

DR TB Patient Support Programme Overview

Need for DR TB patient support

People diagnosed with any form of DR-TB (rifampicin mono-resistant, multi-drug resistant [MDR] and extensively resistant [XDR and pre-XDR] tuberculosis) embark on a two year treatment journey.

On this journey, most patients receive an intramuscular injection, along with a combination of oral medicines, on a daily basis for at least six months. Due to practicalities of receiving treatment in primary care clinics, the injectable medicines are given 5 days a week (Monday to Friday), the tablets should be taken every day of the week. Patients often experience drug side effects which impact their daily functioning. They also face a high risk of developing further drug resistance and subsequent treatment failure as a result of the sub-optimal treatment regimens currently available for DR TB.

There is an obvious need for comprehensive counseling and support for DR TB patient. It's primary aim being enhance patient's adherence to the full course of DR TB treatment. Information and education provided for the patient and their family should be comprehensive, culturally appropriate, and easy to understand.

Proposed training

The training proposed aims to provide healthcare working with a guide for DR-TB patient support. The training will promote the use of a DR TB Counseling Guide by lay counselors and/or other healthcare workers to provide structured, patient-centered counseling support to DR-TB patients. The Counseling Guide consists of a series of counseling sessions that provide treatment literacy and address common adherence barriers DR TB patients face during the course of their treatment journey.

The training has 3 main aims:

- To train clinic teams on the provision of patient support counseling sessions for all DR TB patients
- Support facility level implementation of DR TB patients support programmes
- To enhance overall support services available to DR TB patients and their families

Topics to be covered during DR TB Patient Support training days:

1. DR TB epidemiology
2. DR TB clinical management overview
3. DR TB counseling sessions in detail with role play
 - a. Sessions 1-4 - for all DR TB patients
 - b. Treatment interrupter session
 - c. XDR TB session
4. Palliative care overview and counseling tailored for DR TB patients with treatment failure
5. Steps to set up and running of a patient support programme at clinic level

Plan for training:

- Select an DR TB Patient Support Team from each clinic to attend the training – Clinic Teams should ideally consist of at least:
 - 1 Counselor - *essential*
 - 1 Counselor Supervisor - *optional*
 - 1 Doctor and/or 1 Nurse (trained in DR TB clinical management) - *optional*
- All identified members of the DR TB Patient Support Clinic Team need to attend Day 1 of the training
- Only the counselor must attend all days of the training.
- Training will consist of ____ days to run from _____ till _____
- Post training follow-ups at each facility will be conducted - plan for this will be agreed on Day 1 of the training.

Summary of counseling sessions included in the DR TB Counseling Guide

Session	Rationale	Timing
Session 1	To provide basic information regarding DR-TB, treatment, and adherence	Ideally when starting treatment: maximum delay of one week
Session 2	Continue providing information regarding DR-TB, treatment, and adherence	Within a maximum of a week after session 1
Session 3	To provide information and education to the family to encourage support for patients To identify and screen contacts To conduct an infection control assessment of the home	Within the first month of treatment initiation
Session 4	To recognize this milestone To provide additional encouragement and support, as well as an opportunity to review the adherence plan for the remainder of treatment To encourage the patient to complete their treatment journey	Completion of intensive phase
Treatment Interruption Session	To promote adherence to treatment and prevent default from treatment.	As soon as patient are identified as a treatment interrupter as per the criteria. Clinic or home
Treatment Interruption follow-up session	To monitor adherence on a frequent basis and improve patient- nurse relationship.	One week post the treatment interruption counseling session
XDR-TB Session	To educate patient on pre-XDR and XDR diagnosis, discuss potential future treatment options (the medical officer will continue this discussion) and create awareness of palliative care as patient's treatment options are limited.	As soon as possible after second line resistance have been detected
Palliative Care Session	Understand diagnosis/ prognosis and future treatment/ psychosocial support options	As soon as patient is identified by a clinician as a patient in whom DR-TB treatment has failed. Clinic or at patient's home