



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

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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

1-To analyze the adherence to the treatment of patients with tuberculosis who consume these substances and perform brief intervention in this clientele from the perspective of the adherence to the tuberculosis treatment.

2-To identify the profile and the pattern of consumption of psychoactive substances of patients undergoing tuberculosis treatment in the network of Primary Health Care;

RESULTS

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		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

METHODS

A sectional study carried out in Primary Care units in the city of Rio de Janeiro, with patients undergoing tuberculosis treatment using the ASSIST questionnaire. The exposure variable was the consumption of psychoactive substances and the outcome was adherence to treatment. In the first phase, the brief intervention was carried out, in the feedback stages. In the second phase after two months, a search was performed on the medical record for confirmation or non adherence.

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*
	n(%)		n(%)		n(%)		n(%)	
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

CONCLUSIONS

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

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