the time of the survey, using a questionnaire.
2. Semi-structured interviews with 22 patients who has had tuberculosis treatment interruptions.
3. Monitoring 28 TB facilities for compliance with the Order of the Russian Ministry of Health from 15.11.2012 N 932n "On Approval of the Procedure of Medical Treatment" (see Appendix 1).
4. Description of providing drug treatment for patients undergoing treatment for tuberculosis (see Appendix 2).

The main source of data to identify barriers in the course of treatment was a questionnaire survey of patients, of which:
57.8% were hospitalized at the time of the survey, and 36.7% used outpatient treatment. Gender and age characteristics: 60.2% - men, 39.8% - women, the average age of the patients was 34.3 years.

[1]The absolute number of cases of tuberculosis among HIV-infected patients in 2011 was: in Yekaterinburg - 2455 people, in St. Petersburg - 2087 people; proportion of deaths from tuberculosis in cases of co-infection in Kaliningrad in 2012 was more than 30% - according to the "Tuberculosis in the Russian Federation, 2010, 2011. Analytical review of statistics on tuberculosis, used in the Russian Federation ", - M., 2012.

1. Diagnosis of tuberculosis in people living with HIV: Barriers and complexity.

The extremely low level of awareness about TB among people living with HIV:

Almost all of the patients who participated in the study reported that they had had no information about tuberculosis before they were diagnosed with it. That is, they hadn't been informed about the fact that HIV infection increases the risk of tuberculosis. It's evident that the AIDS Centers do not perform the primary prevention of tuberculosis.

"I immediately started to browse Internet, I began to read, to learn about it by myself, I didn't know anything about the disease" (Alexey, Moscow).
«And what did you know about tuberculosis at the time of diagnosis? - Almost nothing, just some scraps "(Kirill, St. Petersburg)

It's necessary to keep track of increasing awareness on the prevention, diagnosis and treatment of tuberculosis among people living with HIV. Classes can be conducted at AIDS Centers, Schools of Patients and NGOs.

Low degree of early detection of tuberculosis and ineffective screening:

It became evident during the survey that more than 80% of patients who were diagnosed with tuberculosis had been aware of their HIV-positive status prior to that, and had been registered at the AIDS Center. However, in most cases tuberculosis was identified in connection with abrupt deterioration of health, rather than with screening. Not enough data are collected to analyze factors that caused this problem to occur. It's necessary to conduct an extensive study, in order to clearly define the cause of a low level of detection of tuberculosis in the early stages of the disease.

2. Treatment of tuberculosis in people living with HIV: Barriers and complexity.

The long period of hospitalization:

Virtually all participants of the study complained about the poor conditions in a tuberculosis hospital. The main barriers, identified by the respondents, were: conflicts with other patients - 75.8% of respondents, loneliness and isolation - 60.9%, conflicts with the staff - 37.5%. The data obtained in the interviews also show that these barriers are so significant that they often lead to early discharge of patients and discontinuation of treatment, as the patients go to an outpatient service only after some break.

The vast majority of respondents, who left hospitals prematurely, were discharged for violating the regime. Those respondents who voluntarily discontinued treatment cite the barriers, described above, as the main reasons for leaving hospital.

Q: "How much time did you spend in the hospital?
A: "For about a year, and then I was discharged for violation of the regime – I did not come back after the weekend. But then, in the end, six months later I was there again" (Maria, St. Petersburg).
Q: "How much time have you spent at the hospital?"
A: "A year. Then I asked to be transferred to outpatient treatment because morally it was very hard to be there"(Dmitry, Saint-Petersburg).

A: "There were conflicts with those neighbors in the unit who used alcohol, drugs, and then brawled. We argued, asked them to be quiet.
Q: And how has the conflict been resolved?
A: No how" (Natalia, Saint-Petersburg).

Absence of drug treatment in tuberculosis hospitals:

64% of respondents reported the use of psychoactive substances during treatment, both occasional and regular. The predominant substances of use are synthetic opiates and alcohol. Among people, who use psychoactive substances regularly or occasionally, 44.9% (35 people) take synthetic opiates, and 58.9% (46 people) - alcohol. The vast majority of respondents who reported the use of psychoactive substances were patients of the hospitals.

Data of the report on drug treatment during treatment of tuberculosis, prepared within the framework of this study, also confirm these figures (more than 60% of patients have substance-use disorders) - see Appendix 2.

Respondents, who injected drugs in the hospital, usually had been discharged for violation of the regime, and interrupted treatment because of this. 16 persons, or 28% of all respondents who had treatment interruptions, attributed their treatment interruption to substance use. 17.5% reported that they were booked for violation of the regime (it seems likely that a "violation of the regime" means they used psychoactive substances in the hospital). Thus, use of psychoactive substances is responsible for almost half of all the treatment interruptions identified in the study.

Q: "A year ago, you stopped taking medication, for what reason?
A: "They caught me shooting drugs and kicked me out. Then I stopped taking drugs, and started drinking once in a while" (Roman, Kaliningrad)

Patients who did not use drugs at the time of stay in the hospital cited the use of drugs and alcohol by their roommates as one of the main causes of conflicts.
Although staff standards of TB hospitals and dispensaries provide for a position of one psychiatrist-narcologist for 150 and 200 beds respectively, in practice, the structures of clinics, hospitals and AIDS Centers should provide for the positions of a doctor-psychiatrist-narcologist and physician-psychotherapist[2].

Only two medical institutions - City TB Hospital #2 in St. Petersburg and the Ural Institute of Phthisiopulmonology in Yekaterinburg – are provided with the appropriate professionals.

Few hospitals can provide patients with this type of aid, since it requires a license to deliver it, the observance of the conditions for the storage and use of drugs for the relief of withdrawal symptoms, the presence of chambers for detoxification. Also, hospitals have no opportunities for further rehabilitation – such as psychological help, the self- and mutual help groups. That is, even they manage to overcome their withdrawal symptoms, most patients return to drug use.

[2] Appendixes number 2 and number 9 to the Order of care for TB patients, approved by the Ministry of Health of the Russian Federation on November 15, 2012, N 932n.

Lack of psychological support and social assistance in the course of treatment.

Tuberculosis treatment is lengthy and involves a range of psychological difficulties. In particular, the records of the Foundation "SVECHA", which in 2011 carried out a project in the City TB Hospital #2 in St. Petersburg that included the provision of a comprehensive psycho-social care for patients with combined pathology of HIV / TB, show that a decline in the number of detachments from treatment more than doubled - from 65-80% to 32%[3].

More than 60% of the patients in the study called the loneliness and depression a serious problem in the course of treatment. During interviews, many patients reported that it was their loneliness that became a main reason for early discharge from hospital. None of the respondents reported that he or she had received any medication for mental health - for example, anti-depressants.

Only a small number of patients reported that they were given psychological counseling and support in the hospital, and assessed its' effectiveness highly.

Q: "How do patients usually spend their free time in the hospital?
A: "Drinking and shooting drugs" (Galina, Naberezhnye Chelny)

Q: "Has a psychologist been working with you over there?
A: "When I started my treatment, there was a great psychologist, there was art-therapy. There was a social worker. But then it was all over. Now there's no one there" (Natalia, Saint-Petersburg)

Q: "How, do you think, the treatment should have been organized, for you to successfully complete it?
A: "First of all, you need a psychologist so that people know that this disease can be cured" (Roman, Naberezhnye Chelny).

Difficulties in accepting diagnosis.

More than half of respondents said that after they had been diagnosed with tuberculosis, they were more likely to use substances (in most cases we are talking about opiates and alcohol). Also, several respondents reported that HIV and tuberculosis had been diagnosed at the same time. While the format of the interview fails to identify reasons for increase in drug use, it can be assumed that the more frequent use of psychoactive substances can be attributed to stress caused by the diagnosis.

Q: "How did you receive news that you had TB?
A: "At that time I had been working, I had to resign, there was a lot of panic..." (Alex, Kaliningrad).

Q: "Did you start to use alcohol and drugs more frequently?
A: "Of course" (Victor, Saint-Petersburg).

Q: "And how did you accept news that you had TB?
A: "Very badly. I did not accept this disease, I wanted to use drugs again. It was very painful and lonely time.
Q: "How did your family accept this news?
R: Mom was shocked, she accepted it very badly, with pain, with horror" (Natalia, Saint-Petersburg).

The data of the survey on compliance of the quality and scope of medical care for patients with tuberculosis and HIV also confirm that psychological support is not being provided to patients in full. Although positions of the psychiatrist-narcologist and psychotherapist must be present at each institution, only 2 of the 28 medical institutions that took part in the study are equipped with appropriate specialists - see Appendix 1.

[3] http://svechaspb.narod.ru/index/0-13

Barriers in the organization of the treatment process.

Lack of cooperation between the medical staff and patients.

Most patients report the indifferent and apathetic attitude on the part of medical personnel - both physicians and mid-level personnel. Almost 40% of respondents mentioned conflicts with the medical staff as one of the barriers to the treatment of tuberculosis.

Lack of cooperation also leads to a low level of awareness of patients about their disease, to the lack of understanding of the importance of treatment regime, and, ultimately, to the early termination of treatment. Respondents note that they rarely or never at all received advice about the course of their disease from the attending physician, as well as the fact that doctors denied them answers to their questions.

Q: "Have you received help from anyone? When there were breaks in treatment, side effects, when you left the hospital?
A: All doctors treated me aggressively" (Galina, Naberezhnye Chelny).
A: "I was in intensive care, I was sick, I had a high temperature. I called a nurse, she shouted at me: "You're a drug addict, it's just 38 Degrees, why are you yelling?" It wasn't pleasant".

Receiving Antiretroviral Therapy (ART) and tuberculosis treatment.

84.5% of respondents found out their HIV status before the start of TB treatment.
15.5% of respondents found out their HIV status DURING treatment of TB.

In spite of the fact that all patients are being tested for HIV during treatment of tuberculosis once every 3 months, TB-services do not have virtually any trained personnel to carry out pre-and post-test counseling for HIV. There are no psychologists who could advise patients on how to accept their diagnosis and what the development of adherence is. Peer counselors from AIDS Centers are not allowed to attend the TB hospitals due to the rules of infection control. Patients are left alone with their illness, their new diagnosis. It often provokes a return to the use of psychoactive substances and discontinuation of treatment of tuberculosis, as well as of ART.

About half of the respondents (52.6%) are currently taking ART.

About half of the respondents (47.4%) do not take ART, indicating they do it "for medical reasons". It requires further investigation, as information on the number of CD4 cells was not collected during the study.

According to the recommendations of the Health Ministry, ART should be taken by patients with CD4 counts below 350 cells, but the WHO protocols recommend that ART should be started no later than 8 weeks after initiation of TB treatment, regardless of CD4 level.

Lack of attention to side effects.

Most of the respondents who participated in the survey reported the occurrence of side effects induced by administration of anti-TB drugs (109 persons or 85.2%). Almost all of these people have told their doctors about these side effects (100 people or 91.7% of those who reported having side effects). Slightly less than half (45%) of respondents reported that they had been assigned additional medication for the relief of side effects, while 38% said that their complaints had not been paid any attention to. However, among respondents of semi-structured interviews (there were 22 people who have had treatment interruptions), 100% of those surveyed said they did not get any help related to their side effects.

According to data obtained in our study, the side effects become a cause of discontinuation of treatment in almost 30% of cases.

Most patients reported that even when doctors paid attention to side effects, they had to acquire medication for getting relief from these symptoms on their own, and many of them were forced to abandon these drugs due to the lack of funds.

Q: "What was the reason you stopped taking medications?
A: "My body has already started to reject these medications. I have long been taking large quantities of medications by the handful. As a result, I had rash, allergy, there were vomiting reflexes. I gave my body some time to rest".

Treatment interruptions.

44.5% of respondents said that they had treatment interruptions lasting 3 to 59 days. The average number of days missed - 8.8.

The most frequent causes of interruptions:

- "Tired of drinking pills, decided to take a break from treatment" (19 people and 33% of those who missed taking drugs);
- "I have had side effects, and I refused to take drugs on my own" (16 people or 28%);
- "Substance use" (16 people or 28%);
- "I was discharged for violation of the regime" (10 persons or 17.5%).

Also, there were a lot of violations of the controlled medication use regime.

Issuance of drugs for self-administration.

Four-fifths of all respondents (100 people or 78.1%) have been given medications for self-administration. 100% of respondents among patients undergoing outpatient treatment receive drugs on hand.

Most often it is an issue of giving drugs on hand during weekends (50 persons and 50% of those who were given drugs on hand), holidays (41 people or 41%), as well as for more than 10 days (25 people or 25%).

Q: "Tell me how you stopped taking medications, what was the reason for it?
A: "During New Year's holidays I went home and stopped taking medication " (Ruslan, Kaliningad).

Approximately 40% of outpatients and about 20% of patients in the hospitals reported taking medications against recommendations of the treating physician.

Weak interaction between various medical facilities.

Many respondents reported treatment interruptions related to hospital discharges and to:

- transition to outpatient treatment,
- release from prison,
- change of residence.

In such cases, contact with the patient is lost. Patients are not being transferred from one facility to another, but just interrupt their treatment, usually – until the next case of deteriorating health.

A: "I got into a detention room on March 26th, and was released on April 6th.
Q: Does it mean that you haven't been taking medications for 2 weeks?
A: Yes, it does.
Q: Do you know that you can't interrupt your treatment?
A: Of course I understand it, and what can I do? They don't give you such pills there, there are no conditions to keep the tuberculosis patients there, all the more - with an open form of TB" (Alex, Yekaterinburg).

Q: "Did you take any medications after leaving hospital?
A: No, at first I felt good, I had no time to get to the clinic" (Maria, Saint-Petersburg).

The main barriers to access of PLHIV to treatment of tuberculosis in Russia:

1. Failure to comply with the regime of controlled treatment.

The results of the study showed that standards of observed treatment regulated by the Ministry of Health are not being met. This means that patients violate the drug regimen. It produces drug resistance and reduces the effectiveness of treatment.

2. The long period of inpatient treatment, in combination with the low quality and lack of psychosocial support for patients. Lack of hospital-replacing technologies.

The need for an extended stay in a hospital is a major test for the majority of patients, and significantly reduces the adherence to treatment. Living conditions in hospitals are such that the opportunities for recreation, meetings with relatives, counseling and self-help groups are virtually absent. Most patients suffer from isolation and loneliness, many have mental health problems, which also affect adherence. Some research suggests that "MDR-TB develops in adhered patients hospitalized during treatment. This suggests that the treatment of drug-susceptible tuberculosis revealed an existing population of drug-resistant organisms, or that patients were re-infected with drug-resistant strain"[4].

Although it has been proven that patient-oriented approaches increase adherence to treatment[5] and are more acceptable from the point of view of economic efficiency than maintaining beds in the hospitals, such opportunities for patients who discontinued treatment had not been provided in the regions of the project. Note that, according to the order of care for TB patients, dispensaries' functions include "organization of supervised treatment of tuberculosis patients in outpatient settings, including at home".

3. Absence of drug treatment, lack of psycho-social care and support in the process of treatment.

Unfortunately, there're no reliable data on the number of people living with HIV who are being treated of tuberculosis, and use psychoactive substances all the while. Question of organization of providing drug treatment to TB services is very serious.

Although the importance of psychosocial care for patients in the treatment of tuberculosis, and the critical value of such assistance in adherence to treatment, is admitted, it is not available to patients in most cases. Only a few institutions have psychologists and social workers, but it's not enough to meet the needs of patients. Also worth noting is a low level of qualification of non-medical professionals who provide support to patients co-infected with TB / HIV.

[4] http://rylkov-fond.org/blog/health-care/health-caretb/tb-treatment-in-tomsk/
[5] http://www.pih.ru/06/Doc/Sputnik_rus.pdf

Report on monitoring TB institutions for compliance with the Order of the Ministry of Health of Russia 15.11.2012 N 932n "On Approval of the Procedure of Care for TB patients".

Under the project, the study on compliance of the quality and volume of medical care for people, co-infected with TB and HIV, with the standards established by the Order of the Ministry of Health of Russia 15.11.2012 N 932n "On approval of the Procedure of care for TB patients "(hereinafter - the Order), had been conducted in health-care institutions in St. Petersburg, Yekaterinburg, Kaliningrad, Naberezhnye Chelny.

During the monitoring, through a survey of patients and medical staff, data were collected from 28 medical institutions: TB dispensaries, TB hospitals and medical centers of pulmonology (outpatient unit) (hereinafter - Dispensary, Hospital, Center). Among them, 14 medical institutions are in St. Petersburg, 12 – in Yekaterinburg, 1 – in Kaliningrad, and 1 – in Naberezhnye Chelny[6].

In more than 50% of cases, patients co-infected with TB and HIV have a history of mental illness and behavioral disorders due to psychoactive substance use (alcohol, drugs). That's why medical care for TB patients, co-infected with HIV, can be effective only if it's combined with drug treatment, psychological and other specialized medical care.

This particular need of patients co-infected with TB and HIV has been taken into account in the development of the Order. Given the nature of the problems, the following key areas of investigation had been chosen:

I. Presence of the Office of TB care to patients with HIV.

In the case of diagnosis of tuberculosis in a patient with HIV infection such a person is being sent, by the decision of the medical commission, under the supervision of the Office of TB care to patients with HIV[7] that must be organized in the structure of a Hospital\Center[8]. A controlled treatment should be organized in such an Office[9].

None of the medical institutions has an Office of TB care to patients with HIV infection. Thus, treatment of TB associated with HIV infection is being implemented while not taking into account the specifics of their health status and the need for a comprehensive monitoring of such treatment.

There are several forms of public control over the treatment of TB patients, including those used in cases of treatment of patients with HIV infection:

- Daily administration of drugs in a medical facility under the supervision of medical personnel, combined with the issuance of the drug on hand to be administered by patients themselves during weekends and public holidays (St. Petersburg - 9 institutions; Yekaterinburg - 12; Kaliningrad - 1; Naberezhnye Chelny - 1)
- Giving a patient a dose of the drug, intended for 10 days of self-administration, and self-administration without the supervision of medical staff (St. Petersburg - 4 institutions).

II. Presence of the inpatient unit for patients co-infected with TB and HIV[10]. The structure of a Hospital / Center should provide for an inpatient unit for patients co-infected with TB and HIV. Such a unit should include the post of an infectious disease physician[11].

Specialized inpatient units for patients co-infected with TB and HIV had been organized at the premises of the three medical institutions in Yekaterinburg (phthisiology department at Kamskaya, 37 in Yekaterinburg; branch #1 "Crystal" SFHI "TBD", Sverdlovsk region, the Beloyarsk settlement; SFHI "TBD #3", Nizhny Tagil) and one institution in St. Petersburg (City Tuberculosis Hospital №2). Specialized units are not available in the medical facilities of Naberezhnye Chelny and Kaliningrad.

Only City TB hospital #2 provides for the position of an infectious disease physician (St. Petersburg).

6 The list of medical institutions that had been monitored is in the Appendix
7 The procedure of care for TB patients, paragraph 22
8 Ib., Appendix #8
9 Ib., paragraph 7.3, Appendix #11
10 Ib., paragraph 6(b), Appendix #8
11 Ib., Appendix #9

III. Provision of medical facilities with necessary expertise. The structures of a Hospital, Center and Clinic should provide for the posts of a psychiatrist-narcologist-physician and psychotherapist[12]

Only two medical institutions - City TB hospital #2 in St. Petersburg and the Ural Institute of Phthisiopulmonology in Yekaterinburg – are provided with the appropriate professionals.

IV. Presence of an office of medical and social assistance and provision of the appropriate professionals. To provide for the functioning of a Dispensary, Hospital and Center, presence of an office of medical and social care, which includes medical psychologist and a social worker, is recommended in their structure[13].

According to the results of the study, there are no offices of medical and social care in 9 hospitals of St. Petersburg. According to the staff at two facilities (Dispensaries #4 and #5), the relevant offices will be organized in the near future. An office of social workers is operating at the TB dispensary #8. TB dispensary #17 established cooperation with CDC of the Frunze district, where patients can receive help of a psychologist and a social worker.

In the three medical institutions in Yekaterinburg - TB Dispensary of the Sverdlovsk region, City TB Dispensary and the Ural Institute of Phthisiopulmonology – offices of health and social care, where patients can get receive help from a social worker, are operating.

In the medical facilities of Naberezhnye Chelny and Kaliningrad offices of medical and social services are not functioning.

Low level of provision of the medical facilities with health care professionals contradicts the principle of availability of health care enshrined in Art. 10 of the Federal Law of 21.11.2011 N 323-FL "On the basis of health protection in the Russian Federation", the observance of which is ensured, among other things, by the presence of the required number of health care workers and their level of qualification. This threatens to breach the right of citizens to health care, an important component of which is an access to quality health assistance[14].

At present, it's virtually impossible for the patients co-infected with TB and HIV to obtain a skilled and comprehensive care in the medical institutions in St. Petersburg, Yekaterinburg, Naberezhnye Chelny and Kaliningrad. It entails the impossibility of a full implementation by this category of patients of their right to health.

As a party to the International Covenant on Economic, Social and Cultural Rights, the Russian Federation recognizes the right of every person to the enjoyment of the highest attainable standard of physical and mental health. In this regard, one of the positive obligations of the Russian Federation is the commitment to implement the right to health, through appropriate legislative, administrative, budgetary and other measures, to ensure a sufficient number of facilities and services in the areas of health, formed to meet the needs of certain groups.

In spite of the fact that the adoption in 2012 by the Ministry of Health an ad hoc approach to providing medical care to patients, co-infected with TB and HIV, is, in general, a significant step in providing access to the necessary comprehensive care for this category of citizens, non-implementation of the established standards will inevitably lead to a violation of commitments by the Russian Federation to implement the human right to health.

[12] Appendixes #2 and #9 to the Order of care for TB patients, approved by the Ministry of Health of the Russian Federation of November 15, 2012 N 932n

[13] Appendix #2, Section 6, of Appendix # 8

[14] Art. 18 of the Federal Law of 21.11.2011 N 323-FL "On the basis of health protection in the Russian Federation"

Appendix.

The list of medical institutions where the study on compliance of the quality and volume of medical care for people, co-infected with TB and HIV, with the standards established by the Ministry of Health, had been carried out:

St. Petersburg:
1. TB Dispensary# 2
2. TB Dispensary#3
3. TB Dispensary#4
4. TB Dispensary#5
5. TB Dispensary#8
6. TB Dispensary#10
7. TB Dispensary#11
8. TB Dispensary#12
9. TB Dispensary#14
10. TB Dispensary#15
11. TB Dispensary#16
12. TB Dispensary#17
13. City Tuberculosis Dispensary
14. City Tuberculosis Hospital №2

Yekaterinburg:
1. TB Dispensary of the Leninsky district
2. TB Dispensary of the Verh-Isetsky district
3. TB Dispensary of the Oktyabrsky and Kirovsky districts
4. TB Dispensary of the Zheleznodorozhny district
5. TB Dispensary of the Chkalovsky district
6. Phthisiatric unit, st. Chapayeva, 9
7. Phthisiatric unit, st. Slavic, 45
8. Phthisiatric unit, st. Kama, 37
9. Sverdlovskaya Oblast TB Dispensary
10. Branch #1 "Crystal" SFHI "TBD", the Beloyarsk settlement
11. Branch #5 SFHI "TBD", Asbest
12. SFHI "TBD #3", Nizhny Tagil

Naberezhnye Chelny:
1. Naberezhnochelninsky TB Dispensary

Kaliningrad:
1. SHCI of the Kaliningrad region "Regional TB Dispensary"
a) Hospital: Kaliningrad, st. Dubovaya Alleya, 5;
b) Clinic: Kaliningrad, st. Kashtanovaya, 156

There's a consistently high incidence of mental and behavioral disorders associated with substance use among different population groups in Russia [Koshkina E.A., 2011].

When there's a simultaneous case of TB, drug and alcohol abuse (and this trend has been increasing in recent years), the progression of these diseases becomes more complicated: on the one hand, there are common forms of chronic tuberculosis, on the other - there are more severe co-morbidities.

More than 60% of TB patients suffer from addiction (alcohol abuse -51.9% of patients, alcoholism in combination with drug addiction - 8.6% of cases, drug addiction - 3.8% of cases). Most patients diagnosed with tuberculosis and drug addiction are prone to mental disorders (depression, anxiety). The risk of HIV infection among TB patients, who used drugs, is significantly higher [Zagdyn et al, 2007].

Achieving the full clinical compensation and quality stable remissions in the treatment of tuberculosis is not possible without simultaneous drug treatment.

Personnel Standards of TB hospitals are approved in accordance with the Order of the Ministry of Health of the Russian Federation of November 15, 2012 № 932n. According to Appendix #2 of these standards, one post of a psychiatrist-narcologist should be provided for 200 beds in a TB Dispensary, and in a TB hospital, in accordance with Appendix #9, there should be one such position for 150 beds. In accordance with Part 2 of Article 12 of the Federal Law "On Licensing Certain Types of Activities", TB medical facilities need to have a license for medical activities to provide substance abuse treatment (specialized medical care for psychiatry of drug treatment). Also, you need licenses for activities related to distribution of narcotic drugs and psychotropic substances included in Schedules II and III, in accordance with the Federal Law "On Narcotic Drugs and Psychotropic Substances."

Treatment for substance abuse patients is carried out in accordance with the Order of the Ministry of Health of the Russian Federation of 04.09.2012, № 134n "On approval of the standard of primary health care in the case of dependence syndrome, caused by substance use".

Alcoholism and Tuberculosis:

In a number of studies conducted in Russia, low level of adherence and poor results of treatment of tuberculosis have been associated with alcohol abuse. Alcohol addiction affects the course of tuberculosis, contributing to the development of multi-drug resistance [Filinyuk O.V. et al, 2008]. Metabolic disorders, mental depression, depression that is often observed in alcoholism, unsanitary living conditions - all this dramatically reduces the body's resistance to infection and promotes tuberculosis.

A screening test AUDIT [T. Babor et al, 1989] was developed to carry out an early diagnosis of alcohol problems. This test can be used in the practice of tuberculosis institutions, to identify patients in need of substance abuse treatment.

Method of treatment of alcohol use disorders in patients with tuberculosis is underdeveloped. The first and most important task in the treatment of such patients is to carry out a full course of anti-TB treatment in a hospital environment, to achieve abacillation and only then to discharge them to a supportive outpatient environment.

Alcoholism treatment in patients with tuberculosis, carried out in conjunction with anti-tuberculosis therapy, is divided into three phases.

Stage 1 - psychotherapy, carrying out detoxification treatment for couping heavy drinking sessions, restorative therapy, couping of psychopathic disorders, behavioral modification. This stage begins with the relief of intoxication as a consequence of alcohol consumption, with making contacts with the patient in conjunction with the methods of restorative therapy: vitamins, restorative and stimulating agents are used. To correct the behavior of a person, to eliminate psychopathic disorders,

affective disorders, to normalize mood, sleep, psychotropic drugs are used. Antidepressants and psychostimulants are justified for long-term use both in an inpatient and outpatient treatment. Use of drugs from the group of nootropics is also justified. Choosing a psychotropic agent for termination of withdrawal is dependent on the characteristics and severity of psychopathology of this condition in a patient.

Stage 2 - Active antialcoholic therapy directed at suppressing the painful craving for alcohol, developing aversion to alcohol and intolerance to it. It has to be provided to all patients in hospitals, and, if possible, on an outpatient basis. Drugs sensitizing to alcohol (disulfiram) can be applied to almost all tuberculosis patients suffering from alcoholism. At this stage it is possible to use medications belonging to the group of opioid receptor blockers (Naltrexone).

3rd stage - therapy aimed at achieving stable sobriety. Includes a systematic psychotherapeutic treatment, supporting medication, various rehabilitation activities.

Opioid addiction and tuberculosis:

The severity of tuberculosis in the majority of patients with drug addiction is compounded by their co-morbidities and complications. Treatment of tuberculosis is often irregular, many patients are prematurely discharged from a hospital for violating regime, and most patients suffering from drug addiction do not complete the main course of treatment. It's related to their need in systematic drug use because many patients do not wish to stop using drugs. It's possible that the substitution therapy could have resolved the issue of adherence for this cohort of patients. Another important issue in working with TB patients who use opioids is the prevention of deaths caused by overdoses. Optimally, Naloxone should be available in hospitals and in case of treatment of patients at home (for more information read the recommendations on the use of the drug, its storage and handling, etc by this link[15])

Treatment of tuberculosis patients suffering from drug addiction should be comprehensive. The desired effect can be achieved only if there's a therapeutic treatment of both diseases. Treatment should be combined with an active psychotherapy. All medical personnel must constantly inspire patient confidence in the success of treatment.

Relief of withdrawal symptoms is carried out under conditions of intensive care unit of a tuberculosis hospital in accordance with accepted standards (painkillers, sleeping pills, tranquilizers, antipsychotics and other drugs). At the time of relief of withdrawal symptoms, TB treatment is not carried out.

Later, the patient is transferred to the main unit for treatment of the underlying disease. At this stage, he or she is given supportive medication (antidepressants, sleeping pills, tranquilizers and other drugs); various rehabilitation activities are carried out. The effectiveness of treatment depends on the patient's motivation, his or her social and intellectual security.

To improve the organization of drug treatment during TB treatment, the establishment of effective rehabilitation programs, expanding opportunities to provide help in the intensive care unit (detoxification) or the creation of a specialized department to provide substance abuse treatment to TB patients are required.

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[15] http://www.esvero.ru/files/model_profilaktiky_web.pdf