

Palliative Care for Patients with RR-TB

Elmira Gurbanova,
coordinator of VMC



When to consider
stopping TB treatment?

- The patient no longer agrees to receive treatment
- The chance of successful outcome is negligible
 - Habitually fails to take drugs, interrupts treatment repeatedly;
 - Effective treatment cannot be prescribed due to:
 - Extensive pattern of drug resistance; or
 - Anti-TB drugs intolerance

Case Study

- A patient, 75 years old.
- Focal (nidus) pulmonary TB, infiltration phase, a new RR-TB case.
- At the start of treatment: smear negative; culture positive; mDST – resistance to H, R, susceptibility to FQ; pDST - resistance to H, R, Z, E, susceptibility to Am, Lfx, Mfx, Bdq, Lzd, Cfz, Eto/Pto.
- 10.11.2020 – mSTR treatment start date: Bdq-Lfx-Lzd-Cfz-Cs.
- 1st-6th months of treatment – smear and culture negative.
- Concomitant diseases: Urolithiasis. Kidney stones. Kidney cysts. Chronic pyelonephritis. CKD grade 3a. Covid-19 infection (22.10.2020 PCR+): Community-acquired bilateral polysegmental interstitial pneumonia.

December 2020 - Lfx dose adjustment

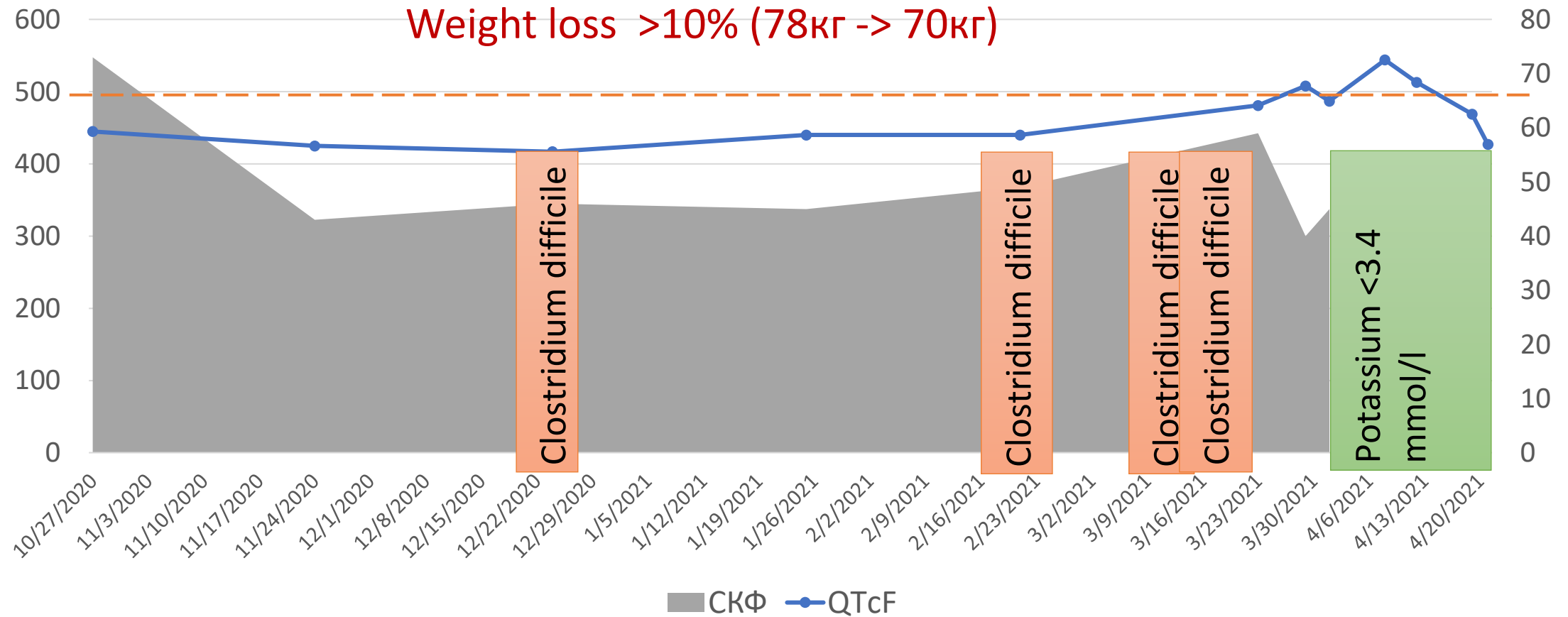
24.12.2020 – temporary discontinuation of Lzd for 6 days

16.02.2021 - temporary discontinuation of Lzd and Lfx for 7 days

16.03.2021 – stop Lzd and temporary discontinuation of Lfx for 5 days

09.04.2021 – TB treatment stopped

Resistance to: H, R, Z, E
Susceptibility to: Am, Lfx,
Mfx, Bdq, Lzd, Cfz, Eto/Pto.





Making a decision to stop TB treatment

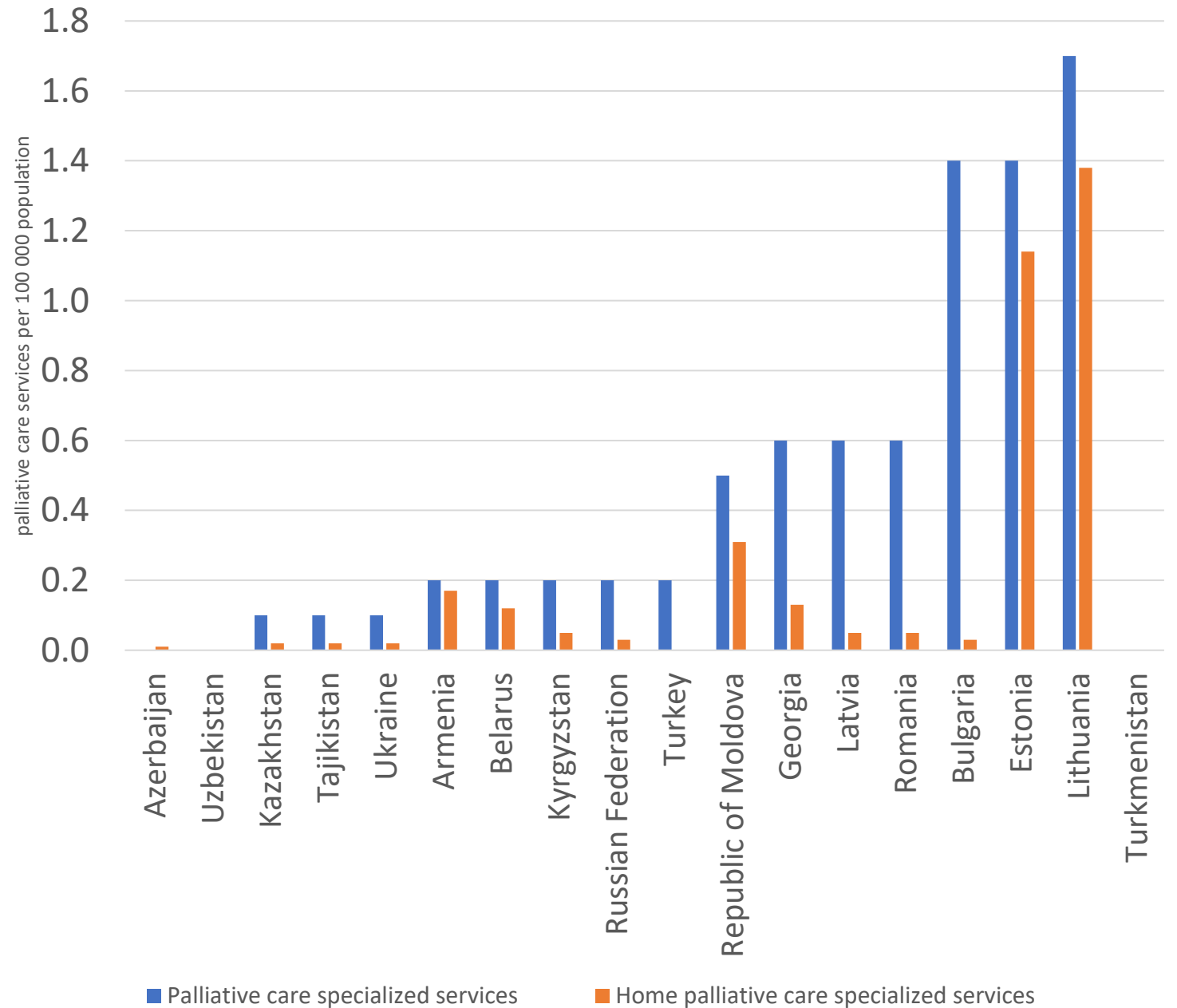
- The decision should be made by a multidisciplinary team with the involvement of the patient and his relatives.

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- After the discontinuation of TB treatment, patients live from a few days to several years.
 - 5-year survival rate of patients with drug-resistant TB is 23%.
 - These patients often have nowhere to live due to the loss of family connections, and social institutions often deny access for fear of infection control violation.

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- One of the urgent requirements for patients dying from DR-TB, is to establish palliative care facilities, by adapting the existing structures, where the end of life will come in a safe and dignified environment, and to prevent transmission of infection in hospitals and communities.
 - For terminally ill people, it is necessary to create institutions where they can live on a long-term and voluntary basis, where social, educational and recreational opportunities will be provided along with nutrition and care with proper infection control measures in place.

The recommendation is 2 palliative care facilities per 100 000 population

- In 18 high TB priority countries of the WHO European region, the number of palliative care facilities is significantly lower



	Medical schools teaching PC	Nursing schools teaching PC	Specialization in palliative medicine	National PC association
Armenia	0/4	0/10	Yes	Armenian Pain Control and Palliative Care Association
Azerbaijan	2/2	7/7	Yes	No
Belarus	8/15	0/16	Yes	No
Bulgaria	6/6	9/10	No	Bulgarian Association for Long-Term Care and Palliative Medicine
Estonia	1/1	0/2	No	Pallium
Georgia	8/13	2/3	Yes	Georgian National Association for Palliative Care
Kazakhstan	5/11	0/63	No	Kazakhstan Association for Palliative Care
Kyrgyzstan	No data	27/27	No	Hospice and Palliative Care Association of the Kyrgyz Republic
Latvia	2/2	2/2	Yes	Children's Palliative Care Society
Lithuania	0/2	7/9	No	Lithuanian Association of Palliative Medicine
Republic of Moldova	1/1	5/5	No	National Association for Palliative Treatment
Romania	6/12	6/12	Yes	Romanian National Palliative Care Association
Russian Federation	62/62	425/425	Yes	Russian Association for Palliative Care
Tajikistan	2/2	11/11	No	National Association of Palliative care in the Republic of Tajikistan
Turkey	1/98	0/138	Yes	Palliative Care Association
Turkmenistan	No data	No data	No data	No data
Ukraine	1/17	6/108	Yes	All-Ukrainian Association of palliative and hospice care
Uzbekistan	No data	No data	No	No



REVIEW ON PALLIATIVE CARE
WITH FOCUS ON 18 HIGH
TUBERCULOSIS PRIORITY
COUNTRIES, 2020

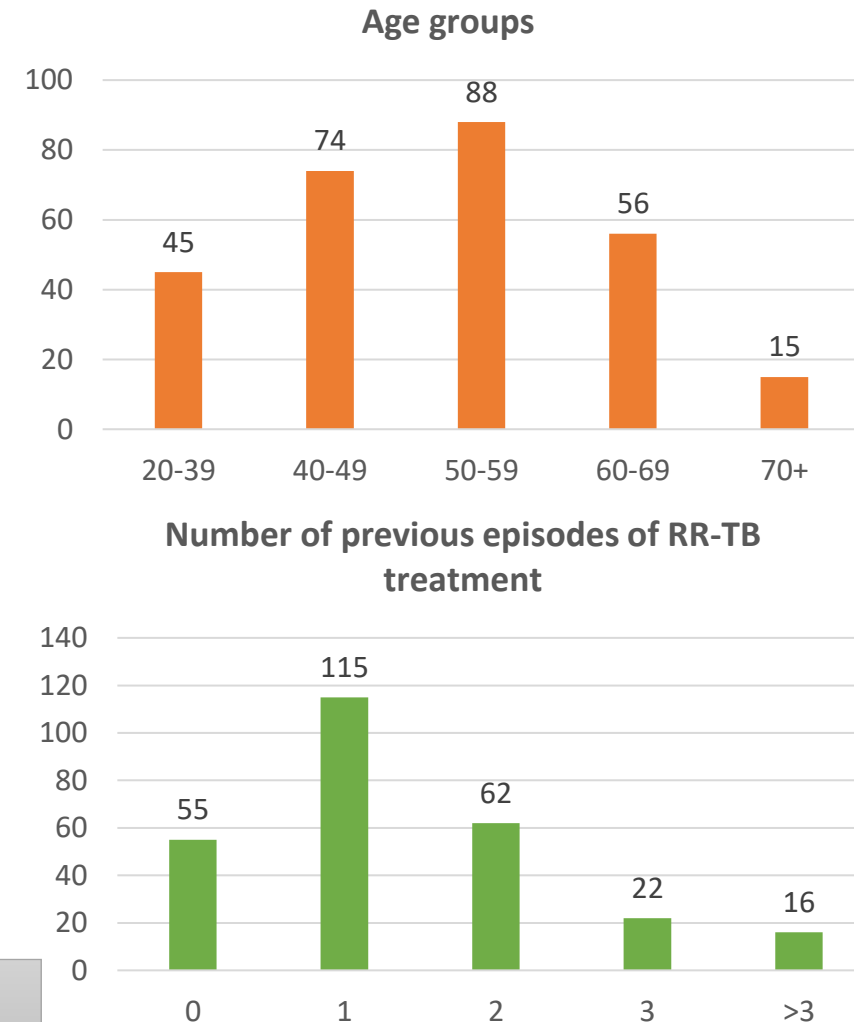
<https://www.euro.who.int/en/health-topics/communicable-diseases/tuberculosis/publications/2021/review-on-palliative-care-with-focus-on-18-high-tuberculosis-priority-countries,-2020>

BELARUS: Universal access to new anti-TB drugs and improved treatment success rate reduced the number of DR-TB patients on palliative care from 823 in 2018 to 265 in 2021

	#	%
Age (min-max)	26-88	
Gender		
male	237	89
female	28	11
DST pattern*		
Mono-RR	2	1
MDR	40	15
Pre-XDR	77	29
XDR	146	55
Died by May 2021	18	7
Restarted on TB treatment	19	7

*According to WGO definitions of 2013.

2 have already interrupted treatment

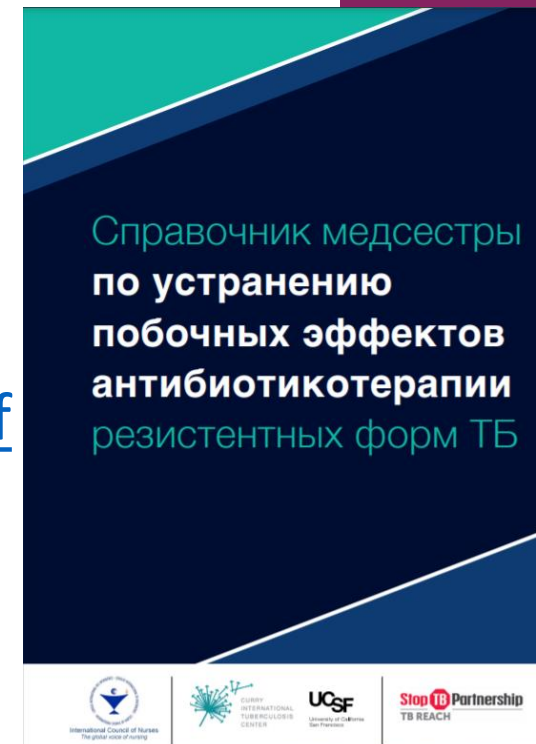
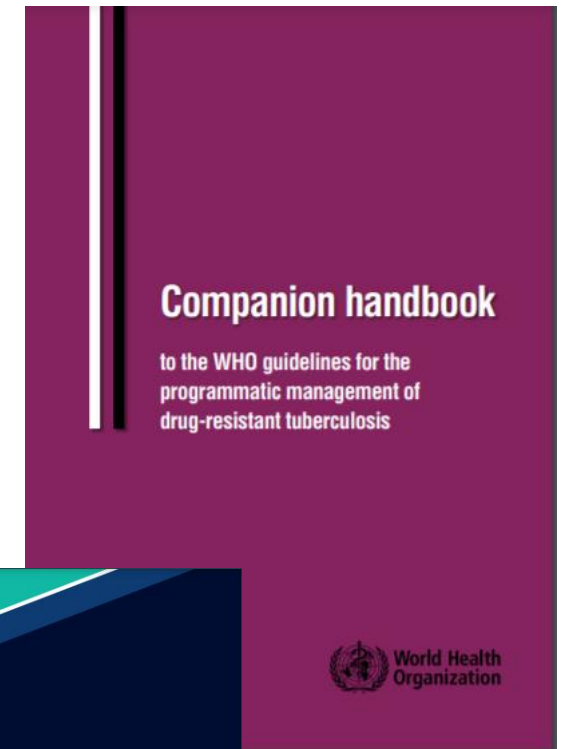


Example of Belarus

- In addition to the broad pattern of drug resistance and comorbidities, palliative care patients have often need of additional social support beyond the capacity of TB services.
- All patients registered for palliative care, whose clinical condition and pattern of drug resistance allowed them to start TB treatment, were enrolled in a TGF-funded project implemented by the NGO of the Red Cross, which provides comprehensive psychological and social support to patients with RR-TB.
- 13 of the 164 patients on mSTR are also included in the support project due to the high risk of loss for follow-up or opting out of treatment.

- <https://apps.who.int/iris/handle/10665/130918>

- https://www.currytbcenter.ucsf.edu/sites/default/files/icn_nursingguide_russia_web_spreads.pdf



Clinical guidelines on Specialized PC in the Public Domain

- Scottish Palliative Care Guidelines, <https://www.palliativecareguidelines.scot.nhs.uk/>
- Northern Ireland: Guidance for the management of symptoms in adults in the last days of life, http://www.professionalpalliativehub.com/sites/default/files/RPMG%20End%20of%20Life%20Guidance%202018_0.pdf
- Northern Ireland: Guideline on management of symptoms in palliative care, <http://www.professionalpalliativehub.com/sites/default/files/Management%20of%20Symptoms%20in%20Palliative%20Care%20-%20The%20Role%20of%20Specialist%20Care%20Allied%20%20Health%20Professionals.pdf>
- National Coalition for Hospice and Palliative Care. Clinical practice guidelines for quality palliative care, 4th edition; 2018, https://www.nationalcoalitionhpc.org/wp-content/uploads/2018/10/NCHPC-NCPGuidelines_4thED_web_FINAL.pdf
- MacLeod R, Macfarlane. The palliative care handbook: Guidelines for clinical management and symptom control, 9th edition. Hammond Health Care; 2019. (<https://www.hospice.org.nz/wp-content/uploads/2019/03/Palliative-Care-Handbook.pdf>, accessed 26 May 2020).