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**EVALUATION OF TREATMENT RESULTS OF CHEMORESISTANT
TUBERCULOSIS IN KHARKIV REGION**

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Actuality. The widespread use of various antituberculosis drugs have changed biological properties the causative agent of tuberculosis, which led to formation and expansion of drug resistance.

Objective: to evaluate the results of treatment of drug-resistant tuberculosis, registered in 2010-2012 in Kharkiv region.

Materials and methods. Evaluation of treatment results of patients with multidrug-resistant and extended-resistant tuberculosis registered in the 4 treatment category in 2010-2012, was based on analysis of analytical and statistical handbooks "Tuberculosis in Ukraine" data for 2013-2015.

Results and discussion. Evaluating the treatment results, it is possible to note the growth of positive outcomes (recovery, completed treatment) from 24.5% in 2010 to 43.7% in 2012, as well as the decrease in the percentage of deaths from 38.6% in 2010 to 27.2% in 2012. This positive trend is associated with the support of Global Fund to provide second-line drugs for patients with chemoresistant tuberculosis, which significantly improves the quality of treatment. Also over the years it managed to increase compliance between doctor and patient. So we see that in 2010 only 69.9% of patients registered in treatment category 4 started treatment, whereas in 2012 the figure was 85.8%.

Evaluating treatment outcomes of patients registered to category 4, taking into account the classification of TB cases, it can be concluded that the best treatment efficacy for the entire period of observation was achieved in patients with newly diagnosed tuberculosis (29.6% recovery, 24.8% completed treatment). The highest mortality was observed in patients after second treatment failure (51%), as these patients had resistant strains and most often transferred to palliative treatment. Treatment failure was more frequently observed in patients with recurrent tuberculosis (12.7%), which is associated with the expansion of chemoresistance at relapse. The greatest propensity to break treatment (12.7%) had patients who discontinued treatment before (a group of "treatment after a interruption").

Conclusion. Improving TB dispensaries provision second-line drugs at the expense of the Global Fund, and the improvement of compliance between medical staff and patients and therefore reducing the number of treatment interruption helped to improve the effectiveness of anti-TB therapy. Relevant tasks are early detection of tuberculosis and carrying appropriate anti-TB therapy, which improves the prognosis of treatment and at the same time is the prevention of tuberculosis relapse.