

Tuberculosis

Quality of Care

Pakistan

Is the private sector following the national tuberculosis guidelines in the diagnosis and management of pulmonary tuberculosis?

Pakistan
Rawalpindi and Lahore

Study period:
July–November 2001

Small Grants
Scheme
(SGS) 2000 No. 10

Principal Investigator
Dr Syed Karam Shah
National Tuberculosis
Control Programme
Federal Ministry of Health
Rawalpindi, Pakistan

Abstract

A cross-sectional study was carried out in 2001 among a sample of 245 registered private medical practitioners in Rawalpindi and Lahore, Pakistan. The aim of the study was to assess the knowledge and practices of private medical practitioners in the diagnosis and management of pulmonary tuberculosis using a structured questionnaire.

Results Fewer than 1% of private medical practitioners are aware that coughing for more than 3 weeks is the main diagnostic symptom suggesting pulmonary tuberculosis (PTB), and that sputum microscopy is the diagnostic test for a PTB patient. And in spite of the fact that very few doctors have sputum examination facilities at their clinics and are unable to deliver drugs in their private practice, only a small proportion refer patients to public tuberculosis centres.

None of the private medical practitioners follow national tuberculosis control guidelines in prescribing drugs, and a majority admit an inability to categorize a PTB patient for treatment.

Furthermore, none ensure the intake of anti-tuberculosis medicines under the supervision of a doctor or a health worker. Most of them ensure this by personal counselling, clinical assessment and through relatives, and the outcome of treatment is mainly determined by clinical assessment rather than by sputum microscopy.

Very few private medical practitioners are maintaining records of pulmonary tuberculosis patients or are trying to contact non-compliers or defaulters. Contacts tracing is performed by enquiring about symptoms instead of tuberculin testing.

Conclusion Private medical practitioners are not following national tuberculosis control guidelines in Pakistan in diagnosing, treating and conducting follow-up of pulmonary tuberculosis patients. The study revealed the need to subject the private sector to continuous training on the national tuberculosis control guidelines, as well as the need for monitoring during the whole process of diagnosis, treatment and follow-up by the National Tuberculosis Control Programme.

Conclusions and implications of the study

- Private medical practitioners are not following national tuberculosis control guidelines in Pakistan in diagnosing, treating and conducting follow-up of pulmonary tuberculosis patients. This leads to inadequate management of tuberculosis patients who remain a dangerous source of infection in the community.
- Only 1 out of 245 medical practitioners mentioned coughing for more than 3 weeks as the main symptom suggestive of pulmonary tuberculosis. Similarly, only 1 practitioner recommended sputum microscopy as the basis for diagnosing tuberculosis. These are alarming findings indicating inappropriate case detection in the private sector. These two particular issues could be the main theme of an awareness campaign for early case detection.
- The private medical practitioners should be trained on the national tuberculosis control guidelines. Moreover, functional collaboration needs to be established between private medical practitioners and the National Tuberculosis Control Programme to provide quality tuberculosis care services. Finally, the overall process of diagnosis, treatment and follow-up of pulmonary tuberculosis patients in the private sector should be closely monitored.

Background

In spite of the fact that the private health sector has grown considerably in the last few decades, information on the extent and role of the private sector in tuberculosis care tends to be very sparse. Limited literature is available, especially from Pakistan, on the subject of knowledge and practices of private medical practitioners in the diagnosis, treatment and follow-up of pulmonary tuberculosis (PTB) patients. The aim of this study was to collect relevant and accurate information regarding the knowledge and practices of the general medical practitioners of the diagnosis, treatment and follow-up of PTB patients, and to employ this baseline information to plan future interventions in order to improve tuberculosis care provided by private medical practitioners.

Materials and methods

A descriptive cross-sectional survey was conducted in 2 major cities in Pakistan, Rawalpindi and Lahore, to determine the knowledge and practices of private medical practitioners. The study subjects were the qualified medical graduates who were practising medicine on a full- or part-time basis outside the government (public) sector. A comprehensive list of all private medical practitioners was obtained from the medical representative of Wythe-Leaderle. Five hundred and eighty two were in Lahore and 302 in Rawalpindi. The basic criterion for inclusion in the study was that the private medical practitioners must have provided cure to at least 1 PTB patient during the last year.

Out of the 884 private medical practitioners in the two cities, a sample of 245 was interviewed using a semi-structured study tool. The sample included 37 postgraduates and 48 women. Most of them (86%) had provided treatment to 1-10 PTB patients during last 3 months.

Main study findings

Less than 1% (1 out of 245) of private medical practitioners are aware that coughing for more than 3 weeks alone is the main symptom suggesting pulmonary tuberculosis. A combination of symptoms was mentioned by the rest of practitioners as the main symptoms.

The majority (81%) self-diagnose the patients and only a small proportion refer them to the Tuberculosis Centre.

Less than 1% of private medical practitioners perform sputum microscopy alone in order to diagnose a suspected case of pulmonary tuberculosis.

None of the private medical practitioners take the history of any previous anti-tuberculosis treatment. Most of them give priority to family history and socio-economic status.

The majority (96%) of private medical practitioners cannot categorize a PTB patient for treatment.

None of the private medical practitioners follow the national tuberculosis control guidelines in prescribing drugs. The majority (69%) give a fixed-dose combination (FDC) of 4 drugs, and 27% give 3 to 4 separate drugs initially for 2 to 6 months. During the continuation phase, 42% give a FDC of 4 drugs, and 29% give a FDC of 3 drugs. The majority (89%) give these combinations until the patient is cured. Ninety seven percent of private medical practitioners only write prescriptions to PTB patients because drugs are unavailable in their facilities, 62% prescribe on a fortnightly basis, and 31% on a monthly basis.

None of the private medical practitioners ensure the intake of anti-tuberculosis medicines under the supervision of a doctor or a health worker. Most of them ensure this by personal counseling, clinical

assessment and through relatives. Only 3% maintain records of PTB patients.

None of the private medical practitioners assess the effectiveness of anti-tuberculosis treatment through sputum microscopy alone. The majority (76%) evaluate the outcome of treatment only clinically.

Only 2% of private medical practitioners try to contact a patient on anti-tuberculosis treatment if s/he does not return.

Less than 3% of private medical practitioners have sputum examination facilities at their clinics.

Almost all private medical practitioners find it sufficient to enquire only about the symptoms of the close contacts of PTB patients.

The majority of private medical practitioners admit that they do not know about the national tuberculosis control guidelines, and are willing to attend training on the national tuberculosis control guidelines, if provided.

Conclusions and recommendations

Private medical practitioners are not following the national tuberculosis control guidelines in diagnosing, treating and conducting follow-up of pulmonary tuberculosis patients in Pakistan. Training of private medical practitioners in the in the diagnosis and case management of Tuberculosis patients is recommended.