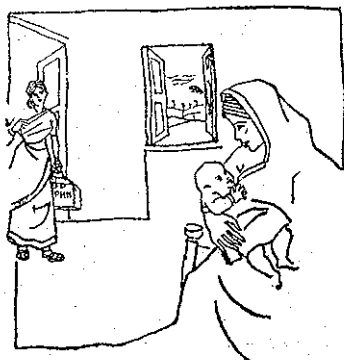




CURE FOR TUBERCULOSIS

Effective, Inexpensive Treatment Now Possible Everywhere

AS a result of recent progress in tuberculosis control it is now possible to cure tuberculosis patient at the cost of a few dollars, and early vaccination can effectively protect a non-infected person for a period of about ten years, at the cost of a few cents.

According to the International Tuberculosis Seminar convened by the World Health Organisation in Kuala Lumpur, Malaysia, the cure for tuberculosis, once within the financial reach of only the well-to-do, can now be made available to all the 15 million sufferers from tuberculosis in the world today.

The tools are at hand, it was stated, and ways can be found of employing them according to local resources. Nevertheless, there are still countries where rural people who have contracted tuberculosis keep knocking at the doors of the health services which do not even have sufficient anti-tuberculosis drugs to give them.

About 100 tuberculosis specialists and public health workers from 36 countries participated in the Seminar whose principal task was to review WHO'S global policy for tuberculosis control.

Among the conclusions of the Seminar were :

How to find cases

Priority should be given to finding people with tuberculosis symptoms, such as persistent cough for more than four weeks, and people who have been in close contact with infectious cases.

Systematic mass case-finding should not start until the majority of persons known to suffer from infectious tuberculosis can get ade-

quate treatment. Suspects have to be followed up until a clear diagnosis has been made.

The efficacy of national tuberculosis control programme cannot be measured in terms of the number of patients detected, but by the number of those who have completed treatment.

The most efficient and economical method of nationwide mass case-finding is microscopic examination of sputum. It was generally agreed that no definite diagnosis can ever be made on the basis of radiography alone.

Both cases and suspects should be registered in all countries so as to enable public health administrations to collect epidemiological data and therefore to know at any time where they stand in the fight against tuberculosis and to predict the evolution of the disease. This would also permit international comparison of results. The system of recording should be simple, so that any health auxiliary can fill in the form.

How to treat tuberculosis

It was recognised that effective anti-tuberculosis drugs such as isoniazid, PAS and streptomycin had not been fully exploited. One of the reasons was that more often than not the pill did not find its way to the patient, often because of inefficient planning and administration.

Here are some of the main points affirmed by the Seminar :

A 12-month uninterrupted treatment combining two drugs (isoniazid with streptomycin, thiacetazone or PAS) eliminates the bacilli in 80 to 90 per cent. of newly-diagnosed drug-sensi-

tive cases.

No special benefits result from treating patients in hospital. It was, therefore, agreed that resources available, especially in developing countries, should be devoted to the organisation of an efficient *ambulatory treatment service*, and not to the building of new tuberculosis hospitals. It was also pointed out that patients are in general more co-operative in home treatment.

Close supervision of regular intake of drugs in home treatment is a necessity. In this respect, employment of lay workers was suggested and the role of voluntary organisations strongly emphasised.

Treatment should be made available free of cost.

Finally, the Seminar stressed the need for further research aimed at finding new inexpensive and effective drugs.

How to prevent tuberculosis

It was reaffirmed that BCG vaccination gives protection to about 80 per cent. of the population for an average duration of seven to ten years. However, the vaccine must be of good quality.

The strategy recommended by WHO consists of an initial mass campaign, gradually covering the whole country, followed by the integration of the BCG vaccination service into the basic health services, so as to make it permanent.

In order to ensure immunity of the population, vaccination should be given as early in life as possible, particularly in highly infected countries. Revaccination should be

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2. Suicidal patients are not permitted to use belts, neck-ties, dhoties and saris in case of females, during the night and are not allowed to use knives and forks while taking their meals.

3. Male patients are not allowed to possess or use razors.

4. Drugs and instrument cupboards are kept constantly locked. Many patients collect capsules and tablets given to them and swallow the contents when a lethal dose has been collected in order to poison themselves; so it is important to see that the patient swallows his drug at the given time in the presence of the nurse.

5. Parcels are opened and checked by the nursing staff for any prohibited articles such as knives, blades or any kind of drugs.

6. Bathrooms are very common places for committing suicide, so these patients are neither left alone in the bathroom nor are they allowed to linger around it.

7. Patients are searched for prohibited articles when they return from the occupational therapy department or after having been visited by their relatives.

8. Rooms which are not in use should be kept locked and checked periodically.

9. More attention is paid to the patients who are coming out of stupor as they are more likely to attempt suicide during this phase.

10. Nursing staff and ward attendants must know the whereabouts and activities of suicidal patients every moment of the day and night.

Psychiatrists are very prompt in putting these patients on some kind of treatment as early as possible, accompanied by psychotherapy, which plays an important part in removing suicidal ideas from the patient's mind.

In actual attempts of suicide death may be prevented by handling and treating the patient quickly and promptly. Strict observation and vigilance by nursing staff and ward attendants can reduce the opportunity and prevent suicide.

Seizures

Many epileptic patients with behaviour problems are admitted in

mental hospitals, and to observe, protect and nurse them during seizure is a problem.

There are two main types of seizures: (1) Grand mal Seizure and (2) Petit mal Seizure.

Grand mal Seizure: It is a major form of epileptic fit, consisting of—Aura, Tonic Stage and Clonic Stage. An aura is a warning signal before a seizure and may consist of crying, seeing flashes of light or epigastric distress. During seizure, the patient loses consciousness and goes into tonic stage when all the voluntary muscles of the body remain tonically contracted for about 10 to 20 seconds. Later he passes into clonic stage when the patient breaks out into convulsions. In the comatose stage patient goes to sleep, and on awakening he is often confused, wanders aimlessly and complains of headache. Some may become violent or destructive.

Petit mal Seizure. It is a minor type of seizure. Patient loses consciousness, momentarily suspends all activities for a few seconds and regains consciousness later.

Nursing care of an epileptic case is mainly devoted to the observation and protection of the patient during the seizure.

Observation: The nursing observation of seizure with careful record of description is very helpful to the psychiatrist in diagnosing the case. Therefore the nurse should make a note of any change in patient's behaviour before and after the seizure, along with details of various stages of the seizure. Particular note may be made of loss of consciousness or lapse in consciousness.

Protection: Preventing patient from injury during seizure is a sign of good nursing care. All epileptics are kept in a few select wards on the ground floor and provided with low cots to avoid danger of self-injury during seizures. These patients are not allowed to come in contact with fire, deep water and open high places.

When the patient is showing signs of aura, he is protected from falling during the seizure, and kept flat on the bed or floor wherever he is.

A mouth gag is put in the mouth to protect his tongue or lip from being bitten.

His head is turned on one side to prevent suffocation due to inspiration of saliva, and clothes around neck and waist are loosened.

Extra attention is paid to the patients who get seizures during sleep or when they are taking their meals as they may choke on eating food.

When the patient has regained consciousness he is taken to his bed and kept under close watch until he is completely sensible and coherent in talk, for he may go into the state of continuous seizures known as status epilepticus.

The nurse-patient-relationship in mental hospitals is of vital importance and helps in preventing many of the everyday problems. If the atmosphere is friendly and warm patients feel that the nurse is a kind person under whose care they are safe and well protected; and thus they give their trust and co-operation.

Various types of behaviour by mental patients may upset an on-looker, but a psychiatric nurse at these times very well understands that odd behaviour of the patient is not deliberate, but it is one of the symptoms of his disease. She handles the situations tactfully by using her knowledge of nursing skills and understanding his human sufferings and by modifying her patient's moods and attitudes by means of a good nurse-patient-relationship.

To form a friendly and warm nurse-patient-relationship, the nurse should be emotionally mature. She should be adaptable and should have a sensitive perception and insight by which she will have a better managing capacity and understanding of the patient's thoughts and feelings. She must have control over her own moods, attitudes, thoughts, and feelings; and thus she will gain more co-operation from her patients and create warm, friendly and harmonious environment in psychiatric wards.

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