

Patient and healthcare worker perspectives on the short-course regimen for drug-resistant tuberculosis in Karakalpakstan, Uzbekistan: qualitative study



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Background

Multi-drug resistant tuberculosis (MDR-TB) is a global public health crisis. Standard treatment is lengthy, toxic and costly, with adherence challenges and low cure rates. The TB treatment landscape is changing; new drugs are available for the first time in 40 years. World Health Organisation treatment guidelines in 2019 include a short-course regimen (SCR) for certain patients (9-11 months) and a longer regimen with new drugs (20-24 months).

Research problem

Evidence on patient and provider perspectives is limited. This is important in shaping the TB landscape and the policy and programme response – approaches to TB treatment and care should be adapted to individuals' wants and needs.

RQ: What are the perspectives and experiences of patients and practitioners regarding the SCR?

RQ: What priorities and preferences do people with MDR-TB have for treatment?



Results

The difference shorter treatment makes:

- Mental health
- Expedited return to “normality”
- Navigating stigma
- Reducing burden of TB and treatment
- Reducing treatment “fatigue”
- Facilitating adherence and retention

“ I didn't even want to think about 2-year treatment. ”
Young male patient



Treatment preferences of people with MDR-TB:

- Patients want shorter treatment
- View SCR favourably
- Effectiveness perceived important
- Main priority: achieving relapse-free cure
- Reducing pill burden takes precedence over oral-only regimen – oral pills seen to be the most difficult aspect to tolerate, more so than injectables

“TB is a disease which takes a long time to cure”: HCW perspectives

- Preference for longer, standard treatment – historical experience, familiarity, confidence
- Doubts and concerns about the SCR:
 - Perceived not appropriate for those with high disease burden, comorbidities, younger and older patients
 - Perceived insufficient length to effectively achieve cure, inclusion of first-line drugs for treating DR-TB
 - Suspicion around why the length has been shortened (saving cost?), inflexibility of the regimen making management challenging

“ In recent times, even if the patient matches the low-risk SCR inclusion criteria related to age, condition... we are not including patients into SCR, that is it!... Our doctors do not want to prescribe SCR. ” Doctor participant

Conclusions

The short course regimen appeared to benefit treatment completion and patients' lives. However, HCW concerns about the regimen may influence who receives it. Dissonance between patient preferences and HCW concerns must be addressed. Alongside new treatment approaches, support must be implemented to support HCW's confidence, trust and to address concerns. Future treatment developments, policy and programmes should align with patient priorities for shorter, effective, tolerable treatment with reduced pill burden. Evidence on the effectiveness of shorter regimens using new drugs could help to align patient preferences with HCW concerns.

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