

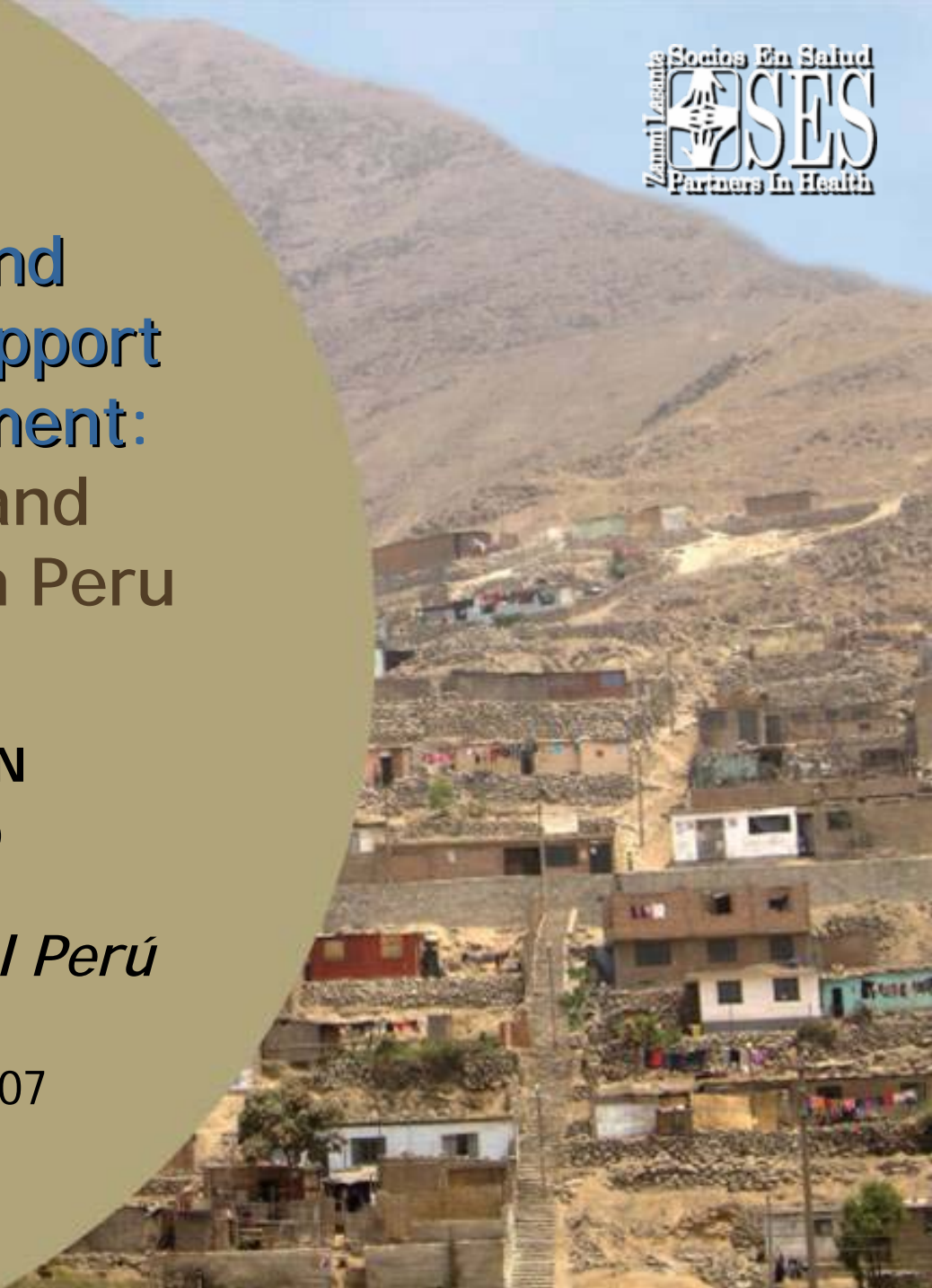
Socio-Economic and Psycho-Emotional Support for MDR-TB management: identifying needs and monitoring support in Peru

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- **Socio-economic support**
 - ✓ Problems/needs
 - ✓ Targeting/monitoring support
 - ✓ Types of support
- **Psycho-emotional support**
 - ✓ Mental health in MDR-TB
 - ✓ Targeting support
 - ✓ Types of support
 - ✓ Psychoemotional Support Groups
- **Conclusions**



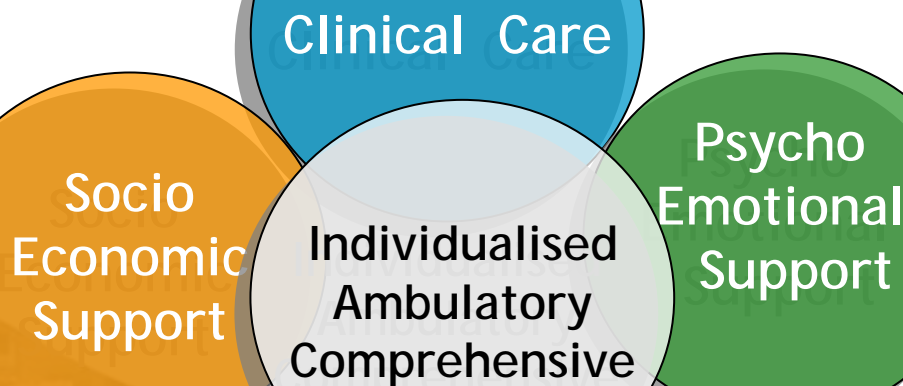
PERU



- **Population:**
28,674,757 (July 2007 est.)
- **Literacy:** 87.7%
- **Poverty:** 44.5%
- **Life expectancy:** 70.14 yrs
- **TB Incidence:** 129.9 x 100.000 (3% MDR-TB)

- 1996: Socios En Salud (SES) warns about unusual numbers of MDR-TB cases in Carabayllo, Lima.
- MDR-TB considered by international community as not treatable in resource limited countries
- SES and the Peruvian NTP successfully developed and implemented the first community-based model for MDR-TB management.

SES's Community-based model for MDR-TB Management



TEAM:

- MOH, SES
- Patient
- Family and
- Community

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Socio-Economic Problems Affecting MDR-TB Patients

- Poverty.
- Stigma and discrimination.
- Alcoholism and/or drug abuse.
- Overcrowding.
- Unemployment.
- Migration.
- MOH lacks a sustainable socio-economic support system for TB and MDR-TB patients.

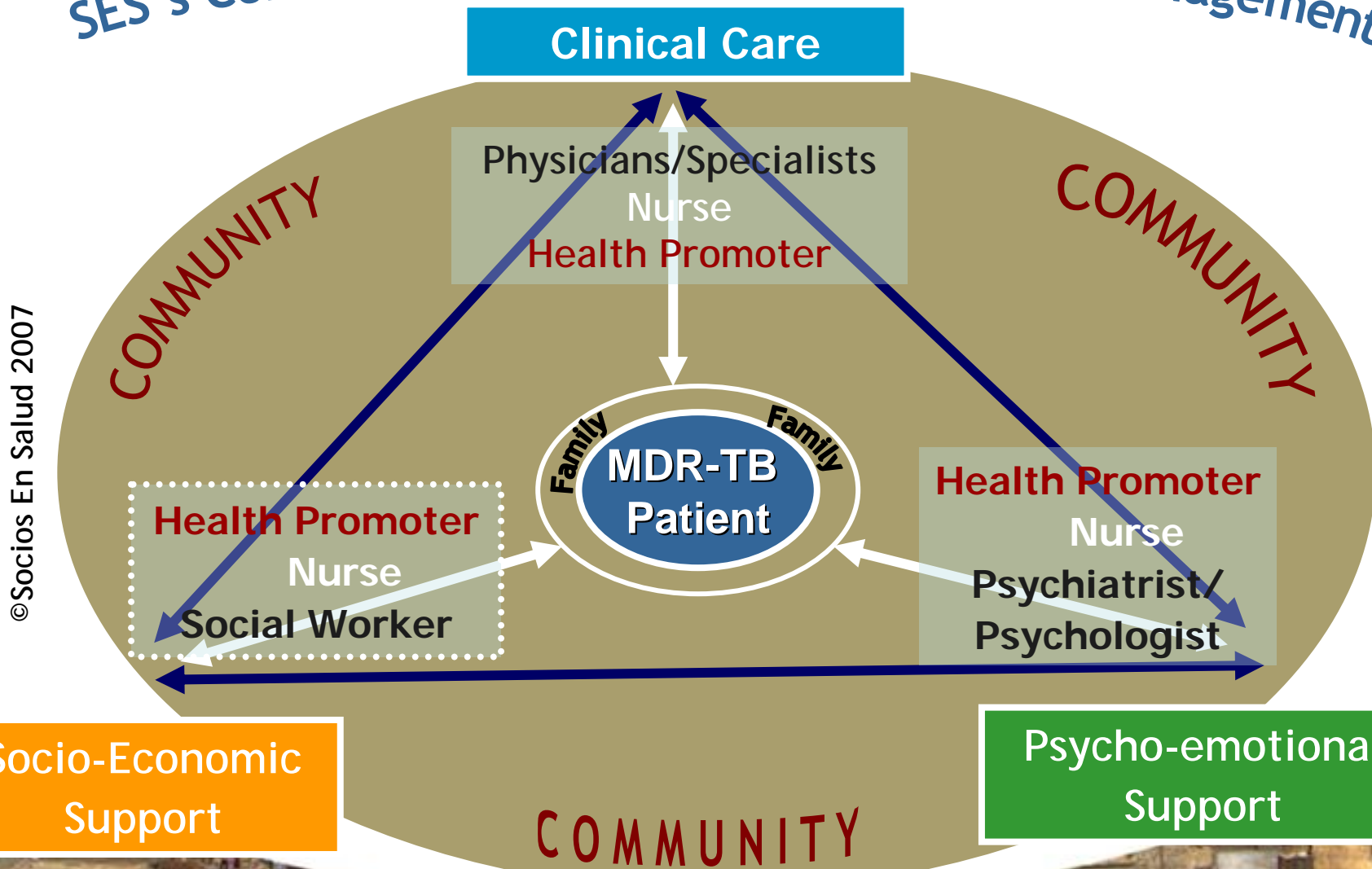
Risk of abandoning treatment.

Targeting Socio-Economic Support: Groups receiving Support from SES

- **Patient**
- **Family**
- **Contacts**
- **Health promoter**



Identifying and addressing needs: SES's Community-Based Model for MDR-TB Management



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Socio-Economic Support: Identifying and Addressing Needs

ACTIVITY	MEANS	RESPONSIBLE
Gather Information Enrolement	Medical Record (EMR) SES Projects	Field Supervisor Health Promoter
Decide Type of Support	Home Visit (Interview) Analysis of Information	Social Worker
Deliver Support	Home Visit Delivery by suppliers (from community)	Health Promoter Local Suppliers
Follow-Up Support	Monthly Home Visits	Field Supervisor Health Promoter
End or Modify Support	Medical Record (EMR) Home Visits	Social Worker Nurse
Supervise and Monitor Soc.Ec. Component	Home Visits Technical Meetings	Social Worker

Types of Socio-Economic Support

RECREATIONAL ACTIVITIES

SE SUPPORT FOR TREATMENT

TRANSPORTATION

FOOD

HOUSING

OTHER SE SUPPORTS



Types of Socio-Economic Support



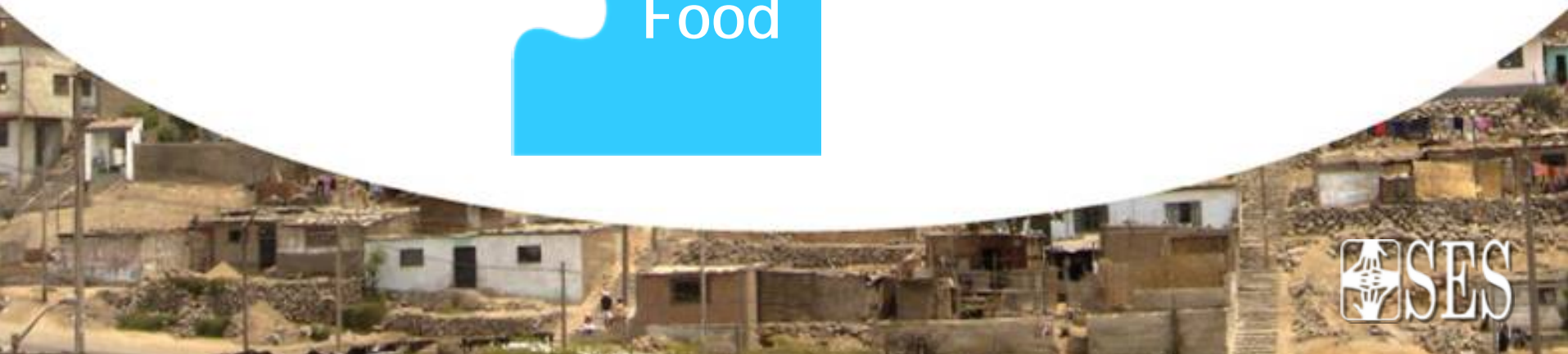
Types of Socio-Economic Support



Recreational
Activities



Food



Types of Socio-Economic Support

SES Support
for
Treatment



Transportation



Types of Socio-Economic Support

- Income generation
 - ✓ Training for small businesses
 - ✓ Money loans
 - ✓ Agreements with organizations to hire patients/family
- Support to contacts
 - ✓ (e.g. lab tests)



Other SE Supports

Psycho-Emotional Support

“We work with people not with illnesses or *Mycobacteria*”

(Julio Acha, 2001)

Before MDR-TB

- Personality
- Failures
- Knowledge
- Deceased/cured relatives

After diagnosis

- Emotional stages
- Symptoms of MDR-TB
- Side effects
- Social stigma

Situations related to MDR-TB treatment requiring emotional support

Source: Chalco K, et al. Nurses as providers of emotional support to patients with MDR-TB. International Nursing Review 53, 253-260. 2006

- Feeling of **guilt**.
- **Stigma**.
- **Adherence** (abandonment).
- Side effects (psychiatric and non-psychiatric).
- **Socioeconomic difficulties**.
- Special situations (domestic violence, HIV, pregnancy, children, patients coming from the provinces, etc).
- **Treatment failure and proximity to death**.
- Treatment completion and cure.
- Emotional support to the members of the health team.

MDR-TB and Mental Health

1. Psychoemotional problems
2. Psychiatric problems
3. Mental Health of the DOTS-Plus Team



MDR-TB and Mental Health

1. Psychoemotional problems

- ✓ Emotional reactions associated to MDR-TB diagnosis. (**denial, guilt, anger, depression, acceptance**)
- ✓ Family crisis and problems related to adaptability.
- ✓ Problems related to work and daily activities.
- ✓ Problems related to treatment adherence and experience of the disease.

MDR-TB and Mental Health

2. Psychiatric problems

- ✓ Emotional and psychiatric problems prior to MDR-TB treatment.
- ✓ Co-morbidity with psychiatric disorders.
- ✓ Alarming psychiatric symptoms.

3. Mental Health of the DOTS-Plus Team



In the first 75 cases

At the start

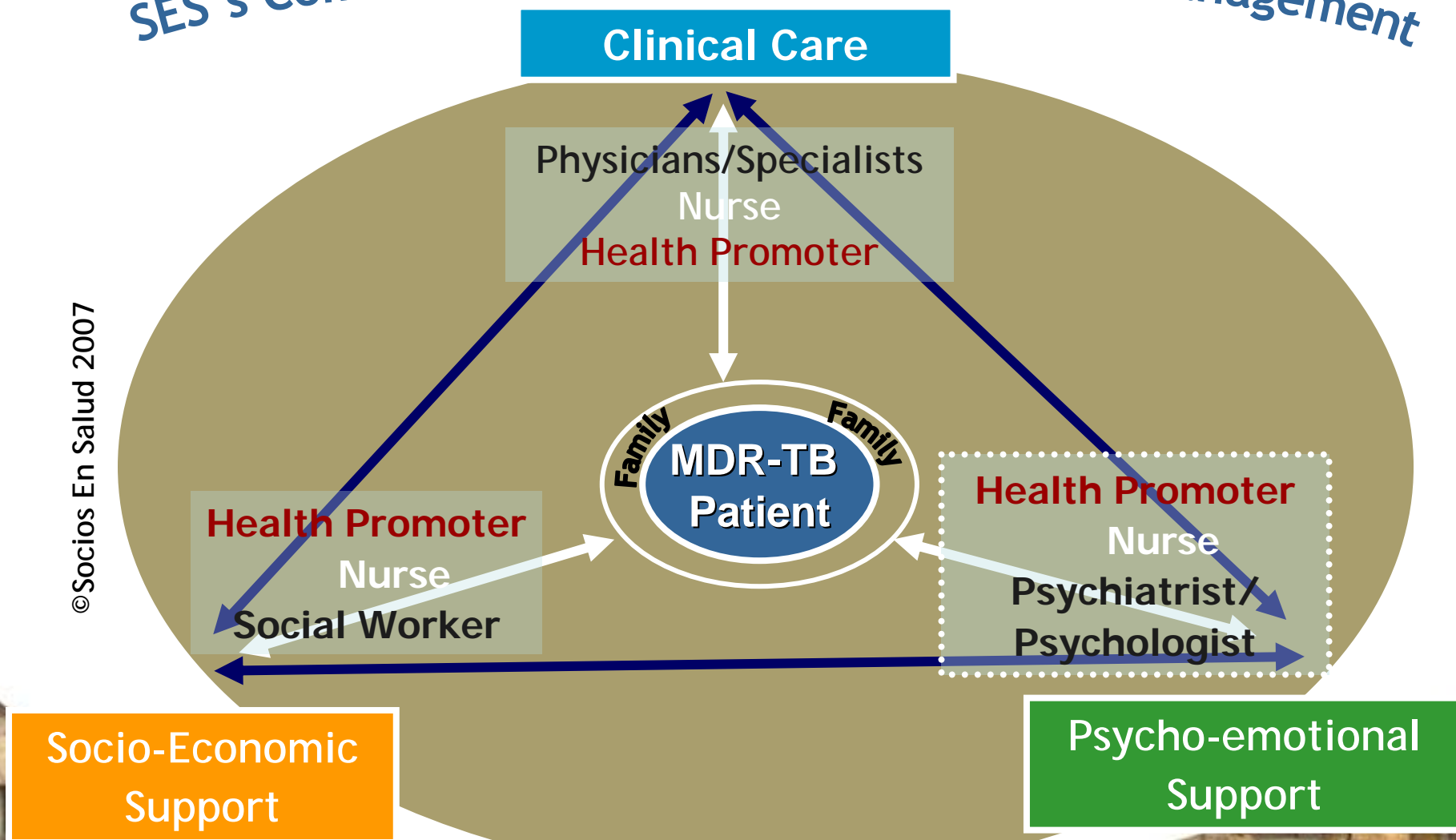
- 52 % of patients with depressive symptoms
- 8% with anxiety symptoms
- 0% with psychotic symptoms

During treatment

- 20 % of patients with depressive symptoms
- 10% with anxiety symptoms
- 10% with psychotic symptoms

Identifying and addressing needs: SES's Community-Based Model for MDR-TB Management

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Alarm symptoms

- Suicidal thoughts/behavior
- Depressive mood
- Hallucinations
- Delusions
- Bizarre conduct.



Types of Emotional Support Provided to MDR-TB Patients (Peru)

Source: Chalco K, et al. Nurses as providers of emotional support to patients with MDR-TB. International Nursing Review 53, 253-260. 2006

- **Informal**
 - ✓ Counseling to patients and their families
 - ✓ Gestures of support, confidence, friendship
 - ✓ Participation in special events important for the patient (birthdays, holidays, etc.)
- **Formal**
 - ✓ **Psycho-emotional Support Groups (PESGs)**
 - ✓ Monitoring: Emotional/psychiatric triage
 - ✓ Recreational activities

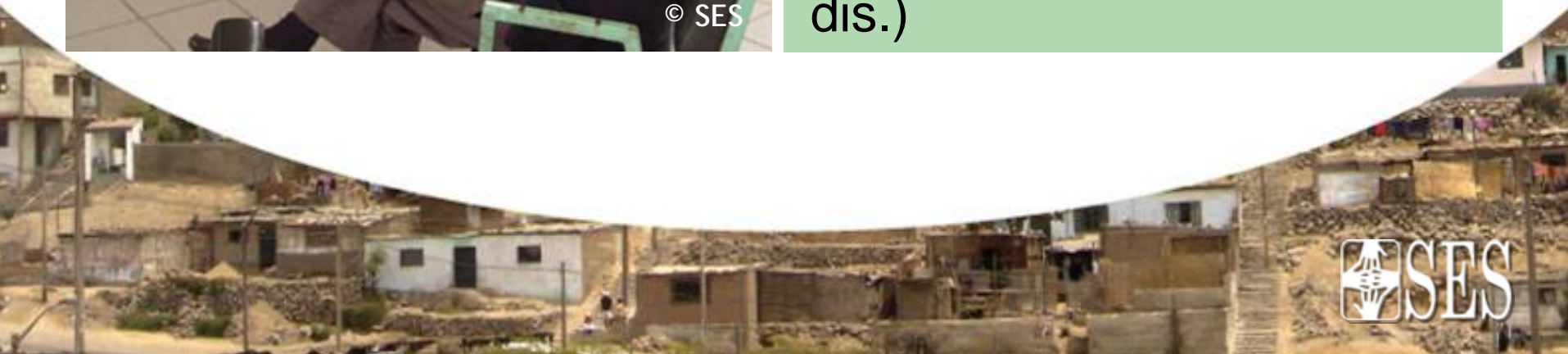
Psychoemotional support groups

Psychoemotional Support Groups began in March 1999 in Carabayllo, Lima.



15-20 patients

- Every two weeks
- Therapist and co-therapist
- 2 hours duration
- Inclusion criteria (negative culture)
- Exclusion criteria (psychotic dis.)



Psychoemotional support groups



- Support in the emotional stages (eliminate guilt).
- Discussion of problems.
- Early detection of possible treatment defaults.
- Discussion with cured patients.



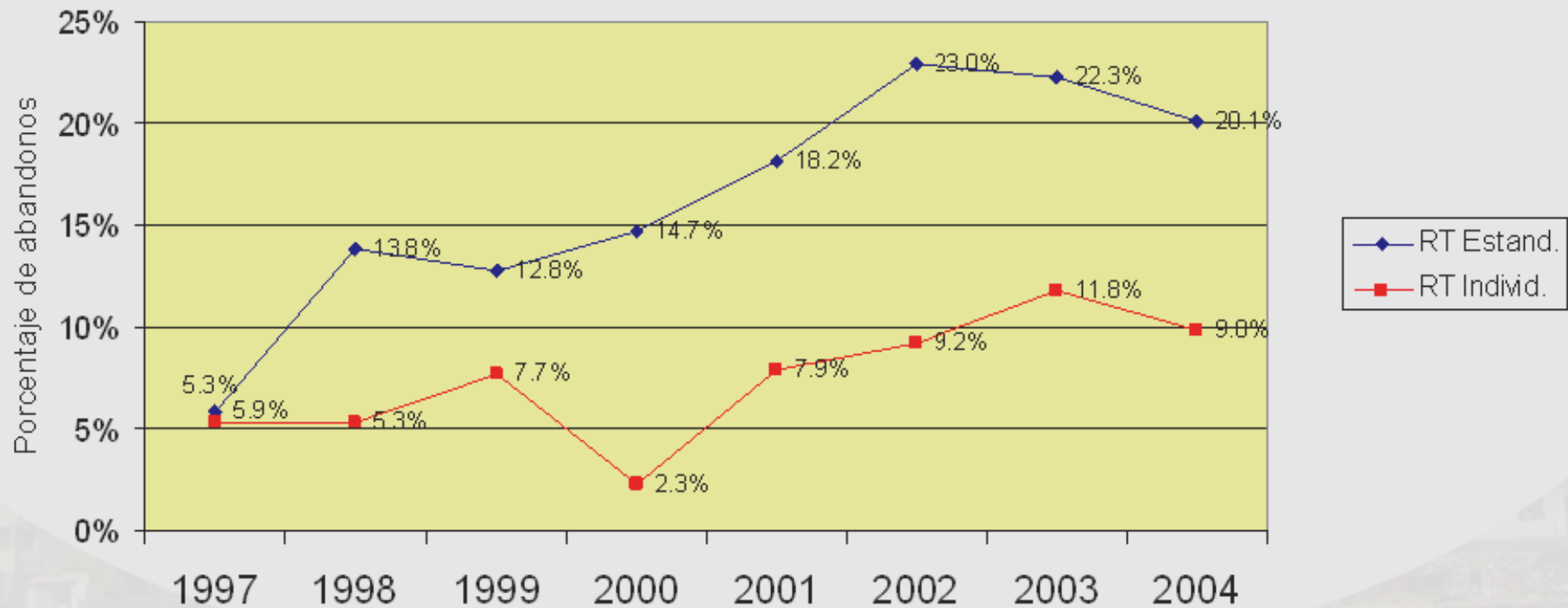
Psychoemotional support groups: Results

- Better acceptance to treatment
- Less abandonment rate
- Opportune interventions in case of suicide risk
- Support from cured patients for patients in treatment



% Abandonment: Standardized Treatment vs Individualized Treatment Peru (years 1997- 2004)

Abandonos al tx para TB MDR: Retratamientos Estandarizados e Individualizados desde 1997 al 2004



Conclusions

- Medication can cure MDR-TB only if the patient does not interrupt/abandon treatment.
- MDR-TB treatment requires far more than medication, it also involves the socioeconomic and psycho-emotional support patients often lack and which affect adherence and recovery.
- Community-based, comprehensive care tailored to each patient's needs is possible and enhances treatment adherence and patient recovery.

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Danos una mano

