CHAPTER: 19

A COMPARATIVE STUDY TO UNDERSTAND THE PSYCHOLOGICAL DISTRESS AND ITS ASSOCIATED FACTORS AMONG TB PATIENTS RECEIVING TREATMENT FROM GOVERNMENT AND PRIVATE FACILITY

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INTRODUCTION

The most prevalent infectious agent-related cause of death and one of the top ten global causes of mortality is tuberculosis (TB), a highly contagious infectious illness. 10 million people worldwide had tuberculosis in 2019, and 1.4 million people died from it. The bacterium that causes TB, known as Mycobacterium tuberculosis, is spread by coughing or airborne bacteria releases from infected people. Although pulmonary tuberculosis (TB) mostly affects the lungs, extra-pulmonary TB can potentially infect other regions of the body as well. Tuberculosis can strike anyone, anywhere. Adults have a high prevalence of tuberculosis (90 percent), with men having a higher prevalence than women. People affected by tuberculosis (TB) frequently face economic hardship, insecurity, marginalization, stigma, and prejudice as a result of the disease. M. tuberculosis infects around a fifth of the world's population. In India, the prevalence of tuberculosis cases was 21.5 lakh in 2018, with 25% of cases recorded from the private sector. The working-age population is extremely endemic for tuberculosis. The age group of 15-69 years accounts for 89 percent of TB cases [2]. Numerous people succumb to tuberculosis. The tenth leading cause of death worldwide is TB, and its mortality is associated with co-morbidities including HIV and diabetes mellitus. An estimated 1.21 million HIV-negative individuals passed away from tuberculosis in 2019. The prevalence of TB mortality among patients with HIV as a co-morbidity was 20,800. As a result, 1,418,000 TB-related deaths are anticipated to occur overall in 2019 [3].

Many factors may contribute to psychological distress, including a history of tuberculosis, drug abuse, physical accessibility, economic accessibility, disease stigma, care provider attitude, self-reported illness severity, and physical distress. The magnitude of PD is determined by the condition and ones perception of it. A persons psychological, social, and professional functioning may be directly or indirectly impacted by a psychological problem, including mental illness. This can have an impact on a range of life areas, such as relationships, employment, and health [1].

AIM

To comprehend the psychological anguish that TB patients who are receiving treatment from public and private facilities are experiencing, as well as the variables that contribute to it.

RESEARCH OBJECTIVES

1. To assess the prevalence of psychological distress among patients with tuberculosis.
2. To understand the associated factors leading to psychological distress.
3. To compare the doctor-patient relationship amongst government and private facilities in relation to TB care.

RESEARCH METHODOLOGY

A cross-sectional study design was employed using a quantitative schedule for research conducted in two districts of Madhya Pradesh: Jabalpur and Chhindwara. Quota sampling was utilized to gather 170 samples for analysis, employing both telephonic and face-to-face interviews for data collection. The study focused on obtaining information about TB patients, including socio-demographic characteristics, co-morbidities, medical history, drug usage, previous TB experiences, patient-doctor relationships, disease-related stigma, and patient perceptions of disease severity, physical accessibility, and financial status.

Data was gathered through telephonic interviews, with dependent variables including co-morbidities, diagnostic details, substance use instances, previous TB history, patient-doctor relationships, disease-related stigma, patient perceptions of disease severity, physical accessibility, and financial status. Independent variables encompassed socio-demographic details. A 5-point Likert scale assessed psychological distress levels, doctor-patient relationships, and perceived stigma among TB patients, allowing participants to express their agreement or disagreement. The Kuppuswamy scale was employed

to determine participants' socio-economic class based on education, occupation, and income scoring. Severity perceptions were gauged through a closed-ended question with three categories: severe, moderate, and mild. Substance use instances were measured through a closed-ended question with two categories: yes and no, considering alcohol, tobacco, and cigarette usage as substance use instances.

RESULTS & DISCUSSION

In all, 170 samples that complied with inclusion/exclusion requirements and were recommended by the Deepak foundation under the National Tuberculosis Elimination Program in the Madhya Pradesh districts of Chhindwara and Jabalpur were included in the study. The results of data analysis showed that tuberculosis patients had signs of psychological discomfort. It was due to poor economic class, substance used, diabetes status, and severity of illness. While new case or relapse, facility taking treatment, physical accessibility, travelling cost, degree of doctor patient relationship and degree of stigma were not associated factors leading to psychological distress. The diseases physical weakness might cause frequent absences from the workplace, which increases financial hardship. Prior to the diagnosis, the patients anxiety, insomnia, irritability, and restlessness were detected during the interview. Due to the complexities of the condition and the ambiguity of diagnosis, they experienced a fear of death, poor sleep, and food, as well as a diminished interest in social engagement. Patients first feel relieved and comfortable after receiving a diagnosis, but they quickly become nervous, irritated, and sad as they worry about the nature of the disease, its complications, and prognosis.

CONCLUSION

Nearly one in four tuberculosis patients experience depression, making it a common consequence. When assessing TB patients, doctors and DOTS providers should have a high index of suspicion for depression. People with lower socioeconomic status are more likely to experience depression. It is recommended that all TB patients have a psychological examination at least once while undergoing treatment and

that those who require it have access to the proper counselling and care. The staff at the DOTS center and the patient's caretakers should be made aware of the symptoms of depression, and if the patient displays any, they should refer them to a counsellor or psychiatrist. Prospective research with repeated assessments is advised to monitor the development of depressed symptoms over time in TB patients, starting on the day of the diagnosis itself.

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