



Breaking the Chains of Stigma: Understanding the Profound Impact of Stigma-Related Depression in Multidrug-Resistant Tuberculosis Patients

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ABSTRACT

Introduction

Tuberculosis (TB) is a major global health challenge, leading to millions of deaths annually and affecting a similar number of people each year. TB is not just a medical condition; it also carries a significant burden of stigma, which often goes unnoticed.¹ A more challenging form of TB, known as multidrug-resistant tuberculosis (MDR-TB), is currently a top priority worldwide due to its complex treatment regimen involving multiple drugs and lengthy duration.^{2,3} In addition to the difficulties associated with MDR-TB treatment, patients also face the stigma associated with the disease. This stigma can result in severe psychological distress, including stigma-related depression.

In this editorial, we explore into the profound effects of stigma-related depression on MDR-TB patients, emphasizing the urgent need for a holistic approach to care that addresses not only the physical symptoms but also the emotional well-being of these individuals.

The Dual Burden: MDR-TB and Stigma:

In the realm of global health challenges, tuberculosis (TB) remains a significant concern, with millions of individuals worldwide affected by this infectious disease. While considerable progress has been made in controlling and treating TB, a menacing dual burden has emerged in the form of Multi-Drug Resistant Tuberculosis (MDR-TB) and the stigma that often accompanies it. This dual challenge poses a serious threat to both public health and the well-being of those affected.

Multi-Drug Resistant Tuberculosis (MDR-TB) is a strain of TB that is resistant to the two most powerful first-line drugs, isoniazid and rifampicin, which are typically used to treat the disease. As a result, MDR-TB requires more prolonged and more complex treatment regimens, often involving second-line drugs, which can be costly, have severe side effects, and necessitate close medical supervision. The emergence of MDR-TB highlights the importance of maintaining robust TB control

programs and emphasizes the urgent need for more research and resources dedicated to this particular strain.

However, the challenge doesn't end with the medical aspects of MDR-TB. Stigma, a deeply ingrained societal issue, attaches itself to TB, and this stigma becomes even more pronounced when it comes to MDR-TB. Stigma related to TB has persisted for centuries, fueled by fear, misinformation, and prejudice. People affected by TB, especially MDR-TB, are often marginalized, ostracized, and treated as pariahs. The stigma surrounding MDR-TB creates a web of discrimination, making it challenging for those affected to access care and support.

The stigma attached to MDR-TB is a multi-dimensional problem. It can deter individuals from seeking timely diagnosis and treatment, leading to delayed interventions, which in turn increases the risk of transmission to others. Stigma also isolates those with MDR-TB, affecting their mental health and overall quality of life. Additionally, stigma can lead to the social and economic exclusion of those affected by MDR-TB, compounding the challenges they face.

To tackle the dual burden of MDR-TB and stigma, it is essential to raise awareness about the disease and dispel myths and misconceptions. Education and community-based initiatives can help to reduce stigma and encourage early diagnosis and treatment. Creating supportive environments that emphasize compassion and respect for those affected by MDR-TB is crucial. It is equally important for governments and healthcare systems to invest in robust TB control programs and ensure that MDR-TB patients have access to affordable, effective treatment and psychosocial support.

Furthermore, collaboration between governments, non-governmental organizations, healthcare professionals, and affected communities is vital to combat both MDR-TB and the associated stigma. Advocacy and public health campaigns can play a significant role in changing societal perceptions and attitudes towards the disease.⁴

The Vicious Cycle: Stigma-Related Depression:

The experience of stigma can lead to profound psychological distress, often diagnosed as stigma-related depression. Patients with MDR-TB may internalize negative stereotypes and self-stigmatize, leading to a sense of shame, guilt, and worthlessness. This emotional turmoil, when left unaddressed, can exacerbate the physical symptoms of TB, disrupt treatment adherence, and hinder recovery.⁵

Barriers to Diagnosis and Care:

Stigma-related depression in MDR-TB patients often goes unnoticed and undiagnosed. Healthcare providers

may focus primarily on the physical aspects of the disease, overlooking the psychological and emotional well-being of patients. This lack of recognition and support can create a significant barrier to effective care and treatment outcomes.⁶

A Holistic Approach to Care:

To combat the devastating effects of stigma-related depression in MDR-TB patients, a holistic approach to care is imperative:

1. Awareness and Education: Raising awareness about TB and combating misconceptions and stigma is essential. Education campaigns should target communities, healthcare providers, and policymakers.

2. Mental Health Screening: Routine mental health screening should be integrated into the care of MDR-TB patients. Early identification of stigma-related depression can facilitate timely interventions.

3. Psychological Support: Providing access to mental health services, such as counseling and therapy, is crucial. These services can help patients cope with the emotional toll of stigma and depression.⁷

4. Support Groups: Peer support groups can play a pivotal role in reducing stigma-related depression. Patients can share their experiences, learn coping strategies, and find solidarity in others facing similar challenges.

5. Empowerment: Empowering patients with knowledge about their condition, treatment, and rights can help them combat stigma. When patients are informed and engaged in their care, they are better equipped to challenge discrimination.

6. Addressing Societal Stigma: Efforts to reduce societal stigma should be initiated at both the community and national levels. This includes challenging stereotypes, promoting empathy, and advocating for policy changes to protect the rights of TB patients.

In conclusion, the battle against MDR-TB extends far beyond the laboratory and clinic; it is a battle against stigma that threatens the emotional well-being of patients. Recognizing and addressing stigma-related depression is essential for comprehensive care and improved treatment outcomes. We must break the chains of stigma that bind MDR-TB patients, providing them with not only medical treatment but also the empathy, support, and empowerment they need to overcome this dual burden. It is only through a holistic approach that we can hope to turn the tide against both MDR-TB and the stigma that compounds its devastating effects.

Conclusion

Asthma in pediatric patients is a significant and growing concern that demands attention from healthcare providers, policymakers, and society as a whole. Understanding the complex factors contributing to the disease, early diagnosis, and appropriate management are key to mitigating its impact. As we look to the future, the focus should be on preventive measures, improving asthma control, and supporting affected children and their families to ensure a healthier and more prosperous society.

References

1. Iqbal Z, Batool R, Khan MA, Ali SZ, Asif M. Predictors of Unsuccessful Interim Treatment Outcomes and Culture Conversion among Multidrug Resistant Tuberculosis Patients in Pakistan. *IJONS*.2021; 64(11):29253-64
2. Farooq U, Khan MA, Nasir SM, Hameed S, Ashiq N, Khan HU, Ullah N, Ullah U. Frequency and Risk factors responsible for Multidrug Resistant Tuberculosis in Khyber Pakhtunkhwa. *Pak J Che Med*.2020;26(2):85-93.
3. Khan MA, Aziz A, Ullah U, Ullah N, Jan F, Nasir SM, et al. Treatment Outcomes of Short Course Regimens for Multidrug-Resistant Tuberculosis patients in Peshawar. *Pak J Che Med*. 2020;26(4): 210-6.
4. Javaid A, Khan MA, Jan F, Rauf M, Khan MA, Basit A, et al. Occurrence of adverse events in patient receiving community-based therapy for multidrug resistant tuberculosis in Pakistan. *Tuberkuloz Ve Toraks*.2018;66(1):16-25.
5. Mehreen S, Khan MA, Basit A, Khan A, Ashiq N, Javaid A. Frequency of depression in multidrug resistant tuberculosis patients: an experience from a tertiary care hospital. *Pak J Che Med*. 2016 Feb 9;21(4):149-54
6. Javaid A, Mehreen S, Khan MA, Ashiq N, Ihtesham M, Khan A. Depression and its associated factors with multidrug-resistant tuberculosis at baseline. *J Depress Anxiety*. 2017;6(253):2167-1044.
7. Levitt HM, Piazza-Bonin E. The professionalization and training of psychologists: The place of clinical wisdom. *Psychother Res*. 2017 ;27(2):127- 42.