

# Private Sector Prescribing Practices for TB Symptoms in KwaZulu-Natal, South Africa: a cross-sectional, standardized patient study

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## Background

South Africa has a **TB incidence of 567 per 100,000<sup>1</sup>**. In 2015, only **65% of 454,000 estimated new cases of TB** were notified to the national TB program<sup>2</sup>.

Up to **30% of South Africans seek initial care outside the public system<sup>3</sup>**; these patients may experience **greater TB diagnostic delay<sup>4-5</sup>**.

Little is known about **quality of TB care in the formal private sector**, specifically regarding prescribing practices and ideal case management.

## Objectives

**PRIMARY:** Describe the prescribing practices of private General Practitioners (GPs) treating standardized patients (SPs) who present with tuberculosis symptoms

**SECONDARY:** Assess ideal case management:  
1) **helpful management** (referral or test order)  
2) **no harmful management** (inappropriate medicine)

## Methodology

**Design:** Eight cash-paying SPs (6 F, 2 M) presented 1 of 3 TB cases during **unannounced visits to consenting GPs**

**Study Site:** 6 high TB-burden communities within an urban site in Kwa-Zulu Natal, South Africa

### Sample Size:

- **100 GPs** (86 male, 14 female), sampled conveniently
- **220 interactions** (case 1 = 95, case 2 = 50, case 3 = 75)

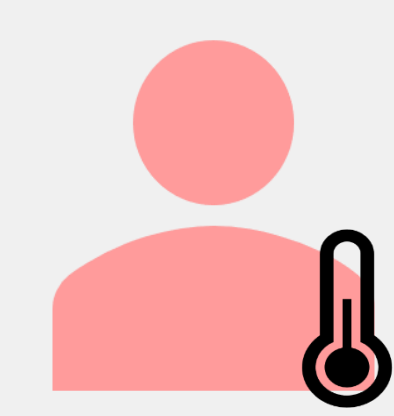
### Data Collection:

- **Exit survey:** History Qs, exams, tests, referrals, patient satisfaction
- **Artifact survey:** medicines, referral forms

SECTION 2: MEDICINES (reference all dispensed and prescribed medications)					
M1	How many medications were prescribed/dispensed? (if none, write 0 and skip to SECTION 3: TESTS)				
Med	M2: Dispensed (D) or Prescribed (P)?	Name(s) of medicine(s) (M3= brand and M4=generic; if medicines are unlabeled, in BRAND, write "unlabeled"; in GENERIC, describe the colour and shape)	M5: Price (if prescribed, use 0= Cheap price 999 if unknown)	M6: Expired? Y/N/U/K	
1	D	Brand: Rhinolon Generic: chlorpheniramine (4mg)	9999	UK	
2	D	Brand: Stilpane Generic: Ranitidine (150mg), Meprobamate (150mg), Codeine phosphate (8mg)	9999	UK	
3	D	Brand: Am cough solution Generic: Diphenhydramine HCl (10mg), Ammonium chloride (135mg), Sodium citrate (58mg)	9999	Y	
4	D	Brand: Unlabelled antibiotic Generic: Deep green capsule (antibiotic)	9999	UK	

## TB Case Descriptions

### CASE 1: Suspected TB, HIV+



Cough + fever >2 weeks, sputum, loss of weight/ appetite, night sweats, not on ARTs

### CASE 2: Confirmed TB, HIV-



Above symptoms + positive GeneXpert report

### CASE 3: Suspected MDR-TB, HIV+



Above symptoms + previous TB diagnosis and incomplete treatment, not on ARTs

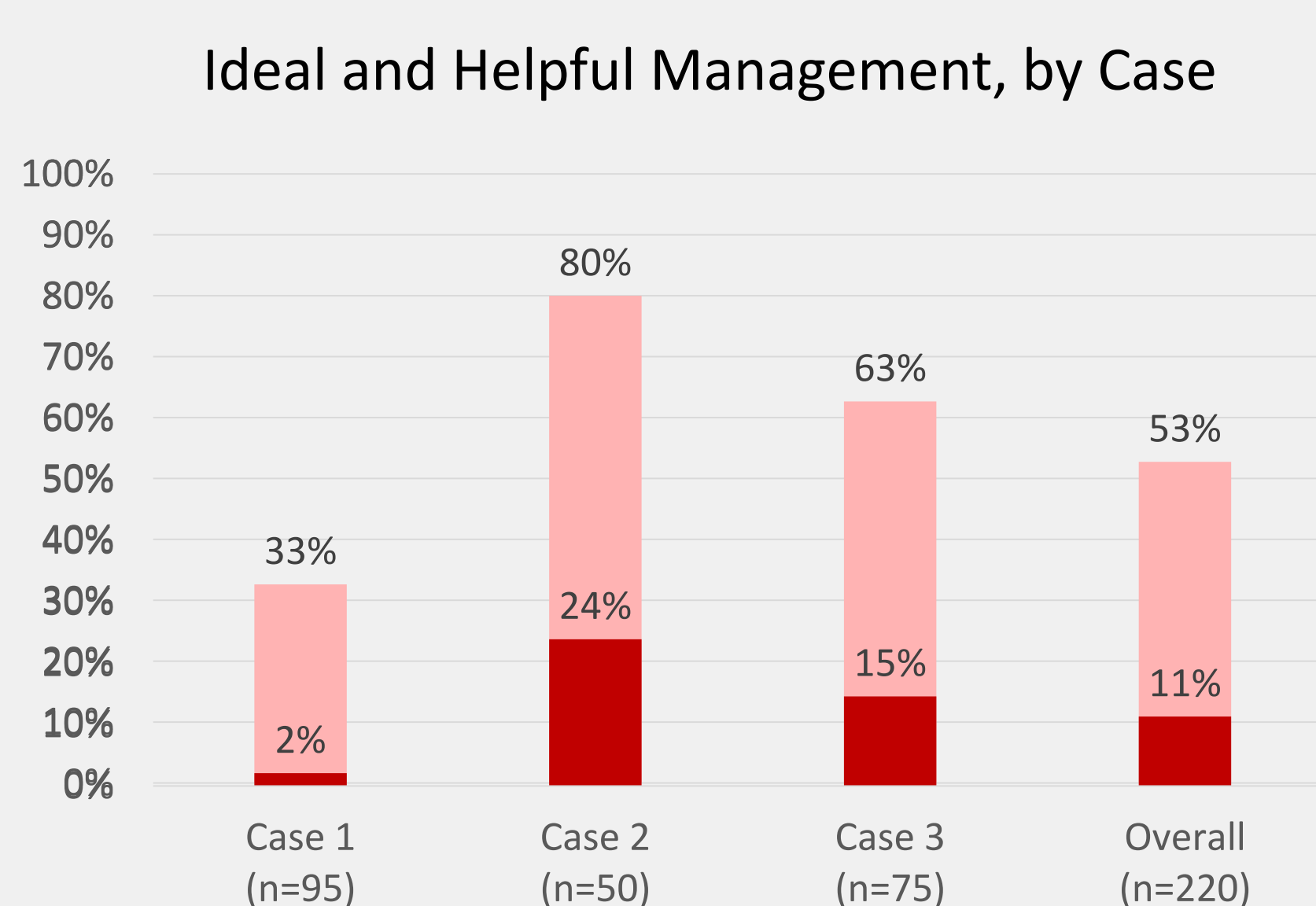
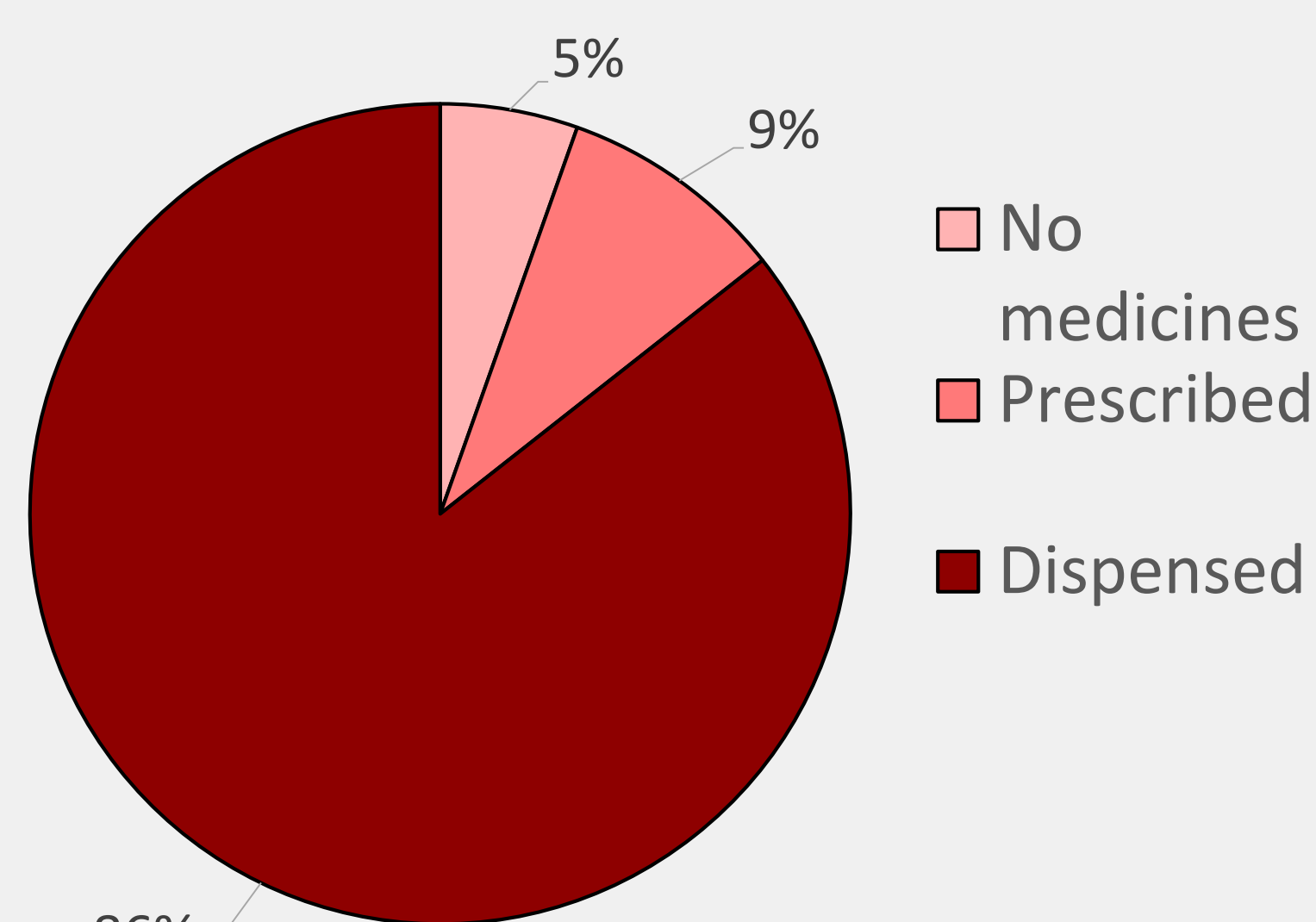
### IDEAL CASE MANAGEMENT:

**Helpful:** Referral for a TB test **OR** referral to public clinic/ hospital

### AND NOT

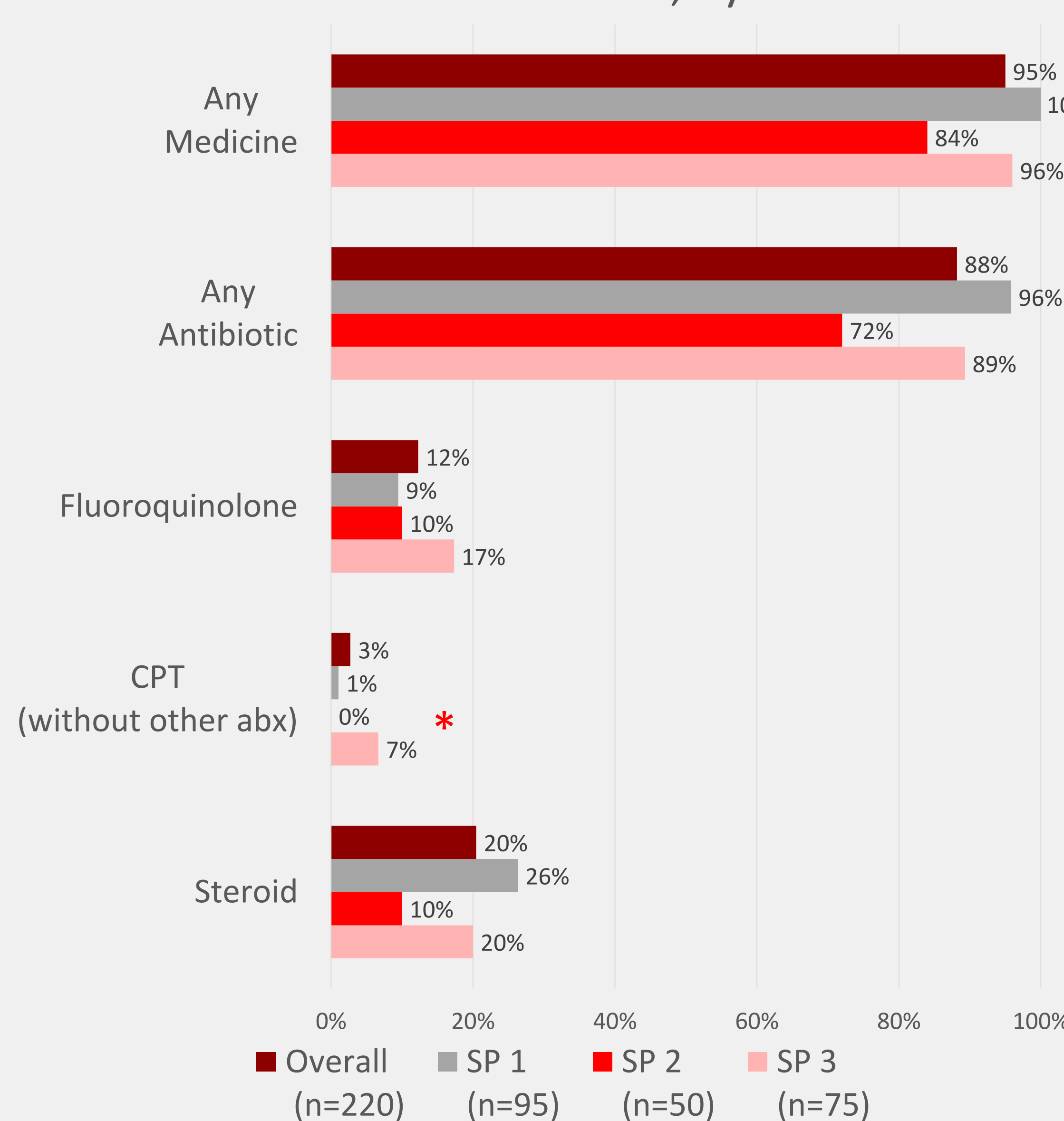
**Harmful:** Prescription of antibiotics (except co-trimoxazole) or steroids

## Results



HELPFUL Management  
IDEAL Management

### Medicines Received, by Case



ABX = Antibiotics; FQ = fluoroquinolone; CPT = co-trimoxazole preventative therapy

## Key Findings

- 95% of interactions received 1+ medications; ABX were most commonly prescribed (90%).
- FQs were prescribed in 12% of interactions (higher than SA public sector)
- **Helpful and ideal** management occurred in 53% and 11% of interactions, respectively.
- "Confirmed" TB (case 2) had **lower** rates of antibiotic prescription and **higher** rates of ideal management

**When diagnosis was unclear, GPs resorted to empirical therapies (abx/steroids)**

**Current prescribing practices may have implications on TB diagnostic delay, immunosuppression in PLHIV, and antimicrobial resistance for patients with TB symptoms in South Africa**

➢ **References:** <sup>1</sup> WHO Global Tuberculosis Report (2018); <sup>2</sup> Naidoo P et al, (2017); <sup>3</sup> Chin & Hanson (2017); <sup>4</sup> Skordis-Worrall J (2010); <sup>5</sup> Van Wyk SS (2011)

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