

# Neglect Sets the Killer on Prowl

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## WORLD TB DAY

Nurul Islam Hasib

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However, this fatal disregard by the medical practitioners is only adding to the rising rate of the multidrug resistant (MDR) disease of TB in Bangladesh, complicating the fight against the disease.

According to the National TB Programme, TB patients diagnosed in doctors' private chambers remain unreported in the government records.

The patients also have to buy anti-tuberculosis drugs from outside, as most of the doctors do not tell them about free drugs available at different points, including the hospitals across the country.

"As the drugs are expensive and have to be taken for six months, most of the patients who buy those on their own abandon the medicare," Dr Akramul Islam, head of Brac's health programme, told bdnews24.com.

He said multidrug resistant forms of TB developed because of inappropriate or incomplete treatment, and later, highly fatal strains could pass on from one to another.

The fatality rate of MDR TB is five times higher than the usual forms of TB &ndash; lung TB or otherwise.

The government started DOTS (direct observation treatment short course) in 1993, aimed at stopping TB by proper reporting and free medication.

Studies shows that people with weaker economic background&ndash;monthly income less than Tk 3,000 and with no education&ndash;are more at risk of getting TB than others.

People with non-resistant TB are given an array of antibiotic tablets for six months, while those with MDR-TB are quarantined in hospitals for at least six months and later medication continues for another one-and-a-half months.

Dr Zahidul Alam of Dhaka Medical College Hospital said he came across a 28-year-old patient in the hospital with breathing problem, but past records showed he was diagnosed with TB a few days back in a private practitioner's chamber.

"But he had not started anti-TB drugs yet," he said, adding that they suggested the patient to go to the DOTS centre in the hospital.

According to Dr Narendro Nath Deori, National consultant of TB Programme, DOTS centres provide full-course of drugs required for TB treatment and also monitor whether a patient takes drugs.

He said people sometimes abandoned treatment as symptoms disappeared within a week of starting the treatment.

"But it raises MDR TB risks," he said, adding that MDR TB was a challenge for Bangladesh, which had made a remarkable progress in fighting TB.

Though it is not clear why private practitioners ignore TB guidelines, according to one physician, some doctors simply neglect the issue. "They see patients and prescribe, but don't worry about the consequences of a disease like TB."

Talking to bdnews24.com, Dr ABM Jamal Uddin Chowdhury, secretary general of the Bangladesh Private Medical

Practitioners Association (BPMPA), however, insisted that doctors must follow national guidelines.

"There is no scope to evade guidelines for a serious infectious disease like TB," he said, assuring that they would look into the issue.

Experts suggest people with three weeks of persistent cough to see a doctor for a possible TB infection.

World Health Organisation (WHO) estimates 3,600 MRD TB patients in Bangladesh, but government has recorded only 701 cases so far.

Many patients remain undiagnosed, as they are not aware and the diagnosis is not so easy like other forms of TB.

"It's a challenge for us, as an undiagnosed patient can spread the disease to others through cough," Islam said.

The government has only four sophisticated laboratories—in Dhaka, Chittagong, Rajshahi and Netrokona—that can detect MDR TB.

According to WHO, up to a third of people worldwide are infected with the bacterium that causes TB, but only a small percentage has developed the disease.

It kills an estimated 1.7 million people every year. The prevalence is 79.4 per 100,000 adults in Bangladesh that ranks sixth in the world TB-burdened countries.

Expert say, absence of a quick and cheap diagnostic test, long duration of treatment, lack of an effective vaccine, rising rate of drug-resistant TB and weak health systems in developing countries hamper the progress toward controlling TB worldwide.

According to The Lancet medical journal, rising global rates of diabetes and high rates of smoking in low- and middle-income countries have become primary drivers of the TB epidemic.

Diabetes raises the risk of developing TB three-fold and smoking increases it another two-folds, the British journal documents.

It also said that MDR TB was a matter of urgency in various parts of the world.

Source: bdnews24.com