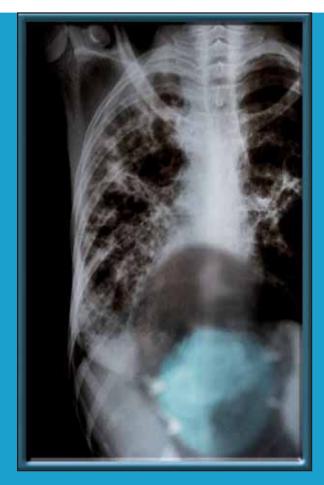
Management of MDR-TB: A field guide

A companion document to Guidelines for the programmatic management of drug-resistant tuberculosis



Integrated Management of Adolescent and Adult Illness (IMAI)





Management of MDR-TB: A field guide

A companion document to Guidelines for the programmatic management of drug-resistant tuberculosis

WHO Library Cataloguing-in-Publication Data:

Management of MDR-TB : a field guide : a companion document to guidelines for programmatic management of drug-resistant tuberculosis : integrated management of adolescent and adult illness (IMAI).

"WHO/HTM/TB/2008.402a".

1.Tuberculosis, Multidrug-resistant – drug therapy. 2.Tuberculosis, Multidrug- resistant – prevention and control. 3.Antitubercular agents – administration and dosage. 4.Directly observed therapy - methods. 5.Delivery of health care, Integrated - organization and administration. 6.Antiretroviral therapy, Highly active. 7.Chronic disease - therapy 8.Practice guidelines. I.Partners in Health (Organization) II.World Health Organization.

ISBN 978 92 4 154776 5

(NLM classification: WF 310)

© World Health Organization 2009

All rights reserved. Publications of the World Health Organization can be obtained from WHO Press, World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland (tel.: +41 22 791 3264; fax: +41 22 791 4857; e-mail: bookorders@who.int). Requests for permission to reproduce or translate WHO publications – whether for sale or for noncommercial distribution – should be addressed to WHO Press, at the above address (fax: +41 22 791 4806; e-mail: permissions@who.int).

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

Printed in Italy

Acknowledgements

WHO gratefully acknowledges the contributions of Kwonjune Seung and Hind Satti, the authors of this module. In creating this module, they drew upon the experience of Partners In Health (PIH), an international health NGO with over 20 years of experience in the treatment of HIV and MDR-TB in resource-limited settings.

Integrated Management of Adolescent and Adult Illness (IMAI) is a multidepartmental project at WHO that produces guidelines and training materials for first-level health facility workers in low-resource settings. The WHO IMAI team collaborated closely for several months with Drs. Seung and Satti on the content and structure of this module. No experts involved declared a conflict of interest.

Foreword

Multidrug-resistant tuberculosis (MDR-TB) and extensively drug-resistant tuberculosis (XDR-TB) increasingly occur in resource-constrained settings. In the context of a national response to MDR- and XDR-TB, health workers in TB clinics (in district hospitals and some accredited health centres) will need to diagnose MDR-TB, initiate second-line anti-TB drugs, and monitor MDR-TB treatment.

Management of MDR-TB: a field guide was created to help health workers carry out these tasks. It is a job aid that medical officers and TB nurses are meant use frequently during the day for quick reference. This module is closely related to other clinical guideline modules in the Integrated Management of Adolescent and Adult Illness (IMAI) series. In particular, the approach to chronic disease management is taken from *General principles* of good chronic care in the IMAI series.

It is based on the Emergency Update 2008 of *Guidelines for programmatic management of drug-resistant tuberculosis* (WHO/HTM/TB/2008.402), and may be considered a companion document to these guidelines. It also draws on the experience of the international health NGO Partners In Health (PIH) in many countries, and the Lesotho version of this module that was adapted by the Lesotho National TB Programme. This module should be introduced to health workers in the context of a training course with a strong emphasis on TB-HIV co-management.

This document is expected to remain valid until 2010 when a fully revised second edition of the *Guidelines for programmatic management of drugresistant tuberculosis* will be published. The Stop TB Department at WHO Headquarters in Geneva will be responsible for initiating a review of this document at that time.

For more information about IMAI, please see http://www.who.int/hiv/ capacity/ or contact imaimail@who.int. For more information about global TB/HIV initiatives, see http://www.stoptb.org/wg/tb_hiv/ or http://www. who.int/tb/hiv/en/.

WHO HIV/AIDS Department—IMAI Project WHO Stop TB Department—TB/HIV and Drug Resistance Unit *Chronic Care for MDR-TB* cross-references other IMAI/IMCI guideline modules for primary health care. These include:

- Acute care: management of common acute problems that arise during chronic care.
- Palliative care: for management of pain and issues related to end-of-life care. Page numbers beginning with "P" refer to this guideline module.
- Chronic HIV care with ART and prevention: for management of HIV and antiretroviral therapy.

Use the general principles of good chronic care

See IMAI module with this title for more detail.

- 1. Develop a treatment partnership with your patient.
- 2. Focus on your patient's concerns and priorities.
- 3. Use the 5 As—Assess, Advise, Agree, Assist, Arrange.
- 4. Support the patient education and self-management.
- 5. Organize proactive follow-up.
- 6. Involve "expert patients", peer educators and support staff at your health facility. (These are referred to in these guidelines as lay providers).
- 7. Link the patient to community-based resources and support.
- 8. Use written information—registers, treatment plans, the patient calendars, treatment cards—to document, monitor, and remind.
- 9. Work as a clinical team (and hold team meetings).
- 10. Assure continuity of care.

TABLE OF CONTENTS

| Roles and relationshipsvi |
|--|
| Sequence of care for MDR-TB 2 |
| 1. Triage 4 |
| 2. Educate and support the patient on each visit |
| 2.1 Directly observed treatment 5 |
| 2.2 MDR-TB treatment supporters 6 |
| 2.3 Adherence support7 |
| 2.4 Adherence preparation8 |
| 2.5 Adherence monitoring10 |
| 2.6 Education 12 |
| 3. Assess: clinical review of symptoms and signs, medication use, |
| side effects, complications14 |
| 3.1 Ask 14 |
| 3.2 Look |
| 3.3 Lab and clinical follow-up15 |
| 4. Assess family status—pregnancy, family planning, HIV and |
| TB status of partners and family members |
| 5. Provide MDR-TB therapy 17 |
| 5.1 Treatment categories 17 |
| 5.2 Start empiric regimen in patients at risk for drug resistance 18 |
| 5.3 Summary of steps to initiate MDR-TB therapy |
| 5.4 Standardized Category 4 regimen |

预览已结束, 完整报告链接和

https://www.yunbaogao.cn/report/index/report?