

Treatment Delivery and Adherence



Second MDR-TB Consultant Course
Riga, Latvia, 13-17 November 2006

Basic assumption or common purpose

- If the patient takes the drugs and the health care provider deliver the drugs as per the approved protocol it is very likely the patient gets cured



Basic assumption or common purpose

- To make of delivery of treatment and intake of drugs the right choice and the easiest choice for all
- How to ensure that this happens?

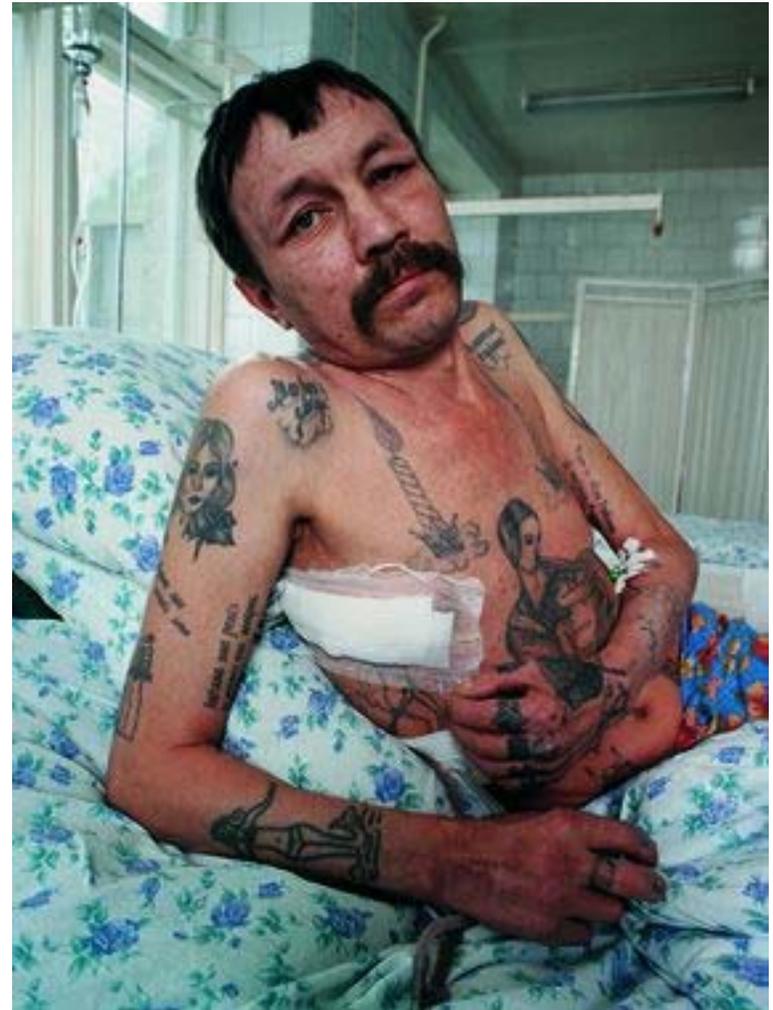


What makes treatment delivery and adherence different in MDR-TB management

- Patients with MDR-TB are more likely to have had problems with non-adherence in the past
- Frequency, severity and complexity of adverse drug reactions
- Length of treatment
 - Physical, emotional, financial tolerance to treatment
- **NO compromise for DOT!**

What makes treatment delivery and adherence different in MDR-TB management

- The most vulnerable of any society are the most likely to suffer MDR-TB:
 - Drug abusers
 - Prisoners
 - Mental health patients
 - Homeless
 - Refugees
 - People with limited access to DOTS due to social, economic and cultural barriers
- People with MDR-TB are usually the poorest of the poor!



DOT in MDR-TB

- Prevents amplification of drug resistance
- Ensures adherence to treatment
- Helps in detecting adverse drug reactions
- Prevents drug-trafficking of costly second-line drugs

No compromise on DOT in MDR-TB management!

Treatment delivery and adherence

Settings

- Hospital with acceptable living conditions
- DOTS clinics
- Community-based care

The choice has political, technical and social implications

Treatment delivery and adherence

Actors

- People with MDR-TB
- Multidisciplinary team of health care workers
- Peers and relatives of the person with MDR-TB
- Members of the community

Treatment delivery and adherence

- Supportive environment for the behaviour expected
 - Reliable supplies
 - Social support for the actors
 - Material support
 - Education *and* training
 - Emotional support

Treatment delivery and adherence

- Supportive environment for the behaviour expected
 - **Social support for all the actors**
 - **Material support**
 - Full treatment free of charge and at an affordable cost for all actors
 - » No charge for second-line and ancillary drugs
 - » Enablers to tackle material barriers to delivery and intake of drugs
 - » Nutrition etc.
 - **Emotional support**
 - Means to cope with the bereavement following diagnosis, fear of death, stigma and discrimination, identity crisis, length of treatment.
 - **Education and training support**
 - Means to understand, and critically reflect on the nature of the disease, the treatment, and the health care system