

Article

Commitment To Treating Tuberculosis Patients

Mamatova Nargiza Toirjonovna¹, Ashurov Abduvaliy Abduhakimovich², Abduhakimov Baxrombek Abduvaliyevich³, Akhtamova Shirin Khayrulloevna⁴

1. Assistant of The Department of Phthysiology and Pulmonology of The Samarkand State Medical University
 2. Phthysiatrician of The Samarkand Regional Center For Phthysiology And Pulmonology
 3. Master Degree of The Samarkand State Medical University
 4. Student of The Medical Faculty of The Samarkand State Medical University
- * Correspondence: nargizamamatova195@gmail.com

Abstract: Adherence to therapy" is usually defined as a characteristic of the patient's treatment-related behavior in the context of compliance with the doctor's recommendations (taking prescribed medications, following a diet, independently performing recommended physical exercises during rehabilitation, etc.); "compliance" most often means consent to treatment, cooperation with the doctor and fulfillment of all therapy requirements, or precise and conscious fulfillment of the doctor's recommendations during treatment. The question arises about the need for psychological support of the treatment process in phthysiology, which, according to the results obtained, is virtually absent. It seems that the key role in such interaction should be played by a medical (clinical) psychologist, and the key determinants of the focus of his work will be increasing patient compliance and correcting stigmatizing manifestations in doctors.

Keywords: Therapy, Tuberculosis Patients, Phthysiologist, Compliance, Medical Recommendation.

1. Introduction

In medicine, since the time of Hippocrates, much attention has traditionally been paid to various aspects of the interaction between a doctor and a patient, in particular, the patient's adherence to the recommendations received (from the doctor). In general, the results of relevant studies have shown that about a third of inpatients and two-thirds of outpatients do not regularly take or do not take the prescribed therapy at all [3, 18,25]. In the last third of the 20th century, due to the constantly increasing cost of medical services, along with the institutionalization of ethical and legal support for the treatment and diagnostic process, interest in this issue has increased even more. "Adherence to therapy" is usually defined as a characteristic of the patient's treatment-related behavior in the context of compliance with the doctor's recommendations (taking prescribed medications, following a diet, independently performing recommended physical exercises during rehabilitation, etc.); "compliance" most often means consent to treatment, cooperation with the doctor and fulfillment of all therapy requirements, or precise and conscious fulfillment of the doctor's recommendations during treatment.

A characteristic feature of the provision of medical services for tuberculosis is the need for long-term and, in most cases, repeated treatment, which makes the problem of patient adherence to medical recommendations, including adherence to the medication regimen, particularly relevant. Studies devoted to the compliance of tuberculosis patients usually cite the opinions of phthysiologists but do not consider the views of the patients

Citation: Mamatova Nargiza Toirjonovna. Commitment To Treating Tuberculosis Patients. European Multidisciplinary Journal of Modern Science 2024,26(4), 118-122.

Received: 4th March 2024
Revised: 11th Mei 2024
Accepted: 28th Juni 2024
Published: 24th July 2024



Copyright: © 2024 by the authors. Submitted for open access publication under the terms and conditions of the Creative Commons Attribution (CC BY) license (<https://creativecommons.org/licenses/by/4.0/>)

themselves, as well as general practitioners on this issue [1, 3, 4, 6, 7]. At the same time, the opinion of patients on the quality of the treatment process is currently becoming increasingly important; it is this assessment that WHO pays special attention to when characterizing a medical service of adequate quality [3, 7, 15]. Purpose: consisted of analyzing the compliance of patients with pulmonary tuberculosis.

2. Materials and Methods

Taking into account the requirements accepted in the sociology of medicine [2, 8, 38], questionnaires were compiled, with the help of which an anonymous survey of 674 tuberculosis patients (continuous nested samples), 84 TB doctors (method of the main array), 211 general practitioners (continuous nested samples) was conducted. There were 591 patients (86.5%) under 60 years of age, older - 83 (13.5%); there were 512 men (75.9%), 162 women (24.1%); 579 (86%) had secondary and secondary specialized education, incomplete higher and higher - 95 (14%) people. 63 phthisiologist worked in hospitals, 21 - in dispensaries; 23 people had less than 10 years of work experience; 10 years and more - 61. Among the general practitioners of the general somatic network, 85 people had less than 10 years of work experience; 126 had 10 years or more

3. Results and Discussion

86,5% of tuberculosis patients decided that they fully comply with medical recommendations; another 10,5% believed that they partially comply. Only 1,7% of patients answered that they practically do not comply with medical recommendations, and the remaining 1,3% found it difficult to answer. No reliable influence of age, gender, and educational factors on the distribution of answers was found. Thus, if we focus solely on self-assessments, then almost all tuberculosis patients (97%) can be considered compliant patients.

However, the opinions of phthisiologists about compliance with medical recommendations by tuberculosis patients were different: only a few specialists (8,3%) believed that almost all patients comply with medical recommendations; 55,4% of doctors believed that about 50% of patients are compliant, and 33,8% classified 20-30% of patients as such; 5,8% of doctors thought that only a few patients or no one at all followed medical recommendations (the remaining 1,5% of specialists found it difficult to answer this question). The opinions of general somatic network therapists about tuberculosis patients' compliance with medical recommendations were even more pessimistic: also only a few doctors (3,9%) believed that almost all patients followed medical recommendations; a third (31,8%) of doctors classified about 50% of patients as compliant, and another third (33,8%) considered 20-30% to be so; 14,3% of general somatic network therapists generally answered that only a few or no one followed medical recommendations (the remaining 7,3% found it difficult to give an assessment).

Negative assessments of specialists (both phthisiologists and general practitioners) of compliance of patients with tuberculosis were also reflected in their answers to other questions in the questionnaires. In particular, TB doctors, when answering the question about the difficulties they experience in treating specialized patients, most often indicated the latter's lack of discipline and violations of the regime (58% of phthisiologists), as well as their antisocial behavior. It is noteworthy that other difficulties were highlighted 2-3 times less often (the presence of concomitant pathology was named by 47,3%; frequent side effects of drugs – 17,2%; lack of effective drugs - 12%; several answers could be given to this question, as well as to the following ones). Among the reasons for the ineffectiveness of chemotherapy courses, 78,4% of phthisiologist named the antisocial behavior of patients; 58,5% - low adherence to treatment (drug resistance was identified by 85,9%; advanced tuberculosis process – 71,9%). An asocial lifestyle by patients and their low adherence to treatment were also named by phthisiatricians as the main reasons for tuberculosis relapses – this point of view was expressed by 65,9 and 41,2% of specialists,

respectively (among other, most common reasons, there was low material income of a significant part of the population – 59,3%; psychosocial stress – 46,5%; unsatisfactory working and living conditions – 42,2%; lack of phthisiatric alertness among general medical network doctors – 26,5%; the presence of drug resistance – 26,7%; low resistance of many people's organisms – 31,3%; insufficient interaction between anti-tuberculosis and general medical services – 23,1%; insufficient interaction between civilian and penitentiary anti-tuberculosis services – 25%; low quality of anti-tuberculosis treatment – 12,6%).

As the main causes of tuberculosis relapse, 50,1% of general practitioners identified an asocial lifestyle by this group of patients and 54,2% identified their low adherence to treatment (among other, most common causes, they, in turn, identified low material income of a significant part of the population – 73,6%; unsatisfactory working and living conditions – 47,3%; psychosocial stress – 43,1%; the presence of drug resistance – 22,1%; low resistance of many people's organisms - 24%; insufficient interaction between civilian and penitentiary anti-tuberculosis services – 28,5%; low quality of anti-tuberculosis treatment - 11%).

4. Conclusion

The conducted study allows us to draw the following main conclusions. Phthisiologists, as well as general practitioners, assess the compliance of tuberculosis patients extremely low, which generally corresponds to the assessments of the medical community found in the literature. However, such an approach largely contributes to the formal provision of medical services to this category of patients, since, according to social psychology, in the case of even a supposed failure (for example, insufficiently effective treatment), less effort is most often made because of the subconscious defense at work: "I will do everything I can and suddenly fail - it means I am incompetent"; if not all efforts were made, then the failure can be explained to oneself by the fact that not everything possible was done; then the positive self-image will suffer less, especially since there is "such a wonderful" opportunity to explain the failure by external factors - "patients are asocial and are characterized by low adherence to treatment". Also noteworthy are the opposed assessments of doctors and tuberculosis patients of the latter's adherence to treatment. This indicates an ineffective interaction in the doctor-patient dyad, which negatively affects the results of the treatment and rehabilitation process as a whole. The question arises about the need for psychological support of the treatment process in phthisiology, which, according to the results obtained, is virtually absent. It seems that the key role in such interaction should be played by a medical (clinical) psychologist, and the key determinants of the focus of his work will be increasing patient compliance and correcting stigmatizing manifestations in doctors.

REFERENCES

- [1] Аджаблаева Д.Н. Основные эпидемиологические показатели по туберкулезу органов дыхания среди детей и подростков в Самаркандской области: состояние проблемы и возможные пути её разрешения // *Universum: медицина и фармакология*. 2014. №9 (10). С.2.
- [2] Ашуров А. А., Абдуҳакимов Б. А. Қалқонсимон беги патологияси кузатилган беморларда силга қарши даволаш чораларининг оқибатлари // *Academic research in educational sciences*. 2022. Т. 3. №. 8. С. 166-173.
- [3] Маматова Н. Силнинг оғир ва сурункали шакллари билан касалланган беморларга паллиатив тиббий ёрдам кўрсатишнинг аҳамияти // *Журнал вестник врача*. 2020. Т. 1. №. 2. С. 53-56. <https://doi.org/10.38095/2181-466X-2020942-52-55>
- [4] Adjablaeva D.N. Active identification of tuberculosis in children and adolescent. *Молодежь и медицинская наука в XXI веке*. 2014.

- [5] Ашуров А., Абдухакимов В. Особенность течения туберкулеза легких у детей в сочетании с гельминтозом. Журнал кардиореспираторных исследований. 2021. 2(3). 69–72. <https://doi.org/10.26739.2181-0974-2021-3-13>
- [6] Маматова Н.Т. Опыт применения краткосрочных курсов лечения у больных туберкулёзом с множественной лекарственной устойчивостью в Самаркандской области. Вестник научно-исследовательского института туберкулёза. 2020. 106-107.
- [7] Маматова Н. Силга қарши даволаш чораларининг қалқонсимон безининг фаолиятига таъсири // Журнал вестник врача. 2020. Т. 1. №. 4. С. 31-35.
- [8] Маматова Н. Влияние туберкулеза легких на психическое состояние подростков. Журнал гепатогастроэнтерологических исследований. 2022. 2(3.2). 114–117. извлечено от <https://inlibrary.uz/index.php/hepato-gastroenterological/article/view/2454>
- [9] Маматова Н., Ашуров А., Абдухакимов В. Особенности течения туберкулеза легких у детей в сочетании с глистной инвазией. Журнал кардиореспираторных исследований. 2022. 2(1). 74–77. <https://doi.org/10.26739.2181-0974-2021-1-14>
- [10] Маматова Н.Т. и др. Влияние улучшения психического состояния на эффективность лечения женщин, больных туберкулезом органов дыхания // Science and Education. 2023. Т. 4. №. 5. С. 156-165.
- [11] Mamatova N.T. Influence of bedaquiline on the effectiveness of complex treatment of tuberculosis of the respiratory system. Journal of cardiorespiratory research. 2020. vol. 1, issue 1, pp. 77-80.
- [12] Ходжаева С. Данные электрокардиографических исследований при туберкулёзе органов дыхания. Журнал вестник врача. 2011. 1(04). 127–128. извлечено от https://inlibrary.uz/index.php/doctors_herald/article/view/12536
- [13] Ходжаева С. Актуальные проблемы туберкулёза в сочетании с ВИЧ. Журнал вестник врача. 2011. 1(04). 125–126. извлечено от https://inlibrary.uz/index.php/doctors_herald/article/view/12535
- [14] Ходжаева С. Актуальные проблемы противотуберкулёзной помощи детям и подросткам. Журнал вестник врача. 2011. 1(02). 149–150. извлечено от https://inlibrary.uz/index.php/doctors_herald/article/view/11898
- [15] Ходжаева С. Актуальные вопросы туберкулеза половых органов у женщин и мужчин. Влияние туберкулёзного процесса на фертильность. Журнал вестник врача. 2011. 1(02). 151–153. извлечено от https://inlibrary.uz/index.php/doctors_herald/article/view/11899
- [16] Abduhakimov B.A. The importance of improving the mental state of patients with tuberculosis. // Web of Scientist: International Scientific Research Journal. 2022. Т. 3. №. 4. С. 1423-1429. <https://doi.org/10.17605/OSF.IO/RNB7V>
- [17] Abduhakimov B.A. O'pka sili bilan kasallangan bemorlarga stomatologik yordam ko'rsatishning ahamiyati. Academic Research in Educational Sciences. 2022. volume 3, issue 1, pp.258-262.
- [18] Ashurov A.A. The importance of palliative care in patients with severe and chronic forms of tuberculosis. ACADEMICIA: An International Multidisciplinary Research Journal 12 (2). 290-293. <https://doi.org/10.5958/2249-7137.2022.00159.8>
- [19] Ataxanovna K.S. The Effectiveness of Short-Term Treatment Regimens In The Treatment Of Drug-Resistant Forms Of Tuberculosis. European Journal of Molecular & Clinical Medicine. 2020. Volume 7, Issue 3. Pages 5236-5240.

- [20] Mamatova N.T. Psychological characteristics of adolescents with respiratory tuberculosis // Journal of Biomedicine and Practice. 2020. T. 5. №. 5. C. 135-140.
- [21] Xaydarovna M.F. Prevention Of Anemia In Patients With Tuberculosis. The American Journal of Medical Sciences and Pharmaceutical Research. 2020. 2(11). 62-65. <https://doi.org/10.37547/TAJMSPR/Volume02Issue11-11>.
- [22] MN Toirjonovna. Features of pulmonary tuberculosis in children with helminthiasis. Web of Scientist: International Scientific Research Journal 3 (11). 643-651.
- [23] Mamatova N.T. et al. Sil bilan kasallangan bemorlarni kompleks davolash samaradorligiga bedakvilinning ta'siri // Science and Education. 2023. T. 4. №. 2. C. 107-117.
- [24] NT Mamatova, AA Ashurov, BA Abduhakimov. Ruhiy holat yaxshilashning siydik ajratish tizimi sili bilan kasallangan bemorlarning davolash samaradorligiga tasiri. Academic research in educational sciences 3 (10). 892-900.
- [25] Mamatova N.T., Abduxakimov B.A., Axtamova S.X., Ashurov A.A. 2024. Bemor kuratsiyasi - ftiziatriya va pulmonologiya kafedrasida talabalarning mustaqil ishining asosiy shakli. Science and Education. 5, 4 (Apr. 2024), 84–90.
- [26] Mamatova N.T. et al. The effect of mental status improvement on treatment effectiveness in men with urinary tuberculosis // Academia Science Repository. 2023.
- [27] Mamatova N.T. et al. Ko'p bolali oiladagi bolalarda ko'krak ichi limfa tugunlari silning aniqlanishi va uning kechishi // Science and Education. 2024. T. 5. №. 2. C. 69-76.
- [28] Mamatova N.T. et al. Nafas olish tizimi sili bilan kasallangan bemorlarga stomatologik yordam ko'rsatishning ahamiyati // Science and Education. 2022. T. 3. №. 12. C. 132-141.
- [29] Toirjonovna M.N., Abdulloyevich A.A., Khayrulloevna A.S. Role of palliative care for patients with severe and chronic tuberculosis // Modern scientific challenges and trends. 2021. C. 30.
- [30] Маматова Н., Ашуров А., Абдухакимов Б. Silning surunkali shakllari bilan kasallangan bemorlarga palliativ tibbiy yordam ko'rsatishning ahamiyati. Инновационные подходы к диагностике, лечению и профилактике туберкулеза и неспецифической респираторной патологии у взрослых и детей. 2024. 1(1). 85–86. извлечено от <https://inlibrary.uz/index.php/prevention-tuberculosis/article/view/30633>.
- [31] Маматова Н. Значение паллиативной медицинской помощи для больных с тяжелыми и хроническими формами туберкулёза. Журнал вестник врача. 2022. Т. 1, вып. С. 52-56. <https://doi.org/10.38095/2181-466X-2022-4-2>
- [32] Mamatova N. Diagnosis and clinical manifestations of respiratory tuberculosis // Biology and Integrative Medicine. 2020. № 11. C. 55-64.
- [33] Nematovich M. T., Tashkenbaevich A. A., Alimovich A. B. Особенности протекания туберкулеза легких у детей с глистной инвазией. Журнал кардиореспираторных исследований. 2023. Т. 3. №. 6. С. 39-44.