Rehabilitation of treated TB patients: Social, psychological and economic aspects

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ABSTRACT

Aim and objective: To highlight the need for post-treatment rehabilitation of TB patient; including social psychological and economic aspects.

Methods: Patient interaction, informal interviews, field observations and secondary research.

The minimum duration of treatment (for drug-susceptible TB) is 6 months. Treatment for drug-resistant TB can be from anywhere between 18 and 24 months. In some cases treatment can last for more than 5 years. Despite this, little attention is given to the social, psychological and economic impact extended treatment can have on the lives of individuals. Due, to a large extent, to the high levels of stigma that continue to exist in many high-burden countries, people affected must face obstacles even before diagnosis. These challenges persist at every stage of the treatment process (diagnosis, accessing appropriate care, treatment and post-treatment), but impact the individual’s lives in various ways. Research has shown that despite diagnosis and treatment being provided for free, most individuals have to face high out-of-pocket expenditure (on transport, additional medication, nutritional supplementation etc.). In many countries, these expenses often have a significant negative impact on family finances. In most national programs, pre-treatment counselling is not included. This means that those affected are not prepared for the implications (in terms of time, money and physiological effects) that their treatment can have.

Results: The side effects of TB medication (especially DR-TB) are sometimes extreme, and require extensive therapy and/or rehabilitation. Some side effects such as hearing-loss are often permanent. Nutritional support is another key factor that receives little attention in national programs. Adding to all these physiological challenges is the constant stigma and discrimination that individuals face from friends, family and even healthcare workers. Returning to jobs or to their education is a challenge as many workplaces and educational institutions do not provide for extended periods of leave or absence. This is costly both in terms of time and money. In families where the primary “bread winner” needs to undergo intensive treatment, the reduced income can have a devastating effect.

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Conclusion: Therefore despite having completed treatment, many people continue to suffer. Hence it is necessary that robust systems for post-treatment rehabilitation are put in place, and are designed based on the needs of those affected. Peer to peer counselling can be a low-cost high-impact strategy to address some of these issues. Institutional provisions, under the national response in each country, must be put in place if individuals are to successfully complete treatment, and return to their normal lives.

Conflict of interest

The authors have no conflicts of interest to declare.