

ABSTRACT

Background:

Noncompliance to Anti-Tuberculosis treatment is still a crucial challenge in the management and treatment of TB condition in the health care setting and the community in Uganda. In Uganda non-compliance to treatment remains a major obstacle to effective tuberculosis control. The dual infection of Tuberculosis and HIV presents further adherence problems because of high pill burden and adverse effects. This poses a risk of increased multi-drug resistant TB. The noncompliance to anti TB treatment in Tuberculosis treatment is recognized as one of the major challenges in achieving TB control globally (Chami, 2010). The fact that there are treatment regimens that have a greater and are effective (95% efficacy) in tuberculosis patients infected with mycobacterium tuberculosis strains susceptible to first line drugs, there are still a number of patients who are unable to comply with treatment in some parts of Sub Saharan Africa such as Uganda (13.0%), Nigeria (10.0%) and South Africa, with a non-compliance rate of 9.1% (Vieira and Ribera, 2011). Purpose of the study: This study therefore assesses the factors associated with noncompliance to Anti-TB drugs and the prevalence of TB disease-psychiatric disorder co-morbidity among mental patients with TB disease in Butabika hospital. The specific objectives included; determining the individual factors of patients associated with noncompliance to anti-TB drugs, determining the prevalence of psychiatric TB co morbidity condition and infection, assessing healthcare workers related factors and knowledge level in the use of DOTS approach in treatment and management of TB disease, as well as determining the policy related factors associated with noncompliance to anti TB drugs among psychiatric patients.

Method:

A Cross sectional study design for 80 participants was conducted between 2014 and 2015 at Butabika National mental referral hospital Kampala, Uganda. The study population was registered TB

psychiatric co morbidity patient who have either recovered from their mental illness or are steadily recovering with good insight, but in either intensive or continuation phases of TB infection. All the subjects (or correspondents) were confirmed as TB patients by clinical examination, laboratory investigations; sputum for acid fast bacilli positive status, and or chest X ray investigation. The eligible patients for the study were interviewed by the researcher using questionnaire, other information were obtained from the patient's file folder. Data was collected by interviewing individual patient and from medical record upon informed consent. Data analysis was done using Stata programme where descriptive statistics were generated and results presented in frequency distribution tables, pie-charts and bar graphs. Results: Results indicated that more men participated in the study than women. On the prevalence of noncompliance among psychiatric TB co morbidity patients, majority had defaulted taking TB drugs once/ the first dose (37.5%), and they gave reasons for defaulting like pills burden (47.5%), and findings further indicated that non-compliance was lower in patients with HIV/AIDS induced psychosis TB co morbidity since those defaulting once were (60%), twice (30%) and (10%) never defaulted at all. On the other hand epileptic TB co morbidity condition also had lower non-compliance prevalence to anti-TB drugs as observed by (10%) defaulting thrice. Comparatively in the other co morbidity conditions like Bipolar disorder, Schizophrenia and substance induced psychosis prevalence of non compliance to anti-TB drug was high since they had default four times as findings indicated (5.6%), (4.5%) and (5.6%) respectively. However these patients were inconsistent in taking drugs because of factors like their mental status (56.2%). On the health care worker related factors, results revealed that majority of patients (83.8%) in Butabika received medicine under Direct Observed Therapy Short Course (DOTS), and findings showed that healthcare workers lacked some moderate knowledge (28.3%) in handling and treating TB among psychiatric patients. On policy related factors, majority of the respondents (51.9%) accepted that policy related factors contributes to non-compliance to anti-TB drugs. On the drug stock-outs, majority of patients reported that they rarely had anti-TB drug stock-outs. Further still, the patients (52.5%) that they never

experienced TB facility break-downs in Butabika hospital.

Conclusion: Following the findings and result from this research study, and basing on the data analysis, the researcher, therefore, conclude that; High prevalence of non-compliance to anti-TB drugs in psychiatric TB co morbidity is high in Bipolar Disorder, Schizophrenia, and drug induced psychosis and it was lower among TB psychiatric patients with HIV and epileptic conditions. The cause of noncompliance to anti TB drugs among the psychiatric TB co morbidity patients in Butabika hospital has been in all the three folds related factors; In individual or patient related factors, lack of proper knowledge and awareness due to devastated effect of mental illness in spite, of being recovered, Side effects of anti TB drugs with its pills burden have been implicated for noncompliance to anti TB drugs. Other concluded factors associated with noncompliance to anti TB drugs were healthcare workers, inadequate knowledge and poor negative attitude, behavior and practices in management of TB patients. Healthcare worker related factors; late identification, diagnosis and delayed treatment have also been responsible for noncompliance to anti TB drug among the mental patients diagnosed with TB infection in the hospital. Furthermore policy related factors or issues; diagnostic facility breakdown is hereby concluded as a factor that also contributed to the noncompliance to anti TB drugs in this study.

Recommendation:

The researcher recommends that there is need for concerted efforts by government and other stakeholders to ensure that there is an enhanced sustainable education campaign and programme interventions focused on both healthcare worker and patients to improve the way psychiatric patients are treated and managed in Butabika hospital. In this case therefore, the study recommends the need for isolation of psychiatric patients with TB disease from those without TB to minimize cases of disease transmission. Capacity building and motivation of health care workers on the best methods of handling psychiatric patients with TB infections is also highly recommended. The diagnostic facilities; sputum

smear reagents, x ray should be strengthened with well equipped cost effective machines that are easily maintained. To improve healthcare worker attitudes and behavior, workers should be trained in customer care and care programmes

should be available for them to de-stress and cope better with the increasing number of TB patients seen on a daily basis.