

c) *Behavioural And Psychological Factors*

059

AU: Deshmukh PL

TI : Psychology of the tuberculosis patient and the role of the physician.

SO: National Conference of Tuberculosis Workers, 8th, Hyderabad, India, 5-8 Feb, 1951, p. 216-221.

DT: CP

AB: Common psychological trends in TB patients are described. Psychological complex of 17 TB patients treated in their homes are investigated, and it is concluded that there are no specific patterns of behaviour in persons suffering from TB. The physician's role in treating TB cases is discussed.

KEYWORDS: SOCIAL PSYCHOLOGY; SOCIAL MEDICINE; SOCIAL BEHAVIOUR; GENERAL PHYSICIAN; INDIA.

060

AU: Calden G

TI : A method for evaluating the attitudes of tuberculous patients.

SO: AME REV RESPIR DIS 1953, 67, 722-731.

DT: Per

AB: Those attitudes and emotional reactions of patients which interfere with medical treatment, for instance, patients who suddenly leave the hospital against medical advice, obstinate patients who refuse to accept the diagnosis of TB and refuse medication, could be lessened considerably if the patients' attitudes are recognized and dealt with early in hospitalization. To this end, an attitude form which could be incorporated readily in routine hospital procedures was developed at the Veterans Administration Hospital in Madison, Wisconsin, USA and administered to more than 200 TB patients.

The form aided in evaluating the attitudes and emotional reactions of TB patients in nine significant areas of adjustment. Patients expressed their attitudes and feelings to: (1) Bed rest, (2) Hospitalization, (3) TB, (4) Ward life, (5) The medical staff, (6) Irregular discharge, (7) Family and friends, (8) Medical treatment, (9) Attitudes of a general nature, by completing a series of 80 incomplete sentences.

A preliminary survey of the results indicated that the form promised to be a highly effective means of obtaining the patients' attitudes and thus, assist in dealing with the patients' adjustment to his/ her disease and hospitalization.

KEY WORDS: SOCIAL ATTITUDE; SOCIAL PSYCHOLOGY; USA.

061

AU: Pauleen MM

TI : Some relationships between personality and behaviour in hospitalized tuberculosis patients.

SO: AME REV RESPIR DIS 1957, 76, 232-246.

DT: Per

AB: The study concerned an investigation of the relationship between selected personality dimensions and several measures of overt behaviour among hospitalized TB patients. A

structured Q-sort was constructed to measure the selected dimensions of personality. It was administered to all patients who were 45 years of age and less and who were admitted to the Madison Veterans Administration Hospital, Wisconsin, USA. Data were obtained at an early point in each patient's hospitalization. Assessment of patient behaviour was accomplished by use of the Ward Behavior Rating Scale. The head nurse of each ward rated each subject of her ward, using this scale, approximately three months after the patient's admission to the hospital. It appears that the manifest behaviour of hospitalized tuberculous patients, both in its voluntary aspects (such as ward behaviour) and in its involuntary aspects (such as physiologic response to medical treatment), is to a significant extent a function of personality factors. Some of these personality variables, assessed early in hospitalization, are related predictably to subsequent behaviour patterns. The general implication of the findings supports the view that comprehensive management of TB must take the total person and not only his physical disease as the object of treatment.

KEYWORDS: SOCIAL BEHAVIOUR; SOCIAL PSYCHOLOGY; USA.

062

AU: Hawkins NG, Davies R & Holmes TH

TI : Evidence of psychosocial factors in the development of pulmonary tuberculosis.

SO: AME REV RESPIR DIS 1957, 75, 768-779.

DT: Per

AB: The study tested the hypothesis that a life-organizational stress of significant proportions typically appears shortly before the onset of TB. The sample comprised of all persons employed at Firland Sanatorium from its establishment at the present location in Seattle, Washington, USA. One group of sanatorium employees who became ill with TB was compared with an individually matched group of employees who remained well. The matching included age, sex, marital status, education, time of employment, job classification, income, skin test reading, appearance of chest roentgenograms, and previous record of certain chronic conditions. Those who became ill had experienced a concentration of disturbances such as domestic strife, residential and occupational changes and, personal crises during the two years preceding the change in a series of quarterly chest films, leading to the determination of pulmonary TB. This concentration of disturbances or situational crises was significant in comparison with the experience of the group of subjects who were well. The TB group also evidenced a significant degree of psychoneurotic pathology and did not recognize or could not admit their personality deficit on questions in which this recognition was obvious. The conclusion appears reasonable that many of the employees who became ill did so in a situation of stress which would be conducive to lowered resistance. Within the acknowledged limitations of the test, the postulation of psychosocial crisis as one of the precipitant causes is tenable.

KEYWORDS: SOCIAL PSYCHOLOGY; USA.

063

AU: Kissen DM

TI : Some psychological aspects of pulmonary tuberculosis.

SO: INT J SOC PSYCHIAT 1958, 3, 255-259.

DT: Per

AB: On the supposition that a predisposition towards TB in individuals is characterized by a need for affection and a life situation which frustrates or aggravates this need, it is postulated that large-scale threats to the interpersonal relationships in a nation or group will tend to increase the communal prevalence of TB. Threatened or broken love-links with an associated significantly increased incidence of pulmonary TB occur in war, in primitive cultures after the advent of the white man, involuntary or economically determined migrations, and in mental hospitals where the schizophrenic is particularly vulnerable to TB because of the nature of his mental disease which leads to the destruction or loss of natural affection.

KEYWORDS: SOCIAL PSYCHOLOGY.

064

AU: Haro AS

TI : Tuberculosis and unsocial elements of the community.

SO: ACTA MED SCAND 1958, 35, 139-156.

DT: Per

AB: The present report gives information on the age, family conditions, severity of the disease and its onset in relation to the beginning of the patient's unsocial behaviour, length of treatment, reasons for interruption of treatment etc. On the basis of these, the results that might be possible with normal and compulsory treatment are discussed, and attention is drawn to the consideration that would make treatment and isolation desirable.

KEYWORDS: SOCIAL BEHAVIOUR; SOCIAL WELFARE; DEFAULT.

065

AU: Wallace Fox

TI : The problem of self-administration of Drugs; with particular reference to pulmonary tuberculosis

SO: TUBERCLE 1958, 39, 269-274

DT: PER

AB: For patients given treatment for self administration at home, there is inherent problem of regularity of intake of drugs particularly if the treatment is long term. It is a common observation that patients with myxoedema, auricular fibrillation, or epilepsy even when their malady is under control are not completely regular. It is just that they take sufficient number of doses of the medicine for successful control of their disease. In leprosy, self administration is rarely relied upon and some form of supervised administration of Diaminodiphenylsulphone (DDS) is devised. This phenomenon is observed even with short term treatment with acute diseases. In 1955, Mohler et al., reported that 32% of 217 patients took less than prescribed doses of one week oral penicillin course for treatment of acute pharyngitis/otitis media. Turning from treatment to prophylaxis, reference may be made to rheumatic fever. WHO expert committee in 1957, stated that

unless physician take continuous responsibility, the patient and his family are motivated to take drugs regularly and continuous medical surveillance is done by Public Health Services, the prophylaxis cannot be given successfully. The difficulty in keeping persons who adopt small family norms to observe contraceptive measures is well known. It therefore seems likely from experience in other fields that self administration of drugs may present some problems in TB also.

Experience in Pulmonary TB: Although the effective drug regimen for treatment of TB on mass scale is mandatory, the regularity with which patients will self administer the anti TB drugs for long time is also of fundamental importance. Some amount of information obtained on self administration of anti TB drugs at home from an on going study on "Home Vs Sanitorium treatment" at Tuberculosis Chemotherapy Centre, Madras (Bull WHO 1959, 21, 51-144) is presented here. This will be useful in indicating the problems of self administration of drugs in TB. The regimen used in the study is 12PH (PAS & Isoniazid for 1 year) six to seven cachets (each cachet containing 1.25 gm PAS & 25 mg of Isoniazid) according to body weight. Once a week the patient collects supply of drugs from the centre. They are motivated along with their family about the importance of regularity for the total duration of one year and informed that early disappearance of symptoms may not be considered as cured. Home visits by the field staff are made once a week in the initial 2 months & later on fortnightly basis to collect urine for ferric chloride test for presence of PAS, sputum for culture & sensitivity for Mycobacterium TB (M.tb) and counting of stock of cachets. Some of the visits made are unexpected. The patients are assessed clinically, radiographically and bacteriologically every month.

Preliminary analysis of urine for the presence of PAS was made in a group of 79 patients on home and 81 on sanitorium series. Of the 79 patients on home, 58 patients who completed one year of treatment, 20% gave at least one test negative in the first six months, 14% in the later six months & 9% of the remaining 21 recently admitted patients. In the sanatorium group, 58 of the 81 patients who completed one year of treatment, 4% gave negative results during first six months of treatment and only 0.6% during the second six months. Thus showing the irregularity is high during first six months and the problem of missed treatment is peculiar to the group treated at home, where the patients are not under direct observation. Regularity by counting cachets is not accurate as the drugs can be sold, given or thrown away; it is best reliable during unexpected visits & can be only complimentary to urine testing. During interviews, reasons for omitting doses were never forthcoming & were obtained by deep probing and suggestions. Thus the questioning indicated the reasons for failure of drug intake as follows: i) Very few patients have minor side effects. ii) Some are unable to satisfy hunger & some attribute-unassociated complaints to the medicine. iii) Few are irregular due to religious reasons. iv) A large group of patients have no explanations, and apparently fail to take their medicine due to forgetfulness or through indolence. In this last group of patients unless the irregularities had been specially looked for, their occurrence would not have been suspected as great majority of them keep up the social side of the relationship with the clinic and attend regularly.

Unfortunately very little is known of the motives, which impel a patient to take medicine and the best way to get him to do so. In essence, in order to make a

patient to take medicine regularly morning and night for a year it is necessary to establish a new pattern of behaviour; and this many of the patients find difficult. If the irregularity in self medication is small and does not influence the outcome it does not matter but if the evidence suggest that the irregularity carries serious consequences then i) Find a way to make patient regular in taking their medicine. ii) To alter our out look on the ideal form of home treatment. iii) To study regimen given daily or intermittently under direct observation.

KEYWORDS : SOCIAL BEHAVIOUR; NON ADHERENCE; SELF ADMINISTRATION; DOTS; INDIA

066

AU: Dupertuis CW, Calden G & Hokanson JE

TI : Psychosomatic factors in the rate of recovery from tuberculosis.

SO: PSYCHOSOM MED 1960, 22, 345-355.

DT: Per

AB: The results of this exploratory study suggest that TB patients who show a more rapid rate of recovery during the early stages of hospital treatment can be distinguished from the slower recoverers on the basis of age, acuteness of illness, stage of treatment, and body type. Slow recoverers are more depressed, hypochondriacal, self-preoccupied, and socially withdrawn. Spread of recovery was generally not related in a significant way with psychiatric diagnosis although schizoid individuals were prone to be slow recoverers, whereas aggressive personalities improved more rapidly.

KEYWORDS: SOCIAL PSYCHOLOGY.

067

AU: Mohamed Ali S

TI : Emotional factors in the causation of pulmonary tuberculosis.

SO: Tuberculosis and Chest Diseases Workers Conference, 17th, Cuttack, India, 31 Jan.-3 Feb. 1961, p. 196-203.

DT: CP

AB: The purpose of this paper was to emphasize that the emotional factors preceding the onset of pulmonary TB were of greater importance than the mere presence of the bacilli. A historical review of this topic reveals that as early as 1,500 B.C., Hindus mentioned grief as one factor in the development of TB. The discovery that micro-organisms caused diseases pushed this and similar observations into the background with the result that psychological factors, which gained credence in the 19th century, were paid scant attention. Wittkower (1949, 1952, 1955) was one of the earliest contributors to the study of emotional factors in the causation of TB. While the value of his research findings was greatly reduced because of a lack of control series, the finding that the predominant personality trait in TB patients was an "Inordinate need for affection" was echoed in several studies (Friddmann, Kastelin & Kooperstein (1946), Westermann (1951) using the psychosomatic approach. A rigorously designed series of studies by Kissen (1955 - 1957) found emotional factors preceding the onset of TB in a significantly higher proportion as compared with controls. The predominant emotional factor was a break in a love-link. Psychosocial situations

corroborating Kissen's finding are presented and the implication for the choice of home or hospital treatment is discussed.

KEYWORDS: SOCIAL PSYCHOLOGY; INDIA.

068

AU: Pearsall M

TI : Some behavioral factors in the control of tuberculosis in a rural county.

SO: AME REV RESPIR DIS 1962, 85, 200-210.

DT: Per

AB: Many of the problems of TB control are more human than technical, involving factors on both sides of the equation, representing the relation between the provision and administration of control measures, on one side, and the acceptance of such measures by the general population, on other. The present study identifies some of these behavioral factors on the basis of an analysis of the relation between the TB control program and local health behaviour in one low-income rural county in eastern Kentucky, USA, where TB death rates are still twice the national average.

Certain behavioural variables (cultural, social, psychologic, physiologic and physical environmental) impacted every step of the TB control process, from case finding to treatment and follow-up observation. Fundamental economic problems were found, both in the limited funds for health programs and personnel and, in the chronically depressed local economy that fostered low standards of living. In addition, the characteristic pattern of health behaviour proceeded from denial or acceptance of symptoms, through reliance on home or patent remedies or faith healing, to only partially accepted modern medicine. Therefore, it was determined that those aspects of TB control (the TB tests etc.) which required the least personal effort, the least modification of culturally sanctioned beliefs and the fewest rearrangements of customary social relations were most likely to be accepted and vice versa.

KEYWORDS: SOCIAL BEHAVIOUR; USA.

069

AU: Loudon RG

TI : Out-patient care in tuberculosis (non-medical aspects).

SO: BULL IUAT 1964, 34-35, 439-444.

DT: Per

AB: With the introduction of effective TB drugs, the importance of the outpatient-clinic in relation to that of the hospital, concerning treatment, has suddenly increased. Some of the social problems attaching to the out-patient care of TB are: 1) maintaining patients under supervision for long periods of time, 2) the problem of irregular drug-taking (the major reason for failure to take medicines were found to be laziness and indifference on the part of the patient), 3) some patients encountered obstacles (financial, emotional, social or other) which prevented them from following instructions. Special problems are encountered in special groups of patients: the aged, the emotionally unstable, the sociopathic, the alcoholic, the young. All of the above- mentioned social problems are discussed in detail.

KEYWORDS: SOCIAL MEDICINE; SOCIAL PROBLEM; USA.

070

AU: Mahal AS

TI : Psychological factors in tuberculosis.

SO: Tuberculosis and Chest Diseases Workers Conference, 19th, New Delhi, India, 5-7 Apr 1964, p. 233-235.

DT: CP

AB: To get a clear and meaningful picture of a TB patient's illness and, to manage it better, one has to visualize the illness against the background of the personality characteristics of the person and his life situations. Viewing the patient in this way is termed the psychosomatic approach. Using this approach has contributed to our understanding of the varying reactions of the TB patient to his/ her illness, specifically, reactions before seeking help, reactions to diagnosis, reactions to illness and pre-morbid personality. TB patients also vary in their reactions to the different types of available treatment (domiciliary, surgical, living in a sanatorium) and, to the rehabilitation process. Therefore, psychological and social problems should be given due consideration in planning the management of these cases. Most of the psychological and social problems may be handled by the physician in charge of the case, but a small number of cases may require expert help, and the physician should be alert to spot these cases.

KEYWORDS: SOCIAL PSYCHOLOGY; INDIA.

071

AU: Radha Narayan

TI : Tuberculosis, a problem of human suffering.

SO: NTI NL 1969, 7, 68-77.

DT: Per

AB: The methods of measuring the dynamics of behaviour of the tuberculous patient, the social consequence of a TB case in the family and neighbourhood or the economic burden of the disease to the nation is still in the embryonic stage. Negative reactions from family and associates could lead to the patient's denial of having TB, thus endangering the patient and the community. Since the NTP came into being, TB patients can expect a correct diagnosis and prompt treatment. As the patient's interest in treatment will decline when suffering is reduced, it is urged that the patient be motivated (preferably, at the start of the treatment regimen) to acquire a compulsive, obsessive, daily habit for drug consumption for at least a year. As the social security measures in the country are meagre, domiciliary treatment rather than institutionalization should be offered to reduce the extent of disruption to the economic and social life of the patient.

Another important area of concern is the measurement of suffering. With the revolutionary changes in the treatment of TB, the prior acute, physical suffering and mental agony of the TB patient has given way to a generalised form of distress. Using behavioural techniques such as group interviews of the patient amidst his/ her family and projective techniques will provide a thorough knowledge of the personality, values, expectations and social interactions of the TB patient. This knowledge could help explain why patients fail to avail diagnostic and treatment services offered to them and, enable the NTP to continue the felt-need oriented approach.

KEYWORDS: SOCIAL ASPECTS; SOCIAL BEHAVIOUR; INDIA.

072

AU: Pamra SP, Pathak SH & Mathur GP

TI : A medical-social investigation: Treatment taken prior to reporting at specialized tuberculosis institutions.

SO: National Conference on Tuberculosis and Chest Diseases, 26th, Bangalore, India, 3-5 Jan 1971 p. 293-301.

DT: CP

AB: A medico-social study was conducted at the New Delhi TB Center to determine the factors involved in late diagnosis. A total of 400 new patients attending the Center from three different territories, were interviewed for information on the duration of symptoms and remedial action taken by them before reporting at the Center. The resulting data were then correlated with the clinical and bacteriological status of each patient to ascertain the consequences of late diagnosis for the patient. The results, based entirely on patients' narrations, indicated that patients' late visit to the Center was because of late diagnosis or referral. A concerted effort is necessary to promote awareness of TB among the general public and to ensure that GPs and General Health Institutions suspect TB early and diagnose or make referrals early.

KEYWORDS: SOCIAL ASPECTS; SOCIAL BEHAVIOUR; INDIA.

073

AU: Avinash CM & Dwarkapershad

TI : Psycho-social survey of tuberculosis.

SO: INDIAN J TB 1972, 19, 34-38.

DT: Per

AB: To study the psycho-social variations of hospitalized TB patients, fifty percent of the population of the TB Sanatorium named Hermitage, of Sangrur District in Punjab, was selected. The subjects responded to the Structured Interview Schedule, a Physician's Rating Scale and objective-type psychological tests. The findings revealed that the peak age of the patients was in the range of 25-45 years; that most of the population of that Sanatorium was illiterate, and their socio-economic status was poor. Eighty-two percent of the patients came from the countryside; 77.5 were married and 84% among them had 1-7 children. Sixty-five percent of the patients had been ill for less than two years. About 56% of the male patients had a habit of drinking. Only 13% of the patients had disturbed family relations. No correlation was found between the patients' attitude towards their illness and the physician's rating about the severity of their illness. The Psychological Tests indicated that TB patients did not have different neurotic scores when compared with patients with other chest diseases.

KEYWORDS: SOCIAL PSYCHOLOGY; SOCIAL SURVEY; INDIA.

074

AU: Elo R, Haro AS & Hakkarainen A

TI : Ageing and related social problems of tuberculous patients.

SO: SCAND J RES DIS 1972, 80(supp), 171-185.

DT: Per

AB: Using the data of the National TB Register, and reports from the Satakunta sanatorium, Finland, it was shown that the educational and occupational levels of new cases of TB

among persons of more than 50 years of age remained comparatively unchanged in Satakunta during the period 1954-1969. In comparison with the total population of the same age in 1960, aged TB patients had a lower educational and occupational status. The level of housing of tuberculous patients was found to be about the same as the total population in 1960. During the same period, the incidence of TB among those of 50 years and above did not change noticeably, whereas a complete change was observable with regard to the situation of younger age groups. In the current situation, with the influence of recent infection being practically excluded, it appears that the incidence of TB in old age cannot be influenced by purely social action, for example, by improving the level of housing. Instead, priority should be given to medical treatment.

A comparison of incidence rates and hospital utilization rates of the aged indicates that these two phenomena are almost parallel. This similarity lends support to the concept that patients have been hospitalized mainly for medical reasons. The occupational status of new cases of TB and discharged patients remained almost the same for a decade. This further indicates that social conditions were not decisive in the selection of patients for care. Not until after the mid-sixties did the aged attain the level of utilization of hospital services which could be anticipated on the basis of morbidity rates. A rough forecast is made of the estimated development in the near future: the number of persons of more than 50 years of age in 1980 would be about 80 percent of hospitalized patients.

KEYWORDS: SOCIAL PROBLEM; HEALTH CARE; UK.

075

AU: Dubey BL

TI : Psychological survey of tuberculosis patients.

SO: INDIAN J TB 1975, 22, 83-85.

DT: Per

AB: The study aimed to determine some of the psychosocial variables of hospitalized male and female TB patients and how they responded on the Rorschach Ink Blot and Thematic Apperception Tests (TAT). Evidence suggesting social rejection, apprehensions about life and unhealthy family relationships were looked for among the responses to the tests. Two consecutive series of 25 male and 25 female TB patients admitted to the TB Ward of K.G's Medical College and, Gandhi Memorial and Associated Hospitals, Lucknow, from May-November 1968, were studied. They responded to a structured interview. Information on the history of parental attitudes, any parental deprivation and broken home situations was elicited and, the Rorschach test and TAT were administered. The mean ages of the males and females were 33.2 and 22.4 years respectively.

A significantly higher number of females (72%) perceived their childhood as having been difficult compared to 45% of the males. There was no difference in male and female patients with regard to indications of disturbed interpersonal relationships with parental figure as revealed by the Rorschach test. On the TAT, more females projected fear of death and fear of being cast out of the social sphere than males. This result is probably due to the social settings, where most females are found to be economically dependent.

KEYWORDS: SOCIAL PSYCHOLOGY; SOCIAL SURVEY; INDIA.

076

AU: Juna K

TI : Personality and its influence on recovery in pulmonary tuberculosis.

SO: EXCERPTA MED SECTION-15 CHEST DIS 1977, 32, 69.

DT: Per

AB: An investigation was carried out to determine whether it was possible to divide TB patients in advance into a positive and a negative group regarding curative results on the basis of psychological tests.

KEYWORDS: SOCIAL PSYCHOLOGY; GERMANY.

077

AU: Purohit DR, Purohit SD & Dhariwal

TI : Incidence of depression in hospitalized tuberculosis patients.

SO: INDIAN J TB 1978, 25, 147-151.

DT: Per

AB: A study was undertaken to know the frequency of depression in hospitalized TB patients, its relation to various socio-cultural factors, duration and severity of the illness. Ninety-six proven male cases of pulmonary TB admitted in S.R.B.B.Y.A. Sadan, Bari, Udaipur from July-September 1975 were selected for the study. A structured psychiatric interview of these cases was done by a psychiatrist and the Hindi version of the Self-rating Depression Scale (S.D.S.) of Zung (1965) was administered. The raw scores obtained were converted into the S.D.S. index by a conversion chart as developed by Zung and his criteria were used for diagnosing the depression. Those patients who had a previous history of any psychiatric illness before developing pulmonary TB and patients developing psychiatric illness other than depression were excluded from the study. The minimum and maximum age limit was 21 and 59 years respectively. Of the 96 cases having pulmonary TB, 52 (54.17%) were found to be suffering from depression. The incidence of depression was higher in illiterates (65.4%) and farmers (84.7%). Depression was positively correlated with the duration and severity of pulmonary TB.

KEYWORDS: SOCIAL PSYCHOLOGY; SOCIO-CULTURAL; INDIA.

078

AU: Kucek P

TI : Personality problems in tuberculosis alcoholics.

SO: EXCERPTA MED SECTION-15 CHEST DIS 1979, 35, 68.

DT: Per

AB: This paper is based on the assumption that a tuberculous patient's alcoholism is determined by specific characteristic feature of his personality, where an important role is played by his fear of death. The assumptions were corroborated by comparison between tuberculous alcoholics, on the one hand, and tuberculous patients, alcoholics and healthy subjects on the other hand.

KEYWORDS: SOCIAL PSYCHOLOGY; SOCIAL ASPECTS; UK.

079

AU: Yadav BS, Jain SC, Sharma G, Mehrotra ML & Aditya Kumar

TI : Psychiatric morbidity in pulmonary tuberculosis.

SO: INDIAN J TB 1980, 27, 167-171.

DT: Per

AB: Two hundred and seventy two patients with pulmonary TB (with positive sputum) contacting the TB Demonstration and Training Centre cum Chest Institute, Agra and selected through a specified sampling procedure, were subjected to detailed psychiatric screening. Those suspected to be suffering from a psychiatric condition were assessed by a second psychiatrist for diagnostic reliability. Eighty patients were found to be suffering from a psychiatric condition in addition to pulmonary TB giving a psychiatric morbidity rate of 294.12 per thousand, which was much higher than the rates in the general population of comparable age group as found in various studies. When compared to their counterparts, psychiatric break down was more frequent among those patients who had concomitant physical illnesses, special strains and severe anxieties and, those who were housewives.

KEYWORDS: SOCIAL PSYCHOLOGY; MORBIDITY; COGNITION; INDIA.

080

AU: Tandon AK, Jain SK, Tandon RK & Ram Asare

TI : Psychosocial study of tuberculosis patients.

SO: INDIAN J TB 1980, 27, 172-174.

DT: Per

AB: The study investigated the family background and other socio-economic factors in TB patients as well as the personality pattern and frequency of depression among them. The sample was drawn from the out-patients' clinic of TB and Chest Diseases, S.R.N. Hospital, Allahabad, during February-March 1978 and was restricted only to proven cases of pulmonary TB. A control group of an equal number of cases undergoing treatment for long-term fever of any etiology except TB, was selected from those admitted in the same hospital, after matching age, sex and economic status. First, detailed information concerning the family background and behavior pattern was obtained through a semi-structured interview. Subsequently, the subjects were administered the Hamilton Rating Scale for Depression (1966). Depression was observed in 32 of the experimental subjects in comparison to 7 of controls. Test results also indicated significantly high scores on the Hamilton Rating Scale for depression among experimental subjects.

KEYWORDS: SOCIAL PSYCHOLOGY; SOCIAL BEHAVIOUR; INDIA.

081

AU: Westaway MS & Wolmarans L

TI : Cognitive and affective reactions of black urban South African towards tuberculosis.

SO: TUBERCLE & LUNG DIS 1994, 75, 447-453.

DT: Per

AB: It was hypothesised that cognitive and affective reactions towards TB were based on perceived prevalence, perceived seriousness and perceived social stigma. The objectives of the study were to ascertain the underlying dimensions that were used when people reacted cognitively and emotionally to TB, and to determine possible restricting social influence

factors on voluntary presentation and case holding. Therefore, a questionnaire was designed to obtain information on background details, perceptions of TB (transmission, prevention, diagnosis and treatment), and a 19-item cognitive affective scale. 19 trained interviewers administered the questionnaire. Interviews were conducted with 487 black adults (67 TB patients on ambulatory therapy and 420 non-TB community members), from two urban townships in the Transvaal, South Africa.

The results indicated that the majority of respondents were aware of the infectious nature of TB, that it could be cured and the length of treatment. The most problematic issues were isolation for TB sufferers and the harm TB sufferers did to others. Cognitive/affective reactions were similar for TB patients and community members. Ten items out of the 19-item cognitive affective scale had communality estimates equal to or greater than 0.30. Three factors were extracted. The first factor seemed to combine personal threat (high personal and family risk) with social rejection by the immediate family and community for TB sufferers. Factor 2 had strong overtones of social stigma, with its emphasis on dirt, poverty and poor nutrition. Factor 3 rejected alcohol and tobacco consumption as causal agents of TB.

The conclusions were that the predominant cognitive/affective reactions towards TB were personal threat, social rejection and social stigma, providing partial support for the hypothesis. The powerful force of social rejection and social stigma cannot be underestimated. These inhibiting factors require urgent attention to improve voluntary presentation and compliance behaviour.

KEYWORDS: COGNITION; SOCIAL BEHAVIOUR; SOCIAL AWARENESS; SOUTH AFRICA.

082

AU: Reichman L

TI: Behavioural factors.

SO: LANCET 1995, 346, 817-819

DT: Per

AB: The behavioural aspects of TB control are a leading causal factor in the growing epidemic. Major obstacles to the control of TB worldwide include poor patient adherence to treatment, deficiencies in medical management and lack of governmental support. For an improved TB control programme, efforts must be made to improve physicians' knowledge, attitudes and practices in TB control management. Effective techniques for improving adherence include the use of DOT, incentives and enablers, fixed-dose combination pills or capsules of demonstrated bioequivalence, patient education, appointment reminders and comprehensive services.

Drug resistance, poverty, natural disasters, HIV and lack of government commitment have contributed to the resurgence of TB worldwide. However, even acknowledging these forces, there is little chance of controlling TB unless the behavioural barriers that allow the epidemic to progress are considered. Biomedical advances are essential but, alone, are insufficient for the control of TB - the human element remains critical. With adequate funding and programme changes, control of TB can be achieved, even under adverse conditions.

KEYWORDS: SOCIAL BEHAVIOUR; USA.

083

AU: Tiwari VK & Verma SM

TI : Homicide by a tuberculous prisoner possibly having drug induced acute delusional psychosis

SO: INDIAN J TB 1997, 44, 95-96

DT: Per

AB: Severe psycho-social stress and anti-TB drugs, such as Isoniazid, can precipitate acute psychosis. A patient (prisoner) on anti-TB treatment who developed acute delusional psychosis resulting in homicide is reported.

KEY WORDS: SOCIAL PSYCHOLOGY; INDIA

084

AU: Salaniponi FML, Harries AD, Banda HT, Kang'ombe C, Mphasa N, Mwale A, Upindi B, Nyirenda TE, Banerjee A & Boeree MJ

TI : Care seeking behaviour and diagnostic processes in patients with smear-positive pulmonary tuberculosis in Malawi

SO: INT J TB & LUNG DIS 2000, 4, 327-332

DT: Per

AB: The two important components of good TB control programme are early diagnosis and prompt institution of effective treatment. Operational research in Malawi between 1995-96 revealed that the guideline on TB suspects (chest symptomatics) were not followed by many health care staff as a result, there was a median delay of 4 months between onset of cough and diagnosis. Before sputum examination was performed, either the patient had visited traditional healer or he was not offered the sputum examination when he visited the centre. Intensive efforts were made from 1997 to overcome this problem to train health care staff to collect sputum specimens from patients with cough for more than three weeks on one hand and educate the general population and traditional healers about TB through mass media and conduct meetings on the other. One year later, it was felt essential to assess the health care seeking behaviour and diagnostic processes in patients with smear positive TB to assess the impact of the intervention measures undertaken. Government hospitals in five districts in Malawi were chosen as study sites.

During the study period between January to September 1998, 1518 patients were registered with pulmonary TB, of whom 1099 (72%) were interviewed using structured questionnaires. The median delay between onset of cough and diagnosis was 8 weeks. There was a variable pattern of care seeking behaviour, with 70% of patients initially visiting a place of health facility and 30% visiting traditional healers, grocery shops, etc. Of these, 867 (79%) patients made one or more visits for relief more often to medical care. At all stages, antibiotics resulted in symptomatic improvement in up to 40% of cases. There was a median time of 7 weeks between cough and first submission of sputum specimens. Almost all patients received sputum smear results after a median length of 4 days; 474 (43%) patients were only aware of their diagnosis at the time of receiving smear results. This observation being significantly associated with lack of schooling and not knowing another person with TB. Although the median delay between onset of cough and diagnosis was reduced from 4 months to 8 weeks, there is a need for more interactions between TB programme and other important stakeholders like non-orthodox care providers to improve case detection rates and

reduce the delay in diagnosis. More needs to be done to educate community and include unorthodox care providers for participation in the TB control by either carrying out diagnosis and treatment of TB patients or referring them to the programme.

KEY WORDS: SOCIAL BEHAVIOUR; DIAGNOSIS; SMEAR POSITIVE; MALAWI

085

AU: Dubey KK, Bhasin SK & Bhatia MS

TI : Emotional problems amongst hospitalised tuberculosis patients in Delhi

SO: INDIAN MEDICAL GAZETTE 2000, 134/3, 65-69

DT: Per

AB : Even today TB is considered to be a social stigma in our society. It is also a psychological trauma for a person to be diagnosed as a case of TB. Moreover many patients have guilt feeling, helplessness, loss of self-esteem, apathy and jealousy towards others due to interaction of complex psychosocial factors. During hospitalization, he may react emotionally to the illness in a way, which may be fatal during the first episode of illness or may have a modifying effect on his life style and habits.

In 1997, a study was conducted at the Rajan Babu TB hospital to find out the emotional problems encountered by the hospitalized patients. The hospital having indoor capacity of 1155 beds is located at kingsway camp in New Delhi. A total of 550 patients were included in the study by using systematic random sampling of all the admitted patients. Out of them, 300 (60%) were in the age group 20-40 years comprising of 366 (73.2%) males, 306 (61.2%) illiterates and only 16 (3.2%) were educated up to higher secondary. Socio-economic profile was that 60.4% of the patients came from upper lower middle class, 12.8% from lower middle class and 6.4% from upper middle class. No patients belonged to the upper class. A structured and pre-coded interview schedule was used for data collection. The data was analyzed by using SPSS software package.

Results revealed that 59.6% patients had loss of self-esteem, which is borderline of depression followed by 16.3% apathy towards the world and 15.9% had the desire to commit suicide. The loss of self-esteem was found to be more prevalent among those in the age group 30-50 years (60.53%), while the desire to commit suicide was more common in older age groups. With regard to emotional reactions of self-avoidance of social gathering, 310 (63.5%) patients said that they avoid going to the parties themselves. This trend was more common among those in the age group 20-40 years (61.9%). Feeling of loneliness and of being ignored by the family members was experienced by 12.5% of respondents. In the age group ≥ 40 years, it was noticed that patient's daily routine was affected to a great extent due to TB.

The study findings suggest a definite need to address these psychiatric issues for a proper integration of the TB patients in the main stream of social milieu.

KEY WORDS: EMOTIONAL PROBLEMS; LOSS OF SELF-ESTEEM; INDIA

086

AU: Bhatia MS, Dubey KK, Bhasin SK & Narender Sindhi

TI : Psychiatric morbidity in Tuberculosis patients

SO: INDIAN MEDICAL GAZETTE 2000, 134/1, 5-6

DT: Per

AB : TB like any other chronic infection needs prolonged treatment. It also carries a social stigma and results in adverse psychological reactions. The study details the pattern of psychiatric morbidity among patients sufferings from TB. The study group includes 50 out-patients of pulmonary TB attending Guru Teg Bahadur TB hospital in Delhi with the mean age of 28.3 years (range 11-55 years). Their socio-demographic and clinical details were noted on a semi-structured proforma. These patients were then interviewed in detail and specialist's opinion and relevant investigations were obtained whenever required. Diagnosis of psychiatric disorder was made according to ICD 10 (International Classification of Diseases 10th Edition). The male and female sex ratio was 3:1.

Thirty nine patients (78%) had associated psychiatric disorders; the commonest being mixed anxiety and depressive disorders. The remaining 22% did not have any psychiatric disorders.

The TB patients showed a higher degree of psychiatric disorder like denial, hopelessness about life, fear of being neglected by the spouse, family and society. This could be because of the nature of illness, prolonged treatment, social stigma, misconception about illness, reactions of family members and economical stress.

More studies are warranted with a larger sample size to find out the causation and pattern of psycho-social disturbance among patients sufferings from TB and other chronic physical illness.

KEY WORDS: SOCIAL PSYCHOLOGY; PSYCHIATRIC DISORDER; TB PATIENTS; INDIA.

No.of Records: 28