DIRECTLY OBSERVED

THERAPY

6/24/2011
National TB treatment guidelines recommend a patient centered approach for TB treatment, including DOT.

The American Thoracic Society and the Centers for Disease Control and Prevention recommend that every TB patient be considered for DOT.

Some LHD’s/agencies mandate that all TB patients be placed on DOT.
DOT GOALS

- To cure the patient which prevents disease transmission
- Prevent drug resistance
BENEFITS OF DOT

- More cost effective than self-administered therapy due to higher cure rate
- Reduces the risk of treatment failure, relapse, and drug resistance
- Enables treatment to be completed without lapses in treatment
DOT DATA

- 86-90% of patients on DOT complete therapy compared to 61% on self administered therapy
What is DOT?

- Requires that a HCW or other designated individual watch the patient swallow every dose of the prescribed TB drugs
WHO?

- Nurses
- Doctors
- Outreach workers
- Clergy
- School personnel
- University Health Services
- Employers
- Drug or Substance Abuse Staff
- Staff at community based organizations
- NOT FAMILY MEMBERS
WHERE?

- Home
- Work
- School
- Community based organizations
- Drug or alcohol treatment programs
- Creative ideas......?
WHEN?

- Daily (make sure to plan for weekends and holiday staffing)
- Two, three or five times a week
- Intermittent DOT
HOW?

- DOT Worker assists and WATCHES the patient take their TB meds

- DOT Workers are NOT dispensing or administering the TB meds
NON-COMPLIANT RISK GROUPS

- HX alcohol/ substance abuse
- Children and adolescents
- Homeless
- Hx non-adherence with TB meds
- Hx previous TB treatment
- Hx of incarceration in a correctional facility
- Psychiatric or cognitive disorder
NON-COMPLIANT RISK GROUPS

- Denial or non-acceptance of TB diagnosis
- Poor compliance during initial treatment
- Slow sputum conversion or failure to demonstrate clinical improvement
- Clinical deterioration while on TB meds
NON-COMPLIANCE

- CAN WE REALLY PREDICT WHO WILL BE NON-COMPLIANT WITH TREATMENT?
NON-COMPLIANCE

NO!!!!!!!!!!!
CONTRACTS

- Negotiate a date, time & place for DOT
- Meet the client’s needs in selecting the date, time and place
- Establish a method of communication (phone, email, Skype)
- Consider specifying consequences which may result if the client fails to comply with the contract
- Both the client and DOT worker should sign the agreement
DOT RESPONSIBILITIES

- Check to make sure client is taking the right dose/number of pills
- Watch the client swallow the pills
- Monitor for side effects
- Observe for signs of non-compliance
- Delivering prescribed meds to client if needed
DOT RESPONSIBILITIES

- Check, check physician orders
- Check, check refills
- Identify barriers to treatment compliance
- Communicate with medical provider as needed regarding DOT compliance
DOT RESPONSIBILITIES

- Communicate with the case manager if needed
- Provide patient education
- Offer incentives and enablers
- Integrate with case manager responsibilities
- Document, document, document each visit
IMPROVING ADHERENCE TO TREATMENT

- Establish and maintain a collaborative working relationship with the client and/or family
- Use a holistic approach recognizing the social, psychological, cognitive, political, cultural and economic domains
- Use positive reinforcement measures
- Educate, educate, educate
BUILDING TRUST

- Start where the patient is
- Be non-judgmental
- Protect patient confidentiality
- Communicate clearly
- Don’t criticize
- Suggest behavior changes respectfully
- Live up to your end of the contract: be on time and be consistent
COMMUNICATION SKILLS

- Listen carefully and respect fully
- Listen and validate client’s concerns about DOT
- Demonstrate a relaxed, open body language
- Don’t be accusatory or show frustration
COMMUNICATION SKILLS

- Speak in simple terms
- Use appropriate language for the client
- Limit the amount of info/education given on a visit
COMMUNICATION TIPS

- Discuss most important topics first and last
- Repeat important information
- Listen to the patient
- Ask open ended questions
- Use concrete, understandable examples
- Be sensitive to cultural values/issues
LEGAL ISSUES

- Who is responsible for TB Control?
  - WE ARE!!

- Know your LHD’s procedures for Issuance of Emergency Orders
WHAT MAKES DOT WORK?

- You do!

- Build that trusting relationship

- Establish a contract

- Utilize a caring, compassionate, non-judgmental approach
CHALLENGES FOR LHD’S

- Decreasing staff time for TB Control
- Consider alternate dosing regimen
- More utilization of community partners
- Ideas?? Urban vs rural?