

Treatment Compliance of Drug-Resistant Tuberculosis Patients in Compliance of Taking Medication Based on Peer Educator Characteristics at Muhammadiyah PKU Gamping Hospital Yogyakarta

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ABSTRAK

Latar Belakang Indonesia menempati urutan ke 8 jumlah kasus TB-RO di dunia. Salah satu tantangan dalam pengobatan TB-RO adalah kurangnya kepatuhan pasien dalam minum obat yang dipengaruhi oleh banyak faktor yang menjadi penghambat utama keberhasilan pengobatan. Untuk mendukung dan menjamin kepatuhan pengobatan pasien, diperlukan pendampingan rutin oleh kader kesehatan dari komunitas yang dikenal dengan istilah Pendukung Pasien atau Pasien Suporter (PS). Tujuan Penelitian ini ingin mengetahui gambaran karakteristik PS yang paling cocok untuk mendampingi pasien sehingga dapat mendukung kepatuhan pengobatan yang berdampak optimal pada keberhasilan pengobatan. Metode Penelitian ini menggunakan metode observasi deskriptif yang melibatkan 100 pasien DR TB ditinjau dari tingkat kepatuhan pengobatan dikaitkan dengan gambaran karakteristik 26 peer pendidik yang dibagi dalam 4 kategori yaitu usia, jenis kelamin, latar belakang pendidikan, dan pengalaman sebagai penderita TB. penyintas. Pengumpulan data penelitian dilakukan di PKU Muhammadiyah Gamping Yogyakarta. Hasil observasi 100 pasien DR TB, 85% memiliki kepatuhan pengobatan dan 15% sisanya tidak patuh. Tingkat kepatuhan pengobatan pasien dipengaruhi oleh faktor 80% peer counselor mempunyai latar belakang pendidikan kesehatan, 64% mempunyai umur yang sama dengan pasien, 54% berjenis kelamin sama, dan hanya 5% dipengaruhi oleh peer counselor yang mempunyai pengalaman. sebagai penyintas DR TB. Kesimpulan Latar belakang PS yang berpendidikan, paling tinggi tingkat kepatuhan pasien minum obat sedangkan PS yang mempunyai latar belakang penyintas TB-RO paling sedikit tingkat kepatuhan pasien dalam meminum obat.

Kata Kunci: DR-TB; pendukung pasien; karakteristik; kepatuhan minum obat

ABSTRACT

Background: Indonesia is ranked 8th globally for the number of TB-RO cases. A major challenge in treating TB-RO is the lack of patient compliance in taking medication, influenced by various factors that pose significant obstacles to successful treatment. To ensure patient compliance, routine assistance from health cadres within the community, known as Patient Supporters or PS, is essential. The study aimed to identify the characteristics of PS most suitable for accompanying patients to ensure treatment compliance and achieve optimal treatment success. Method: The study employed a descriptive observation method, involving 100 DR-TB patients, assessing their treatment compliance in relation to the characteristics of 26 peer educators categorized by age, gender, educational background, and experience as TB survivors. Data collection was conducted at PKU Muhammadiyah Gamping Yogyakarta. Results: Observations of 100 DR-TB patients revealed that 85% exhibited treatment compliance, while the remaining 15% were non-

compliant. Patient medication compliance was influenced by various factors: 80% of peer counselors had a health education background, 64% were of the same age as the patient, 54% were of the same gender, and only 5% were influenced by peer counselors with experience as DR-TB survivors. Conclusion: Educated PS displayed the highest level of patient compliance in medication adherence. Conversely, PS with a background as TB-RO survivors exhibited the lowest level of patient compliance in taking medication.

Keywords: DR-TB; patient support; characteristics; medication compliance

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Introduction

The 2023 WHO Global Tuberculosis Report clearly shows an alarming trend of increasing TB cases worldwide. The numbers have risen from 10 million in 2020 to 10.3 million in 2021 and further to 10.6 million in 2022. Shockingly, 39.7% of cases remain undiagnosed and unreported. With TB hitting the productive age group, particularly those aged 45 to 54, the situation demands urgent attention. The report also highlights the staggering 1.6 million deaths from TB, a significant increase from the previous year's 1.3 million deaths. Mycobacterium tuberculosis infection, especially pulmonary TB, remains a pressing global public health concern. It is distressing to note that TB ranks as the second leading cause of death from infectious agents in 2022, following only COVID-19. The report reveals a record high of 7.5 million newly diagnosed TB cases in 2022, underscoring the urgency of addressing this critical issue (Global Tuberculosis Report 2023).

The treatment of DR-TB presents a significant challenge due to low patient compliance in medication intake, caused by various factors that impede treatment success. Antibiotic resistance poses a grave threat to global TB control efforts. In 2014, an estimated 480,000 people, accounting for 5% of TB cases globally, had multidrug-resistant TB (TB-RO), making up 3.3% of new TB cases and 20% of previously treated cases. On average, only 50% of DR-TB patients completing treatment, with 16% dying, 16% lost to follow-up, 10% failing treatment, and 8% lacking outcome information. The WHO-backed 'Directly Observed Treatment Strategy-Plus' (DOTS- Plus) for DR-TB involves a treatment duration of 20 to 24 months, posing challenges in effective delivery. The severity of drug side effects in DR-TB treatment presents a clinical challenge, leading to non-compliance and treatment cessation among patients. In the treatment of DR-TB, one major challenge is the low patient compliance in taking medication, influenced by various

factors that hinder the success of treatment. An obstacle to treatment success is antibiotic resistance, which undermines global efforts to control TB. In 2014, an estimated 5% of TB cases globally, or 480,000 people, had multidrug-resistant TB (DR-TB), accounting for 3.3% of all new TB cases and 20% of previously treated TB cases. On average, only 50% of DR-TB patients who start treatment complete it. Of the remaining patients, 16% die, 16% are lost to follow-up, 10% fail treatment, and 8% do not have outcome information. The WHO-supported 'Directly Observed Treatment Strategy-Plus' (DOTS-Plus) for DR-TB involves treatment lasting 20 months, but in some cases, it may extend up to 24 months. The nature of TB-RO treatment presents challenges in effective delivery using this approach, as it is time-consuming and unpleasant. One of the clinical challenges in DR-TB treatment is the severity of drug side effects, which are so disruptive to patients that they not only lead doctors to stop treatment but also increase the risk of patient non-compliance (2).

To ensure successful treatment, patient advocates and peer educators play a crucial role in providing regular assistance and support. These dedicated individuals receive comprehensive training to enhance their understanding of TB treatment and medication side effects. However, being a truly effective advocate requires more than just knowledge; it requires ongoing communication and consideration of various factors that can impact

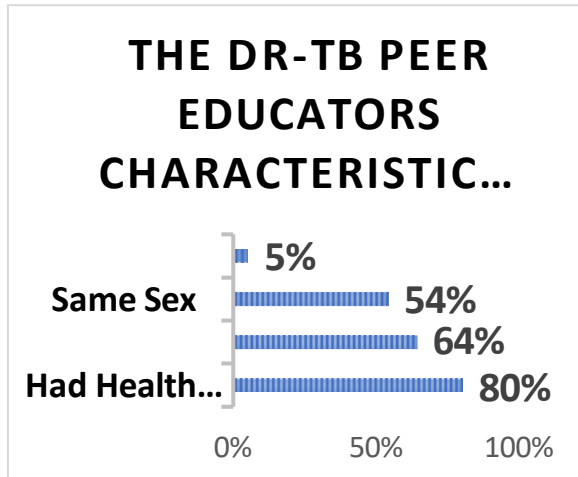
treatment success, including the advocates' own characteristics. The study conducted at PKU Gamping Hospital aims to delve deeper into how the attributes of patient supporters can positively influence the completion of DR-TB treatment, further enriching the journey towards successful recovery.

METODE

This study used a descriptive observation method involving 100 TB-RO patients reviewed from the level of treatment compliance associated with the description of the characteristics of 26 peer educators divided into 4 categories, namely age, gender, educational background, and experience as TB survivors. Data collection was conducted at PKU Muhammadiyah Yogyakarta.

Of the 100 DR TB patients observed, 85% were compliant with treatment, while the remaining 15% were non-compliant. Among the patients accompanied by a patient supporter with a health worker background, 80% were compliant with treatment.

Additionally, 64% of the supporters had the same age as the patient, 54% were of the same gender, and only 5% who were accompanied by survivors complied with the treatment.



The level of education is the most important factor in supporting patient treatment compliance, as it affects a person's ability to absorb and apply new knowledge. Patients with higher education levels are better able to understand and implement new information. Most patient companions in this hospital do not have previous knowledge about TB, hence those with higher education are better able to absorb and apply new knowledge than those with lower education levels. Additionally, age also plays a role in patient treatment compliance. On average, patients receiving treatment are between 25-35 years old, with some being elderly and few being young. Patients feel more comfortable being

accompanied by friends who are close in age, as they communicate regularly. The discussions often extend beyond treatment issues and side effects, and delve into personal matters such as relationships, work, and family. Having companions of the same age makes patients more comfortable and creates a sense of

friendship or familial support.

The presence of a same-gender companion can make a patient feel more comfortable and open about their problems. This can significantly impact the patient's adherence to medication and contribute to the success of their treatment. Although not as significant as education and age, the gender of the patient's companion plays a role in influencing the patient's compliance with medication. Many patient companions are individuals who have previously battled tuberculosis (TB) and successfully completed treatment, such as TB survivor Dr. The hope is that sharing their success stories can motivate current patients to overcome treatment challenges and side effects. However, the study found that having a companion with a history of the same disease only minimally supports patient compliance with treatment. This may be due to the limited knowledge and lower education levels of former patients, which can impact their ability to effectively communicate and support the current patient. The characteristics of an ideal patient companion are crucial to the treatment's success. However, these characteristics are interconnected, meaning that while having a companion of the same age and gender can provide comfort to the patient, it is equally important for the companion to have a good education level to effectively support and communicate important information to the patient. Simply having a history of TB without the ability to effectively manage information may not suffice in providing adequate support to

the patient.

Conclusion

Educational background, age, and gender of patient companions can impact patient medication adherence, while being a TB survivor does not significantly support patient medication adherence.

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CONFLICT OF INTEREST

No conflicts of interest exist in this study.

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