



The Effectiveness of Tuberculosis Medical Care Provided By Community Pharmacies

Simonai Trinopy

Department of Pharmacy, University of Padua, Padua, Italy

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DESCRIPTION

Many patients in India's first point of contact are pharmacies, where most drugs, including antibiotics, can be purchased without a prescription. Recent standardised (simulated) patient studies in four Indian cities have revealed new insights into how Indian pharmacies manage patients with tuberculosis, whether they are suspected or confirmed. The correct management of the simulated patients ranged from 13% to 62%, with the certainty of the TB diagnosis increasing with the degree of certainty.

Antibiotics were frequently dispensed Over-The-Counter (OTC) to patients, ranging from 16% to 37% in all cases. On the plus side, these studies revealed that no pharmacy provided first-line anti-TB medications. Pharmacies must be involved not only to improve TB detection and care, but also to reduce antibiotic abuse. Tuberculosis (TB) is the leading infectious disease killer in the world, killing an estimated 1.8 million people each year. More than a quarter of those deaths occurred in India, which has the highest disease burden and alarmingly high rates of MDR-TB. Early pulmonary tuberculosis symptoms are common, vague, and persistent, prompting infected people to seek treatment from a variety of local primary care providers. According to a study of patient pathways to care in 13 countries, nearly 60% of tuberculosis patients seek care in the private or informal sectors, including pharmacies. Because of their abundance, pharmacies are widely available in India.

What should pharmacists do when they encounter patients with suspected or confirmed tuberculosis? We now have reliable, consistent data on how Indian pharmacies manage such patients from two standardised (simulated) patient studies conducted in four Indian cities. Standardised Patients (SPs), also known as mystery clients, are widely regarded as the gold standard for measuring actual practise, and SPs have been successfully used to assess the quality of TB care. The two SP studies of pharmacies in India combined presented three different TB presentations to multiple pharmacies. The patients' care was compared to guidelines for pharmacists issued by the Government of India and the Indian Pharmaceutical Association. It was deemed 'correct' to refer to a healthcare provider who did not sell antibiotics or steroids.

Antibiotics were frequently dispensed OTC to patients, with 16%-37% receiving such drugs across the cases. However, three positive findings emerged. First, antibiotic use more than halved when SPs explained they had been in contact with an infected individual or had a confirmed diagnosis, compared to those only presenting symptoms

suggestive of TB. Second, the use of restricted Schedule H1 medicines was low in all cities. Third, out of 1533 SP encounters across 4 cities, not a single pharmacy dispensed first-line anti-TB medications without a prescription.

Early diagnosis and appropriate treatment are critical for successful tuberculosis control efforts. The findings of these recent SP studies are consistent across four cities, indicating that urban pharmacists do a poor job of asking patients with TB symptoms relevant questions and referring them for TB testing. These practises are likely to delay TB diagnosis. However, a pure profit motive in which pharmacists want to sell drugs to patients at any cost is a poor explanation for observed behaviour. Management varied according to the certainty of the diagnosis, and pharmacists were willing to forego sales in favour of referring patients with a stronger suspicion of tuberculosis. As a result, training pharmacy staff to recognise TB symptoms could improve the current situation.