A Comparative Study Between Dots & Non-Dots Patients In Two Districts Of Haryana, India

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Abstract
Tuberculosis (TB) is major public health problem in India & among the top killer diseases. It infects one third of the world’s population at any point of time. There are approximately 9 million new cases of all forms of Tuberculosis occurring annually & 3 million people die from it each year. India accounts for 28% of the global T.B. burden. Every year, approximately 1.8 million persons develop Tuberculosis of which about 0.8 million are new smear positive highly infectious cases & about 4.17 lakh people die of TB every year, one person dies every minute & 1000 die every day. The emergence of multi-drug resistant TB (MDR TB) and the spread of HIV/AIDS are contributing to the worsening impact of the disease - the principal reasons for the WHO declaring TB a global emergency in 1993. Directly-observed treatment short-course (DOTS) is based on scientifically sound technology and direct observation of drug intake of the patient by treatment observers, thus obviating the drug default problem. It was introduced on a pilot-basis in India in 1993, and large scale expansion began in 1998. By year 2005 entire country was covered by the programme.

INTRODUCTION
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Directly-observed treatment short-course (DOTS) is based on scientifically sound technology and direct observation of drug intake of the patient by treatment observers, thus obviating the drug default problem. It was introduced on a pilot-basis in India in 1993, and large scale expansion began in 1998. By year 2005 entire country was covered by the programme.

MATERIAL AND METHODS
The present study was done in Districts Rohtak and Sonepat. The study was record based. Out of total new sputum positive cases registered in both District Tuberculosis Centres (DTCs) from Jan- June 2003, 386 patients (188 patients from District Sonepat and 198 patients from Rohtak District) were selected in the age group of 21-60 years by purposive random sampling. All patients of District Tuberculosis Centre Sonepat were taking Directly Observed Therapy Short Course (DOTS) under Revised National Tuberculosis Control Programme (RNTCP) for six months while the patients of District Tuberculosis Centre Rohtak were taking Non-DOTS treatment because before 2003 Revised National Tuberculosis Control Programme was not started in Rohtak. The data of both DTCs were collected, compiled, analyzed and subjected to suitable statistical tests.

RESULTS
Table I shows the age and sex distribution of DOTS and non-DOTS groups in the study. Out of total patients maximum Tuberculosis occurred in adult age groups while sex wise maximum occurred in males.

Table II shows, 91.3% of the DOTS group and 34.0% of the non-DOTS group were observed to be smear-negative after 6 months of chemotherapy. In this study defaulter rate, failure rate & death rate were maximum occurred in Non- DOTS groups as compared to DOTS groups The difference in the outcome was observed to be statistically highly significant. The present findings confirm that DOTS is a significantly superior health intervention compared to self-administered regimen in the prognosis of tuberculosis patients.

**DISCUSSION**

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