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

Eda Palacios Latorre  RN
Julio Acha Albújar  MD

Socios En Salud Sucursal Perú

Cape Town, 10th Nov. 2007
• 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
• 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**

- Clinical Care
- Socio Economic Support
- Individualised Ambulatory Comprehensive Care
- Psycho Emotional Support

**TEAM:**
- MOH, SES
- Patient
- Family and
- Community

©Socios En Salud 2007
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

- Clinical Care
  - Physicians/Specialists
  - Nurse
  - Health Promoter

- MDR-TB Patient
  - Family

- Socio-Economic Support
  - Health Promoter
  - Nurse
  - Social Worker

- Psycho-emotional Support
  - Health Promoter
  - Nurse
  - Psychiatrist/Psychologist

© Socio En Salud 2007
## Socio-Economic Support: Identifying and Addressing Needs

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>MEANS</th>
<th>RESPONSIBLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gather Information Enrolment</td>
<td>Medical Record (EMR) SES Projects</td>
<td>Field Supervisor Health Promoter</td>
</tr>
<tr>
<td>Decide Type of Support</td>
<td>Home Visit (Interview) Analysis of Information</td>
<td>Social Worker</td>
</tr>
<tr>
<td>Deliver Support</td>
<td>Home Visit Delivery by suppliers (from community)</td>
<td>Health Promoter Local Suppliers</td>
</tr>
<tr>
<td>Follow-Up Support</td>
<td>Monthly Home Visits</td>
<td>Field Supervisor Health Promoter</td>
</tr>
<tr>
<td>End or Modify Support</td>
<td>Medical Record (EMR) Home Visits</td>
<td>Social Worker Nurse</td>
</tr>
<tr>
<td>Supervise and Monitor Soc.Ec. Component</td>
<td>Home Visits Technical Meetings</td>
<td>Social Worker</td>
</tr>
</tbody>
</table>
Types of Socio-Economic Support

- Recreational Activities
- Food
- Housing
- Transportation
- SE Support for Treatment
- Other SE Supports
Types of Socio-Economic Support

Housing
Types of Socio-Economic Support

Recreational Activities

Food
Types of Socio-Economic Support

SES Support for Treatment

Transportation

© SES
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)
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.
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
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)
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.
References


Danos una mano