COMMON CAUSES OF LOSS TO FOLLOW UP OF MULTIDRUG RESISTANT TUBERCULOSIS PATIENTS IN MOEWARDI HOSPITAL SURAKARTA 2011-2013

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Abstract

Introduction: Treatment of Multidrug Resistance Tuberculosis (MDR TB) is challenging. Loss to follow up is a matter of particular concern in the evaluation of treatment outcomes of MDR TB in the world, including in Indonesia, but so far there has never been published research on loss to follow up of MDR TB in Indonesia. The purpose of this study was to determine the causes of loss to follow up MDR TB in Moewardi Hospital January 1st, 2011 - December 31st, 2013

Methods: A retrospective descriptive design study conducted in loss to follow up MDR TB patients based on inclusion and exclusion criterias at the Moewardi Hospital Surakarta from January 1st, 2011 - December 31st, 2013. Data were collected from medical records and interviews using questionnaires.

Results: From total of 25 loss to follow up MDR TB patients, we found 19 patients who met the inclusion and exclusion criterias for this study. Subjects were mostly male (63.2%), aged 51-60 years (42.1%), primary school and lower (73.7%), household income of less than one million rupiah per month (84.2%), residing settled (100%), and all patients are non-users of alcohol and drugs, but 63.2% were smokers. During the treatment most of them (63.2%) were delivered by the husband / wife when visiting MDR TB clinic. MDR TB criteria in patients with loss to follow up was mostly failed category II (42.1%) and relapse cases (42.1%). Duration of treatment of MDR TB before loss to follow up was (52.6%) 1-3 months. Most patients had a history of previous treatment of anti tuberculosis drug category II (63.2%) and no history of loss to follow up (89.5%), only 2 (10.5%) patients who had a history of loss to follow up. All patients experienced side effects from the treatment of MDR TB. The most disturbing complaint is weakness (57.7%), 5 (26.3%) patients experienced severe side effects, and most patients (63.1%) experienced more than two side effects during treatment. Distance to go to MDR TB clinic for treatment in most of patients (78.9%) was less than 10 miles, but there were 3 (15.8%) patients who travelled more than 15 kilometers. The travel time on the 12 (63.1%) patients to MDR clinic was less than 30 minutes. However, most of MDR TB patients (52.6%) cost at least 15 thousand rupiah a day to go to MDR TB clinic. The cause of loss to follow up MDR TB are adverse effects (73,7%), transportation cost (21,1%), no escort (15,8%), bored (15,8%), and unable to work (5,3%). Each patient may have more than one cause.

Conclusion: adverse effects is the most common cause of loss to follow up MDR TB patients

Keywords: MDR Tb patients, the cause of loss to follow up