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TUBERCULOUS PATIENTS; DEMOGRAPHIC DATA

DR. ILTIFAT SULTAN

Associate Professor
Department of Chest Diseases
Punjab Medical College, Faisalabad.

DR. MUHAMMAD SADIQ**MCPS (Chest Disease)****DR. JAVED AKHTAR**
MCPS (Chest Disease)

Dr. Rashid Jaleel
DTCD (Pb)

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ABSTRACT... Objective: To evaluate Demographic Data of tuberculous patients in Faisalabad catchments areas. **Setting:** Rehmat Ward at Divisional Head Quarter Hospital Faisalabad a teaching Pulmonary Unit of Punjab Medical College Faisalabad. **Period:** 1st Jan 2006 to 30th June 2006.

INTRODUCTION

Tuberculosis remains an important public health problem in Pakistan despite quite a few claims to the contrary. According to Commission on Population and Development report by WHO in 1995, Tuberculosis is fourth major killer in Pakistan with 0.36 million new cases in 1995 and as estimated 4.2 million new cases over the next 10 years. Pulmonary Tuberculosis is the most important form of disease, it being by fact the most common and responsible for the spread in community through droplet infection. In the absence of reasonable statistical data one is free to make any claims, but the ground facts clearly indicate ever increasing prevalence, at least in this area where as yet, there are no AFB culture/sensitivity facilities available even in the teaching institution. The quality of Z-N staining because of the lack of interest and time spent to look for the bug under the microscope remains poor. The management of tuberculous patients remains uncontrolled, unregistered, un documented and free for all, anybody and anyone can prescribe and purchase anti TB drugs on the counter with resultant mal-treatment. Keeping in view the ground

facts, this study was done to evaluate the demographic data with an intention to suggest measures to help improve the services.

MATERIAL AND METHOD

Consecutively admitted patients during the period 1st Jan 2006 to 30th June 2006, were evaluated for diagnosis of tuberculosis. The diagnosis was made on the basis of history, clinical radiological examination coupled with Sputum Z-N staining, three early morning specimens were obtained for the same, The positivity depended on two specimens being reported as positive. Sputum from all patients was sent for AFB C/S, C/S was done at Agha Khan Hospital Laboratory, Karachi.

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Correspondence Address:
Dr. Ilfat Sultan
iltifatsultan@hotmail.com
Associate Prof. Chest Diseases
Dept. of Chest Diseases,
Punjab Medical Collage, Faisalabad.

RESULTS

Disease was found to be more common among males with 65% of patients in age group (16-54) (table-0) 51% of patients were un-educated and out of remainder 49%, 34% had primary education.

Table-0. Sex and age distribution

	60%	0-15	16-34	35-54	55-75
Male	60%	0-15	16-34	35-54	55-75
Female	40%	5%	40%	25%	30%

**Table-I. Sex and Age Distribution (100)
Presentation of Patients (100)
86 Pulmonary tuberculosis
14 extra pulmonary tuberculosis (excluded)**

Sputum smear (86)		Radiology (86)		Total 86 cases	
Positive	Negative	Unilateral	Bilateral	New	Relapse
28%	72%	24%	62%	48%	52%

Only 60% of these were laborers with 40% doing minor office jobs. The disease is more common among rural population (60%) compared to urban (40%). 45% of the patients irrespective of sex were smokers. History of contact could only be established in 25% of patients. 90% of the patients had been examined / treated by either quacks or medical graduates with only 10% coming direct to us—Table III. The details of symptomatic presentation though resemble's reported in other countries are not included. Radiologically however bilateral lesions were found in vast majority (Table-I). Direct smear positive in 28% (Table-I). 70% of the patients had sputum AFB culture positive with MDR (i.e secondary resistance to R+H) reported in 15% (Table-II).

Table-II. Sputum AFB culture (86)

Positive	Negative	MDR
70%	30%	15% R+H resistance

Table-III. Details of previous treatment

Quacks	Medical graduates	DHG Hospital
30%	60%	10%

DISCUSSION AND CONCLUSION

The demographic data is found to be consistent with that reported by WHO for EMR including Pakistan⁵. Pakistan bears more than half the burden of TB in Eastern mediterranean region with a cure rate of only 20%. It holds 6th position among 22 top countries with TB epidemics having an annual incidence of 175/100,000.

The patients are presenting to us not only in much advanced stages, but also with increasing multi drug resistance. 28% direct smear positivity is not in line with the ground, it being around 12 %³. This yield is definitely due to extra ordinary effort by us and pathology laboratory for this study indicating that results can be improved with concerted effort. Tuberculosis is being managed by anybody and everybody without, documentation and registration, with free mobility of the patients to shift to anywhere for help, which is always half passed and unprofessional. This results in obvious deterioration of the disease. Under such circumstances even if one achieves bacteriological cure, symptomatology persists to both patients and doctors frustration because of the mechanical damage sustained before embarking on proper anti TB treatment.

SUGGESTIONS

To be able to bring some sanity to the management of this immense global and national problem certain measures are to be taken as soon as possible.

1. Immediate global implementation of whatever anti TB national control programme exists.
2. Strong political commitment without which nothing will be possible.
3. Immediate ban on counter sale of anti TB drugs without qualified doctor's prescription.

4. Registration of all TB patients either in the health department or NGO's or anti TB associations.
5. Training and involvement of GPs in all anti TB programmes with establishment of good liaison with health department.
6. Availability of AFB culture/sensitivity facility at each Divisional Head Quarter Hospital with a reference lab. At each teaching institution to help evaluate and manage this menace of ever worsening MDR / XDR TB.

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&
organized life is wisdom**

Immaneul Kant