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Doctors urge patients to utilise TB DOTS centres

By Joseph Okoghenun

AS Nigeria battles with tuberculosis (TB) infection, some medical practitioners have urged TB patients to do everything possible within their power not only to adhere to TB treatment but also to make use of Directly Observed Treatment (DOT), Short-course centres across the federation.

DOTS are a strategy used to reduce the number of tuberculosis (TB) cases. In DOTS, healthcare workers observe patients as they take their medicine. Left alone, many people with tuberculosis fail to take all their medication and contribute to the spread of drug-resistant tuberculosis.

Medical Officer of St Kizito Clinic Lagos, Dr. Ndidi Nwosu, who gave the advice, stated that Nigeria would only make headway in the fight against tuberculosis if patients learn to use DOTS across the federation. Nwosu, who spoke on the current trends in the management of tuberculosis with a focus on Multi Drug Resistant TB (MDRTB) workshop organised by Loving Gaze for the medical community in Lagos, explained that MDRTB has become part of the TB debacle in Nigeria because some patients have not been following their drug regime faithfully.

The medical practitioner added that "the prevalence of TB has become a lot higher than estimated by the World Health Organisation (WHO) in Nigeria," thereby making "Nigeria's TB burden the third highest among 22 countries in the

world."

St Kizito Clinic Medical Director, Dr. Alda Gemmani, stated that her clinic with aid of some donors have been able to contribute its quota towards reducing TB burden in Nigeria." We set up a TB/DOTS center in 2005-nine years ago. Since its inception, we have made over 8,000 visits aimed to screen, diagnose and monitor TB. More than 1,200 patients have been successfully treated," she said.

Nwosu said although that current prevalence is yet to be ascertained "in 2010, more than 7,000 cases were reported with MDRTB", adding that "up to 17 per cent of TB burden are MDRTB patients among

newly infected and re-treated TB patients."

She listed challenges facing TB in Nigeria to include stigma, inaccessibility of tests to identify MDRTB gene and few MDRTB treatment centers, a scenario, which often lead to long waiting period for confirmed cases of MDRTB across the country.

Other challenges, according to her, include "long duration of treatment with greater possibility of developing extreme resistant TB (X-DR), which is more difficult to treat with less than 50 per success rates especially among HIV-infected persons and absence of child friendly treatment regimes for MDRTB"