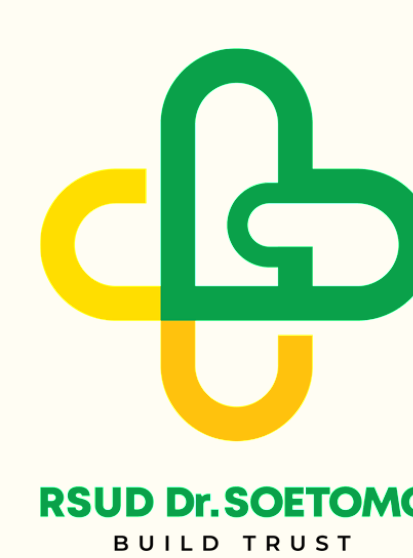




INTEGRATING EARLY MENTAL HEALTH SCREENING IN MULTIDRUG-RESISTANT TUBERCULOSIS CARE: BASELINE PSYCHOLOGICAL DISTRESS PRIOR TO TREATMENT INITIATION IN INDONESIA

Karen Delicia Setiobudi¹, Azimatul Karimah², Ariani Permatasari³

¹Psychiatric resident in Psychiatric Department, Faculty of Medicine Universitas Airlangga/Dr. Soetomo General Academic Hospital Surabaya
²Consultant of Consultation Liaison Psychiatry, Lecturer in Psychiatric Department, Faculty of Medicine Universitas Airlangga/Dr. Soetomo General Academic Hospital Surabaya. ³Consultant of Pulmonology, Lecturer in Pulmonology Department, Faculty of Medicine Universitas Airlangga/Dr. Soetomo General Academic Hospital Surabaya.

BACKGROUND

- Multidrug-resistant tuberculosis (MDR-TB) requires prolonged and complex treatment
- Psychological distress (depression, anxiety, stress) may negatively affect treatment adherence
- Patients often face stigma, economic burden, and uncertainty related to long-term therapy
- Mental health screening is not routinely integrated into MDR-TB care, especially in low and middle income countries
- Baseline psychological status prior to treatment remains underexplored



1. MDR-TB DIAGNOSIS

- Confirmed multidrug-resistant tuberculosis
- Prolonged, complex, and demanding treatment
- Significant physical, social, and economic burden



2. PSYCHOLOGICAL DISTRESS (Baseline – Pre-treatment)

- **DEPRESSION**
e.g. low mood, loss of interest
- **ANXIETY**
e.g. worry, restlessness
- **STRESS**
e.g. tension, overwhelm

A substantial proportion of patients experience moderate to extremely severe symptoms before starting treatment.



3. REDUCED TREATMENT ADHERENCE

- Missed doses
- Irregular clinic visits
- Difficulty completing long-term therapy



4. POOR TREATMENT OUTCOMES

- Treatment failure
- Disease relapse
- Ongoing transmission
- Increased morbidity and mortality



Early mental health screening and support before treatment initiation may improve adherence and lead to better MDR-TB outcomes.

OBJECTIVE

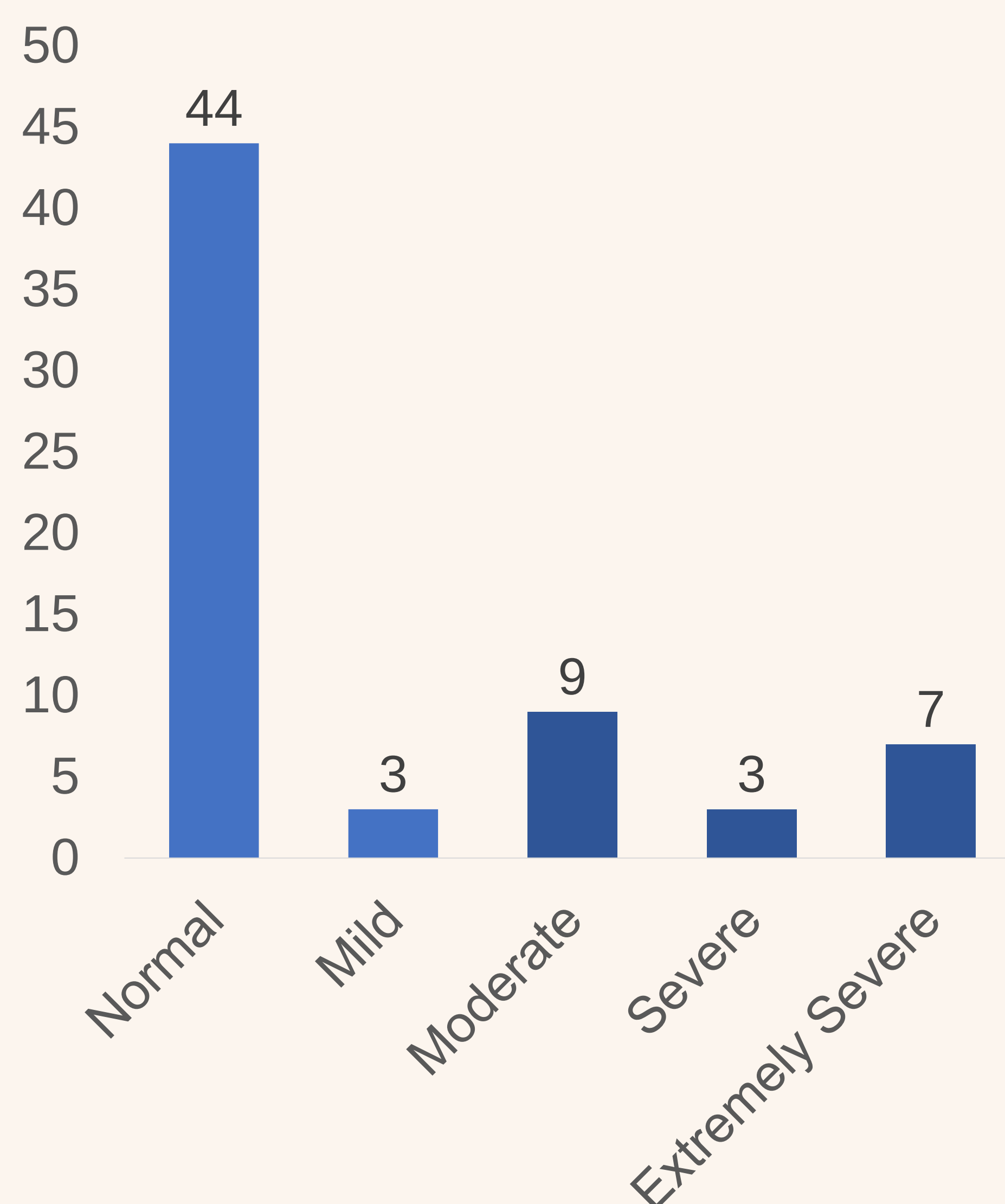
- To assess baseline depression, anxiety, and stress among MDR-TB patients prior to treatment initiation.

METHOD

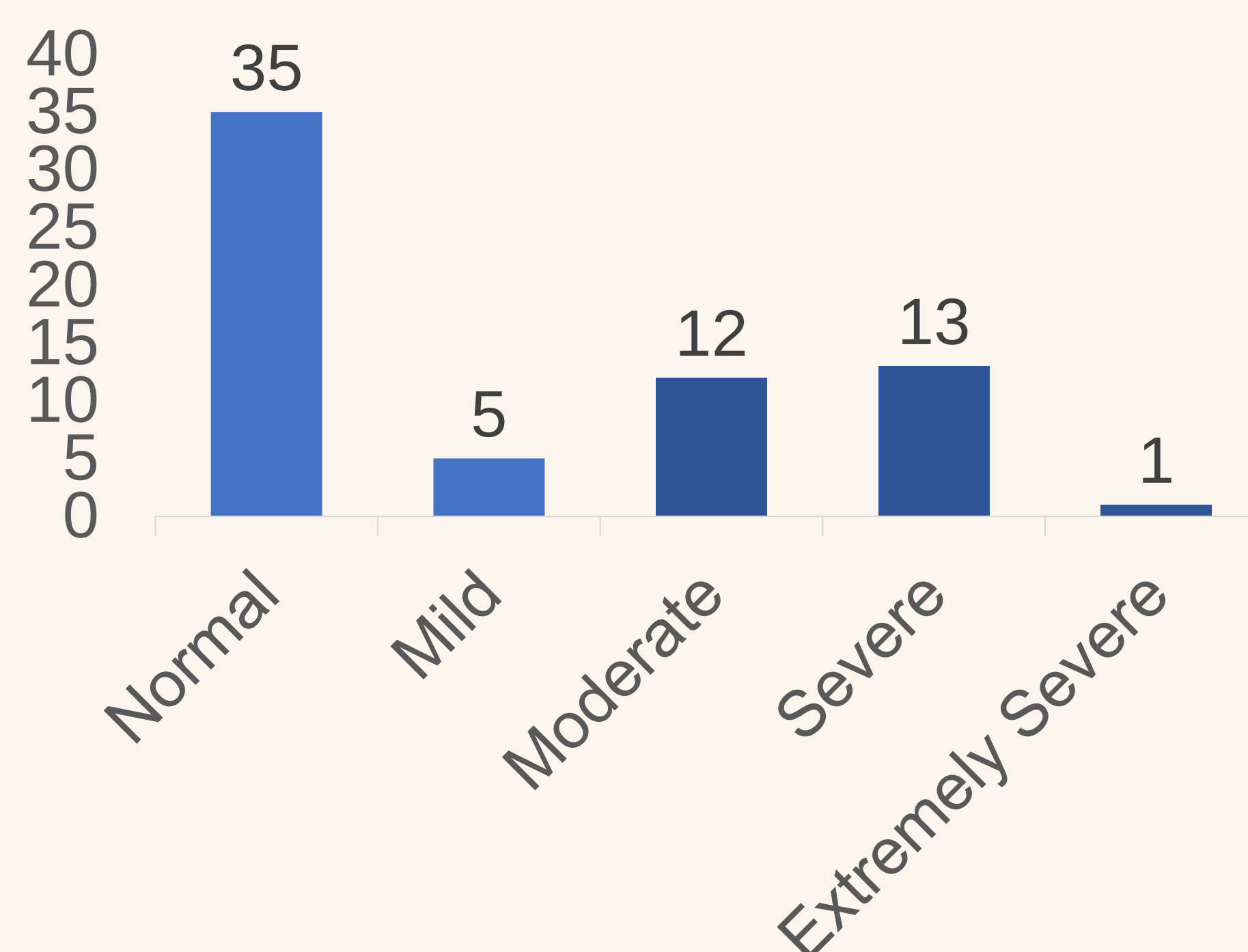
- Design: Cross-sectional
- Setting: Tertiary referral hospital, Indonesia
- Sample: n = 66 MDR-TB patients
- Instrument: DASS-21 (scores multiplied by 2)
- Analysis: Descriptive

RESULTS

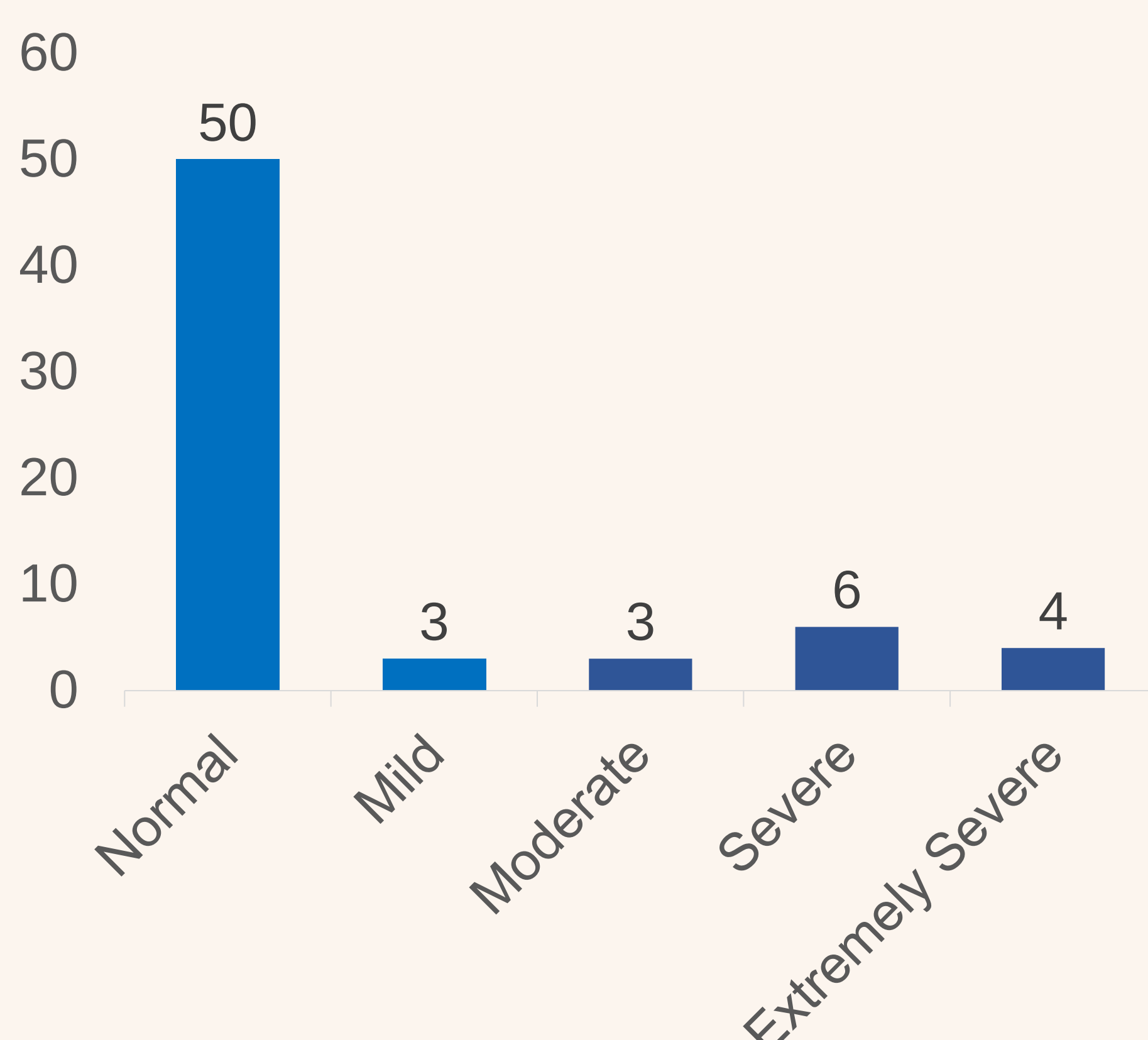
Depression Distribution (DASS-21)



Anxiety Distribution (DASS-21)



Stress Distribution (DASS-21)



ADDITIONAL FINDINGS

- Majority of patients were within normal range
- Anxiety was the most prominent psychological domain
- Patients with previous treatment history showed higher distress
- Comorbidities and unemployment contributed to vulnerability

KEY INSIGHTS

- Psychological distress is present even before treatment initiation
- Anxiety symptoms are more prominent than depression and stress
- Previous treatment history increases psychological vulnerability
- Socioeconomic burden plays an important role

CONCLUSION

- A substantial proportion of MDR-TB patients experience psychological distress prior to treatment initiation.
- Routine mental health screening and early psychiatric integration are essential to improve treatment outcomes.

CLINICAL IMPLICATION

- Integrating mental health screening into MDR-TB programs may enhance treatment adherence, address multimorbidity and improve therapeutic outcomes.

REFERENCES:

1. World Health Organization. Tuberculosis: Multidrug-resistant TB (MDR-TB). 2024.
2. Duko B, Bedaso A, Ayano G. The prevalence of depression among patients with tuberculosis: A systematic review and meta-analysis. Ann Gen Psychiatry. 2020.
3. Fuady A et al. Stigma, depression, and quality of life among people with tuberculosis in Indonesia. PLOS Glob Public Health. 2024.
4. Yan S et al. Nonadherence to antituberculosis medications: The impact of stigma and depressive symptoms. Am J Trop Med Hyg. 2018.

ACKNOWLEDGEMENT

Dr. Soetomo General Hospital
Department of Psychiatry
Residency Program

