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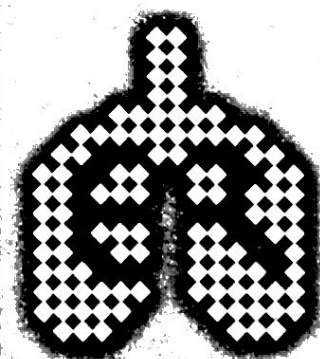
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P1212

Patient and health care system delays in the diagnosis and treatment of tuberculosis in Southern TaiwanC.-Y. Chiang¹, C.-T. Chang², R.-I. Chang³, C.-T. Li², R.-M. Huang².¹Department of Scientific Activities, International Union against Tuberculosis and Lung Disease, Paris, France; ²Department of Chest Disease, Center for Chest Disease, Tainan, Taiwan; ³College of Public Health, National Taiwan University, Taipei, Taiwan**Setting:** Tainan city, Tainan county and 13 townships of Kaohsiung county, Southern Taiwan.**Objective:** To measure delay in the diagnosis and treatment of sputum positive tuberculosis and to determine factors associated with delays in seeking health care (patient delay) and in starting antituberculosis treatment (health care system delay).**Design:** A population based patient interviews study.**Results:** Among 281 reported cases 01 Jan-05 May 2003, 206 (73.3%) were successfully interviewed. Median patient delay was 7 days (inter-quartile range (IQR) 1-28). Median health care system delay was 23 days (IQR 5-51). Median total delay was 44 days (IQR, 18-92). Age < 65 years (adjusted odds ratio [OR_{adj}] 1.9, 95% confidence interval [CI] 1.1-3.3) and presence of cough (OR_{adj} 2.1, 95% CI 1.1-4.1) were associated with longer patient delay. Negative smear (OR_{adj} 3.9, 95% CI 2.0-7.5), absence of hemoptysis (OR_{adj} 3.0, 95% CI 1.2-7.9) and visiting clinics as the entry point to the health care system (OR_{adj} 3.6, 95% CI 1.9-6.7) were associated with longer health care system delay.**Conclusion:** The study revealed a short patient delay, which probably was due to the national health insurance that reduces the barrier in seeking health care. Physician should maintain high alert for tuberculosis and perform prompt sputum smear examinations.

P1213

Social support systems in patients with tuberculosisVedat Isikhan¹, Oner Balbay², Peri Arbak², Ali Annakkaya², Ege Gulec².¹School of Social Work, Hacettepe University, Ankara, Turkey; ²Department of Pulmonary Diseases, University of Abant Izzet Baysal, Faculty of Medicine, Duzce, Turkey

The patients with tuberculosis (TB) need more social support due to long term treatment of disease. Social support is the main source of patients in terms of their doubt and fear about TB.

In present study, we aimed to study which social support system patients use and to compare them with mean depression scores.

This study included 243 patients with TB who were hospitalized in Department of Chest Diseases between January and February 2004. Each patient was interviewed face to face. A questionnaire, which included Beck Depression Inventory, Multi-dimensional Social Support Scale and further questions measuring depression levels of patients, was used.

Most of patients took emotional social support from their relatives (83.1%), especially from their children (30.5%) and informational social support, especially from doctors (40.3%) and took also financial social support (61.7%), reassurance support (80.2%) and tangible social support (66.7%) especially from their children. Mean depression score of patients with tuberculosis was 16.75 (range=0-63). The depression scores of patients taking emotional and informational social support were lower than those of not taking these supports ($p < 0.05$).

It seems to determine social support source especially patients who need social support. Determining the type of social support might affect the quality of the life of patients.

P1214

Acceptability of screening for tuberculosis in three settings: a qualitative studyPenny Brewin¹, Anna Jones², Meg McDonald³, Moira Kelly⁴, Graham Bothamley¹, Chris Griffiths⁴. ¹Respiratory Medicine, Homerton Hospital, London, United Kingdom; ²Communicable Disease Centre, Collindale, London, United Kingdom; ³Lower Clapton Health Centre, Hackney PCT, London, United Kingdom; ⁴Centre for General Practice and Primary Care, Barts and the London, London, United Kingdom

Screening new entrants is one response to the increasing incidence of TB in western Europe. It has been criticised as being racially divisive and unacceptable to recipients, but no data exists on the attitudes of those screened. Screening new entrants in east London occurs in three settings: hospital new entrant's clinics, primary care and social services centres. We carried out semi-structured interviews in these settings with a maximum diversity sample of 54 men and women (ages 18-50; 30 different ethnic groups). A multidisciplinary group (anthropology, public health, primary care) analysed transcript data using the framework method and the constant comparative approach.

Results: Attitudes to screening were almost entirely positive: "It is good to come, to have the privilege". Screening was acceptable and convenient in all settings. Many expressed concern about the greater population not having access to screening. Women expressed fear for their children's health and were thankful that they were screened. "I don't worry about me, I worry about my children". People expressed a desire for more information about TB. Only four declined screening,

two mistakenly considering it unnecessary as they had been vaccinated. Only one person felt singled out, preferring to see her G.P.

Conclusion: Voluntary TB screening is widely seen by new entrants as acceptable, being advantageous to themselves and society. Anxiety about screening related largely from misunderstandings.

P1215

What do patients and medicine students knew about tuberculosis

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Introduction: Patient's knowledge about tuberculosis and its treatment is an important part of educative evaluation.**Aim:** To examine the quantity of knowledge about tuberculosis between patients (pts) and medicine students (MS).**Methods:** We evaluated 43 TB pts who were treated during 2003 year in University teaching hospital (M/F ratio was 31/11, mean age 32.5 years) and 28 5th-year MS from the Medicine University of Belgrade (M/F ratio was 9/19). They were asked to answer TB related questions about general informations, diagnosis and treatment.**Results:** 30 (69.8%) pts and 25 (89.3%) MS knew that TB was contagious disease. 11 (25.6%) pts and 17 (60.7%) MS were aware of usual clinical symptoms in TB. 21 (48.8%) pts thought that they could stopped the treatment by themselves, but only 3 (10.7%) MS agreed with them. 10 (23.3%) pts and 12 (48%) MS knew that conventional therapy consists of four different drugs. 11 (25.6%) pts and 15 (53.6%) MS were aware that duration of treatment variate from 6-9 months. Valid informations about diagnostics procedures had 15 (34.8%) pts and 20 (71.4%) MS. 19 (44.2%) pts thought that continuous treatment was not important, but only 5 (17.8%) MS agreed with them.**Conclusion:** Our results showed that MS had considerable level of TB knowledge, but pts need better informations about their disease. In order to decrease the number of treatment quitting and relapse case we recommend more detail education programs for pts with TB.

121. Epidemiology of tuberculosis II

P1216

Tendencies in the tuberculosis incidence evolution in Bucharest, Romania

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Bucharest is a big urban agglomeration with almost 2000000 inhabitants. A numerous floating population, difficult to supervise epidemiologically, is added to it. The disease incidence was situated constantly over its level in the whole country. In 1962, the incidence level was 230.0‰ in Bucharest, after which a decrease occurred yearly, reaching 65.9‰ in 1985. But, Romania's population has been confronted with a new wave of tuberculosis for 18 years, comprising Bucharest's population too. A tendency of incidence increase has been installed, reaching from 65.9‰ to 154.1‰ in 2001. For the first time a tendency of decrease has appeared for 2 years, the incidence reaching 133.0‰. An increase of the relapsing patients' weight occurred in the last 8 years, as compared with the total of those recorded yearly with tuberculosis in the whole country and Bucharest. The weight of the relapses increased from 7.9% in 1995 to 13-14%. The increase of the incidence determined an increase of the maximum prevalence of the contamination sources in the town area: 2513 sources in 1999 and 2160 in 2003. The source density was reduced from 12 sources/km² to 9 sources in 2003. The tuberculosis incidence in the 0-14 year children population has still been great: 313‰ in 1960, 102‰ in 1970, 17.3‰ in 1985, 65.2‰ in 2002 and 49.2‰ in 2003. Tuberculosis continues to be a priority public health problem in Romania and in Bucharest, being fought against it according to a National Program of Tuberculosis Control that is centered on detection and neutralization of the infection sources using the DOTS strategy.

P1217

Tuberculosis in county prison Timisoara, RomaniaLiliana M. Munteanu¹, Mircea G. Munteanu², Voicu M. Tudorache¹, Stefan A. Mihaicuta¹, Daniel B. Radu³. ¹Pulmonary Diseases, University of Medicine "Victor Babes" Timisoara, Timis, Romania; ²Internal Medicine, University of Medicine "Victor Babes" Timisoara, Timis, Romania; ³Pulmonary Diseases, University of Medicine "Victor Babes" Timisoara, Timis, Romania; ⁴Internal Medicine, County Prison Hospital, Timisoara, Timis, Romania

Prisoners around the world have a consistently higher rate of TB infection and disease than the general population. Material and methods: Retrospective study, between

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