

# CAUSES OF TREATMENT FAILURE IN PATIENTS WITH PULMONARY TUBERCULOSIS

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## Abstract

*An aim* — analytical estimation of causes of treatment failure in patients with pulmonary tuberculosis (TB) on the basis of phthisiologists' reported questionnaire.

*Materials and methods.* Data from 54 phthisiologists in relation to detection and treatment of TB patients were collected using specially designed questionnaire.

*Results.* Leading causes of treatment failure were detected as follows: general (increasing prevalence of drug resistance — 79,6 %, co-infection — 68,5 %, worsening of socio-economic conditions — 64,8 %, ineffective healthcare system — 31,5 %) ineffective treatment (late detection — 68,5 %, low compliance — 57,4 %, behavioral factors — 55,6 %), interrupted treatment (alcohol and drug abuse — 87,0 %, homeless — 60,0 %, lack of direct treatment observation — 46,0 %, lack of social and psychological support — 30,0 %, drug adverse reactions — 58,0 %), death (late detection — 83,0 %, co-infection — 72,0 %, violation of hospital regimen, concomitant diseases — 64,0 %). According to physicians' assessment the late detection of TB was primary cause of treatment failure and interrupted treatment, as well as the cause of death of the patients.

The correlation between treatment failure, interrupted treatment and death and the category of TB case, age and sex, peculiarities of detection, positive cultures, pulmonary destruction, of different risk factors (unemployment, alcohol and drug abuse, HIV infection) has been established.

It was demonstrated that the further destiny of large majority of patients with treatment failure was unfavorable: more than 1/3 of them were transferred on palliative treatment, about 1/4 — died, other continued treatment with unknown, presumably negative, outcomes.

*Conclusions.* Most causes of TB treatment failure are associated with difficult socio-economic conditions in the country and world tendencies, which stipulated negative changes in the structure of disease. Other causes are connected with the limitations of their detection and treatment, imperfection of laws. All these reasons require collaboration between phthisiologists and other specialists (narcologists, infectologists, psychologists), social services, volunteers and public organizations. The solution of current problem requires joint efforts of medical service providers and government, based on experts' current opinion and practical suggestions.

**Key words:** pulmonary tuberculosis, treatment, effectiveness.