Unite to end multi-drug resistant TB
WE'RE LEAVING NO-ONE BEHIND
www.comdis-hsd.leeds.ac.uk

480,000 people with MDR-TB in 2014 *

Treatment for MDR-TB is long and arduous and can have a serious psychological and financial impact on patients and their families.

Among patients who started medication for MDR-TB in 2012, only 50% successfully completed their treatment. *

*WHO Global Tuberculosis Report 2015

MDR-TB: a lonely disease
Our study in Nepal shows...

MDR-TB causes anxiety, depression and hopelessness in many patients.

Family and social support is a key determinant of psychological wellbeing for MDR-TB patients.

The extent to which this support is available is often determined by gender and marital status.

Married women with MDR-TB suffer greater stigma, isolation and discrimination, often forced to leave home by their families.

Improving mental wellbeing

Lack of knowledge about MDR-TB and its treatment fuels further psychological stress for patients and families.

In Nepal, we have developed a psychological support package for patients with MDR-TB, including:

- Tailored information for patients and families
- Screening for anxiety and depression
- Psychological support and one-to-one counselling

Working with employers to tackle TB

4 million workers are employed in the Bangladesh garment sector.

80% of these are poor, young and female.

In our study, we partnered with factory owners and private medical practitioners to offer free workplace TB diagnosis and treatment...

100% of patients treated in the workplace completed their treatment.

85% of patients referred from the factory to a TB centre completed their treatment.

Faster treatment - less interruption
Our study in Shandong, China shows...

80% of MDR-TB patients waited more than 80 days for diagnosis.

Almost 70% reported an interruption in their treatment.

Interruptions were less severe when families provided directly observed treatment (DOT).

We recommend:
1. Better equipment and training in hospital laboratories
2. More streamlined transport for sputum samples
3. Proper training for family members to provide DOT

SOURCE: COMDIS-HSD - see our all our TB findings at www.comdis-hsd.leeds.ac.uk