

DOI: 10.5281/zenodo.1050982
UDC: 616.24-002.5-08-036.8(478)



Predictive factors associated to low tuberculosis treatment outcome: cross sectional study

*Lesnic Evelina¹, Niguleanu Adriana¹, Ciobanu Serghei², Todoriko Liliya³

¹Department of Pneumophthysiology, Nicolae Testemitsanu State University of Medicine and Pharmacy
Chisinau, the Republic of Moldova

²Chiril Draganiuc Institute of Phtysiopneumology, Chisinau, the Republic of Moldova

³Department of Phthysiology and Pulmonology, Bukovinian State Medical University, Chernivtsi, Ukraine

*Corresponding author: evelinalesnic@yahoo.com. Received February 21, 2017; accepted April 10, 2017

Abstract

Background: The standard treatment for new case of drug-susceptible tuberculosis according to WHO recommendations in the Republic of Moldova has been performed since 2000 and must achieve a treatment success rate of at least 85%. Actually the treatment success rate has increased due to excluding of MDR-TB patients from the general cohort. The major rate of patients with low outcome is represented by died and lost to follow-up cases (drop out).

Material and methods: A retrospective selective, descriptive study targeting social, demographic, economic and epidemiological peculiarities, case-management, radiological aspects diagnosis and microbiological characteristics of 154 patients with pulmonary tuberculosis was performed.

Results: It was established that the major risk factors for loss of follow-up were: low educational level, homelessness, history of detention, migration and delayed patient's direct addressing the specialized hospital services. The major risk factors for death were: low educational level, homelessness and other ways of detection (detection by civic organizations, during specialized consultations in other somatic hospitals) as a result of the unemployment and lack of health insurance.

Conclusions: Raising awareness among high risk patients and their families about tuberculosis, emphasizing that the diagnosis and treatment are free of charge and independent regarding their social and economical status will improve disease outcome.

Key words: tuberculosis, risk factors.