



Lopiga, RV, Auer, C, Quelapio, MIJD, Macalintal, LE, Maramba, EK, Orillaza-Chi, RB, Gler, MT, Tupasi, TE, “Addressing psycho-social aspects of MDR-TB treatment through patient group discussions in Manila, Philippines,” *The International Journal of Tuberculosis and Lung Disease*, Vol. 11, No. 11, (November) 2007, Supplement 1: S246.

**Background:** The emotional and psycho-social distress associated with tuberculosis is partly due to the stigma attached to the disease and the financial burden on the family. For patients with MDR-TB, this burden is often more severe as MDR-TB treatment is prolonged and made more difficult by side effects of drugs and strict implementation of clinic-based direct observation of treatment.

Questions	Common answers
What was your reaction when you were told you have MDR-TB?	<ul style="list-style-type: none"> <li>• Sadness</li> <li>• Shock, fear, “Losing inner strength”</li> </ul>
What helped and helps you in the treatment?	<ul style="list-style-type: none"> <li>• Support from family, others, and the MDRTB clinic</li> <li>• Starting to feel better</li> <li>• God/faith</li> <li>• Hope in general</li> </ul>
What hinders you, what are the obstacles in the treatment?	<ul style="list-style-type: none"> <li>• Side effects of the drugs</li> <li>• The fear of not getting cured</li> <li>• Inability to be the breadwinner/lack of money</li> <li>• Living far away from the clinic</li> <li>• “Psychological block” regarding treatment and nausea/vomiting</li> </ul>
What are your fears?	<ul style="list-style-type: none"> <li>• Illness getting worse, hemoptysis, relapse</li> <li>• Side effects (e.g. insomnia, vomiting, deafness, loss of appetite)</li> <li>• Spreading the disease/re-infection through co-patients</li> <li>• Embarrassed to join people, fear to (re-)experience rejection</li> </ul>
What are your worries?	<ul style="list-style-type: none"> <li>• Family members may also fall sick with MDRTB</li> <li>• Body can no longer cope with the strong treatment</li> <li>• The treatment-related vomiting may</li> </ul>

	<p>negatively affect treatment or result in prolongation of treatment</p> <ul style="list-style-type: none"> <li>• Not getting well. No other options if this treatment fails.</li> <li>• Daily expenditures of the clinic-based treatment</li> </ul>
What are your hopes?	<ul style="list-style-type: none"> <li>• Getting cured</li> <li>• Co-patients are partners on the difficult road to cure</li> <li>• Group discussion activities will calm down the troubled minds</li> <li>• God and the promises of the Holy Scriptures</li> </ul>

**Figure** Key questions in the group discussions and common answers from MDR-TB patients on treatment.

**Methods:** The MDRTB treatment program of the Tropical Disease Foundation started offering peer group discussions, lead by clinical psychologists. The first series of weekly group discussions started in September 2005 among in-house patients. In January 2007, weekly group discussions in a second treatment center were started with MDRTB out-patients. The number of participants in a group discussion ranged from 10 to 22. we reviewed the minutes of the eight initial weekly group discussion meetings of both settings to describe the illness and treatment experience.

**Results:** Fears about the disease, uncertainty about positive treatment outcome, anxiety due to side effects and the financial burden, and sadness owing to separation from family and feelings of rejection due to stigma were frequently expressed by the patients. The side effects of the drugs were a challenge to treatment. The group therapy sessions and support system it generated helped patients overcome these problems. The figure presents the psycho-social impact of the disease and the fears, worries and hopes of the patients.

**Conclusion:** The psychological and spiritual dimension of MDRTB and its treatment is important and needs to be addressed. Through peer support dynamics that facilitate sharing of experiences, patients get encouragement and practical advice from each other.