

## ABSTRACT

### DETERMINANTS OF TREATMENT INTERRUPTION AMONG PULMONARY TUBERCULOSIS PATIENTS ON DIRECTLY OBSERVED TREATMENT SHORTCOURSE THERAPY IN OSUN STATE

Tuberculosis (TB) is still one of the leading causes of morbidity and mortality world-wide, and remains as a major public health burden in many developing countries. Nigeria ranked 4<sup>th</sup> among the 22 high burden countries with TB; with an estimated prevalence of 199/100000 population. The default rate of 5% for Osun state in 2013 is higher than the national target of 3%. Thus this study assessed the determinants of treatment interruption among Pulmonary TB patients on DOTS therapy in government operated DOTS centers in Osun State,

This was a cross-sectional survey conducted between March and May 2015 among 283 patients on DOTS selected from all the government operated DOTS centers using systematic random sampling technique, a pre-tested, semi-structured questionnaire to obtain data on socio-demographic characteristic, prevalence of treatment interruption, patient related factors, and health-services related factors. Two focus group discussions (FGD) for the patients, eleven key informant interviews (KII) for the healthcare workers. Review of treatment cards and registers with checklist were carried out. Data was summarized using frequencies, means and proportions. Chi square was used to compare proportions for categorical variables. Multivariate analysis using binary logistic regression was used to determine the predictors of treatment interruption and level of statistical significance was set at p value <0.05.

Mean age of respondents was 39.26 years  $\pm$  13.12SD. The proportion that interrupted treatment was 13.1% (36/274), 58.8 % (22/36) interrupted during intensive phase while 41.2% (14/36) interrupted during continuation phase. However, 3/36 interrupted in both treatment phase. Determinants of treatment interruption were; low income ( $p < 0.001$ ), smoking while on treatment ( $p < 0.036$ ), trekking more than 30 minutes to health facility ( $p < 0.017$ ). Financial constraint, adverse drug reactions, lack of adequate health education, travel and industrial actions were also important factors determining treatment interruption.



Treatment interruption in this study was high due to low income, smoking while on treatment, trekking for more than 30minutes to the treatment centers, adverse drug reactions and travel. Lifestyle modifications, implementing programmes to treat addictive behaviours and also bringing treatment centers closer to patients' homes are recommended to reduce treatment interruption.

**Keywords:** Treatment interruption, DOTS, Tuberculosis, adverse drug reactions

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