



## WORLD FIRST FOR SOUTH AFRICAN TB TREATMENT GUIDELINES



Free State nurses receive enhanced training for diagnosing respiratory diseases in one of the 20 clinics used for the hugely successful trial.

A groundbreaking pilot training programme for nurses diagnosing and managing respiratory diseases in resource-poor settings has improved tuberculosis detection in the Free State by 70%.

Hailed by Professor Eric Bateman, Director of the University of Cape Town Lung Institute, as an international first in practically applying a World Health Organization (WHO) concept, the training also promises to improve the efficacy of the ARV rollout.

The on-site primary health care training will shortly expand to the doctor-poor rural and peri-urban clinics in the Western Cape and has firmly captured the attention of top human resource and clinical health officials at national and provincial levels.

Called Practical Approach to Lung Health in South Africa (PALSA) the programme centres on a user-friendly set of evidence-based guidelines outlining symptoms to enable correct diagnosis and treatment.

### Major boost for ART

PALSA was developed and tested among primary care nurses in the Free State in 2003 and PALSA-Plus expands this to cover HIV and AIDS – an invaluable tool in correct early diagnosis, thus reducing mortality for people entering ART.

The collaborative research of the UCT Lung Institute, the Free State health department, MRC, universities of the Free State, Western Cape and Toronto and East Anglia, involved the training of nurses at 20 Free State clinics – without the help of doctors.

These clinics had 70% improved TB detection and 80% improvement in asthma management by using inhalant steroids, compared with 20 control clinics where no PALSA guideline training took place. Referrals of serious cases improved by 120%.

The value of the training becomes evident when one considers that the Free State has a ratio of 8 nurses to every doctor and that one-third of all

patients presenting at primary clinics suffer from some respiratory condition.

The nurses were trained to diagnose TB, asthma, emphysema and related respiratory diseases using a desk-top chart and guidelines that help reveal how serious a patient's condition is and how to treat it.

The fold-out desk chart includes diagrams of HIV/AIDS symptoms, how to collect sputum for TB (including a symptom/antibiotic dosage 'wheel'), basic cold and flu treatment and how to use a spacer (with a dose-puff converter wheel) and a chronic asthma guide.

### Simple, effective tools

The main section consists of a lung diagram of an 'Adult patient with cough and/or difficult breathing' to help nurses distinguish upper from lower respiratory tract infections with treatment guidelines for each. On each fold-out 'wing' are the defining symptoms of severely ill adult patients and the basic treatment steps.

Research fellow Dr Lara Fairall said the beauty of the methodology was that it was clinic based with limited disruption to services while nurses, hugely undervalued in the system, were delighted to have experts 'coming to see what they do'.

She added that the nurses' usual response to respiratory problems had been to 'just throw antibiotics at them'.

Pat Mayers, a senior nursing and midwifery lecturer at UCT, told *Izindaba*

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that nurses were taking on an increasingly clinical role with no real career pathing or decent remuneration.

'With this training we can start addressing our human resource problems by empowering nurses to respond appropriately,' she said.

Dr Ronald Chapman, Executive Manager, Health Support in the Free State health department, said the probability of nurses diagnostically picking up what doctors usually did proved to be very high when using the guidelines.

### **HIV driving Free State's TB**

The Free State has South Africa's highest HIV positivity in TB patients (70%) and according to the nationwide household survey led by Dr Olive Shisana (now

chief executive of the HSRC), the highest HIV incidence as well.

Said Chapman, 'We're on an exponential curve and the earlier we can pick them up the quicker we can treat them'.

With the HIV / AIDS pandemic the new TB patient count in the Free State had risen from 9 000 annually 8 years ago to 19 500 per annum last year.

Chapman said doctors in his province were clamouring for the guidelines, some even offering to buy them (they are free).

The PALSa plus guidelines had been so successful in his province that they would be adapted for sexually transmitted diseases, prevention of mother-to-child transmission and

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voluntary counselling and testing by early next year.

At 667 TB sufferers per 100 000 people, the Free State has the fourth highest provincial TB prevalence in the country. The Western Cape has the highest (988 per 100 000), followed by KwaZulu-Natal and the Northern Cape.

**Chris Bateman**

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## THE DANGERS OF GOING WITHOUT

Unless there are contraindications, going without an alcoholic drink for more than 24 hours is actually dangerous to your health.

This seemingly startling claim was made to *Izindaba* by Professor Curtis Ellison, head of the Department of Preventive Medicine and Epidemiology at the Boston University's School of Medicine and co-author of the famous *French Paradox*.

A keynote speaker at the International Congress on Health and Wine held at Spier near Stellenbosch in mid-September, Ellison said two-thirds of the health benefits of regular moderate drinking lay in the alcohol, 'not necessarily red wine'.

'If you don't like wine, have a beer and you'll get most of the protection against heart disease,' he added.

Ellison said that since CBS television in the USA screened his and Canadian colleague Dr Serge Renaud's findings on the 'French paradox' in 1991 (with an update 4 years later), much of the

ethical and medical stigma around reporting research findings on alcohol had disappeared. 'It's been 14 years and the data doesn't support any alcohol abuse as a result of our findings being publicised,' he added.

CBS's '60 Minutes' reported the inconsistency in the lifestyles and rates of heart disease among people in France, in spite of a diet of rich foods – including more butter, cheeses, eggs and sauces, an estimated 15% of their daily calories obtained from saturated fats, and less exercise. Yet the rate of heart disease for French people is only 40% of that of Americans.

Renaud and Ellison explained the 'paradox', or the incompatibility of a diet rich in fatty foods and a decreased

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*Ellison said he could not define moderation for everyone. 'My usual answer is don't talk to me, talk to your spouse!' he said.*

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risk of heart disease, by the tendency for people in France to drink red wine regularly with their meals – and an apparent factor in red wine that protects against heart disease.

### **More than just 'feeling good'**

Ellison told *Izindaba* that the publicity generated by '60 Minutes' (30 million viewers) 'got people thinking for the first time that there might be something good other than just feeling good, to red wine'. The programme had opened the floodgates on similar research (8 000 studies worldwide since).

'I think we're going in the right direction. We're not saying you should drink more, but a little, more often,' he stressed. Consumption of one or two glasses of wine daily (total of 150 - 170 ml), preferably red, accompanied by a Mediterranean-type meal, yielded the greatest health benefits. Wine, especially red, was shown to have marginally additional protective effects than other alcohol.