



CONSUMPTION OF PSYCHOACTIVE SUBSTANCES IN TUBERCULOSIS PATIENTS: INTERFACE TO ADHERENCE TO TREATMENT AND BRIEF INTERVENTION

Authors: Sônia Sueli Souza do Espírito Santo (1), Ângela Maria Mendes Abreu - (2), Luciana Fernandes Portela (3), Larissa R Mattos (4)

BACKGROUND

Association of the use of psychoactive substances and tuberculosis make diagnosis and treatment a barrier to reach universal coverage of the disease worldwide.

OBJECTIVES

To identify the profile and the pattern of consumption of psychoactive substances of patients undergoing tuberculosis treatment in the network of basic health services; To analyze the adherence to the treatment of patients of tuberculosis who consume these substances and perform brief intervention in this clientele from the perspective of the adherence to the tuberculosis treatment.

METHODS

Sectional study, carried out in primary care units in the modality of the Family Health Strategy, in Rio de Janeiro, with n sample of 114 patients in the treatment of tuberculosis using the ASSIST. The exposure variable was the consumption of psychoactive substances and the outcome variable adherence to treatment. In the first phase the brief intervention was carried out, in the stages of feedback, due guidance and empathically. In the second phase after two months, a search was performed on the medical record for confirmation or non-compliance.

RESULTS

Prevalence in the male population 71,1%, median age 39 years, incomplete primary schooling 52,6%, brown skin color 42,1%, family income > 1 minimum wage, 74,5% lived with relatives. Prevalence for tobacco 28,0%, alcoholic beverages 12,3%, marijuana 5,4% and cocaine / crack 3,5%. Regarding adherence, after two months of Brief Intervention, with a survey in the patients' charts, a higher prevalence of adherence was observed in the male population, over 40 years old, with medium / high school education, married and living in union, whites received up to 1 minimum wage, live with relatives, adhered to the treatment of tuberculosis.

CONCLUSION

These results demonstrate the importance of brief interventions applied by health professionals with these patients, decreasing the incidence of bacilliferous and infected patients, prone to the spread of the disease.

Table 1 - Association between sociodemographic variables and adherence to the treatment of patients in treatment of tuberculosis under Primary Health Care . Rio de Janeiro – Brazil, 2017 (n = 114)

Variables studied	No Adhesion	Adhesion	p*
	n(%)	n(%)	
Gender			
Female	6 (18,2)	27 (81,8)	0,674
Male	12 (15,0)	68 (85,0)	
Age			
Up to 39 years	12 (18,5)	53 (81,5)	0,392
40 years and over	6 (12,5)	42 (87,5)	
Education			
elementary School	13 (16,3)	67 (83,8)	0,885
high school / college	5 (13,2)	28 (84,8)	
Marital status			
Single / widowed / separated	13 (17,3)	62 (82,7)	0,567
Married	5 (13,2)	33 (86,8)	
Skin color			
Whites	6 (20,0)	6 (20,0)	0,477
Non- whites	12 (14,2)	12 (14,5)	
Monthly family income			
Up to 1 minimum wage	12 (15,8)	64 (84,2)	0,625
2 wages or more	5 (20,0)	20 (80,0)	
Living with relatives			
Yes	15 (18,3)	67 (81,7)	0,264
No	3 (9,7)	28 (90,3)	
Distance between home and place makes treatment difficult			
Yes	4 (36,4)	7 (63,6)	0,241
No	5 (18,5)	22 (81,5)	

* p values for the chi-square test or the exact Fisher test

Table 2 - Association between sociodemographic variables related to the type of Brief Intervention and the pattern of consumption of psychoactive substances in the last three months of patients under treatment of tuberculosis in Primary health Care, Rio de Janeiro, Brazil . 2017 (n = 114)

Variáveis estudadas	Psychoactive substances consumed							
	Tobacco		Alcohol		Marijuana		Cocaine/Crack	
	Brief intervention / referral for treatment	p*	Brief intervention / referral for treatment	p*	Brief intervention / referral for treatment	p*	Brief intervention / referral for treatment	p*
Gender								
Female	12 (36,4)	0,501	4 (12,1)	0,106	4 (12,1)	0,878	2 (6,1)	0,069
Male	35 (43,2)		21 (25,9)		9 (11,1)		16 (19,8)	
Age								
Up to 39 years	26 (40,0)	0,759	17 (26,7)	0,209	11 (16,9)	0,033	9 (13,8)	0,512
40 years and over	21 (42,9)		8 (16,3)		2 (4,1)		9 (18,4)	
Education								
Elementary School	35 (43,2)	0,501	23 (28,4)	0,011	11 (16,9)	0,252	18 (22,2)	0,001
High school/ College	12 (36,4)		2 (6,1)		2 (6,1)		0 (0,0)	
Marital Status								
Single/widowed/ separated	35 (46,1)	0,139	17 (22,4)	0,873	10 (13,2)	0,405	13 (17,1)	0,586
Married	12 (31,6)		8 (21,1)		3 (7,9)		5 (13,2)	
Skin color								
Whites	11 (36,7)	0,554	4 (13,3)	0,185	3 (10,0)	0,778	1 (3,3)	0,039
Non- whites	36 (42,9)		21 (25,0)		10 (11,9)		17 (20,2)	
**Monthly family income								
Up to 1 minimum wage	31 (40,3)	0,982	19 (24,7)	0,181	0 (0,0)	0,035	1 (4,0)	0,104
2 wages or more	10 (40,0)		3 (12,0)		12 (15,6)		13 (16,9)	
Lives with relatives								
Yes	31 (37,3)	0,169	19 (22,9)	0,685	10 (12,0)	0,723	12 (14,5)	0,523
No	16 (51,6)		6 (19,4)		3 (9,7)		6 (19,4)	

*p values for the chi-square test or the exact Fisher test

**Minimum wage - R\$937,00

1 PhD student Nurse , Federal University of Rio de Janeiro, Department of Public Health, Anna Nery School of Nursing, Rio de Janeiro, RJ, Brazil. sucessonia@gmail.com

2 Associate Professor, PhD, Federal University of Rio de Janeiro, Department of Public Health, Anna Nery School of Nursing, Rio de Janeiro/ Brazil. angelabreu@globo.com

3 Associate Professor, PhD, FIOCRUZ , Rio de Janeiro/ Brazil. luportela@yahoo.com

4 Student Nurse , Federal University of Rio de Janeiro, Department of Public Health, Anna Nery School of Nursing, Rio de Janeiro, RJ, Brazil. student Nurse , Federal University of Rio de Janeiro, Department of Public Health, Anna Nery School of Nursing, Rio de Janeiro, RJ, Brazil. larissarmattos@gmail.com