

June 07-08, 2018
London, UK

J Prev Infect Control 2018, Volume 4
DOI: 10.21767/2471-8084-C1-003

FACTORS RELATED TO TREATMENT ADHERENCE IN PATIENTS WITH TUBERCULOSIS IN PEREIRA, COLOMBIA, 2012-2013

Dora Cardona Rivas and Magally Dueñas Gómez

Universidad Autónoma de Manizales, Colombia

Statement of the Problem: The adherence to tuberculosis treatment is the extent to which a patient's medication taking coincides with the prescribed treatment. The sum of cured patients and those who have completed treatment (directly observed therapy strategy, DOTS) are pragmatic indicators of the adherence. The patients who do not complete treatment correspond to non-adherents. In tuberculosis, the problem is especially important because the risk does not cure the disease, the chain of *Mycobacterium* transmission and the development of multiresistance will be maintained. In this study, the factors related to non-adherence to the treatment of patients with TB in a department of Colombia (SA) are determined.

Methodology & Theoretical Orientation: A cross-sectional study of 174 patient records of the tuberculosis control program and 15 semi-structured interviews to non-adherent patients during the period between June 2012, and June 2013. The relationship between anti-tuberculosis treatment adherence and socio-demographic, economic, clinical, and drug-related objective and subjective factors in patients over 18 years of age a descriptive,

was determined.

Findings: Among the causes of non-adherence were established objective and subjective causes. There was a statistically significant relationship between non-adherence to manifestations related to drug intolerance, namely vomiting ($p=0.069$), dizziness ($p=0.040$), vertigo (0.008), hearing loss ($p=0.006$) and tinnitus ($p=0.002$). Among all causes of non-adherence to treatment, gastric drug intolerance was the main 40% (6/15 patients). Regarding the subjective factors identified in non-adherence, it was found that from the moment the patient was diagnosed with this disease, he was implicated in an important social burden, both in family and work spaces.

Conclusion & Significance: The low and distorted knowledge about the disease and its treatment, as well as the discomfort and sometimes aggravated by poorly attended health personnel, also contributed to a negative attitude towards treatment.

dcrivas@autonoma.edu.co