

## **Strategies for Adherence Support**

Patients with drug-resistant tuberculosis (DR-TB) in need of new and repurposed medicines must have sufficient support so that they are able to adhere to therapy and achieve the best possible outcomes. Some of these patients will have had previous treatment for DR-TB and either lost faith in the ability of the medications to cure them or suffered adverse events that affected their lives in negative ways. Careful counseling is therefore needed.

In addition, many patients with DR-TB suffer from a lack of food, housing, and funds for basic needs, including transport. Without such things, they will be unlikely to have treatment success. Although provision of these types of support may be logistically challenging, they are usually much easier (and cheaper) to provide than trying to manage patients with high-level drug resistance who are lost to follow up. Furthermore, higher rates of adverse events seen in patients with low albumin on new medicines and the fact that the new medications are better absorbed with food mean that nutritional support will likely improve efficacy.

The new and repurposed medications may also help improve adherence in patients who develop adverse events on standard DR-TB treatment. If identified early, the new or repurposed medicines can be substituted for the offending agents, offering patients the tangible relief that is often missing from current management strategies.

Community-based care is an essential strategy for ensuring treatment success and reducing nosocomial transmission. Hospitalization may be necessary for the management of adverse events and for critically ill patients, but routine hospitalization with the new and repurposed medications should be avoided. Contrary to commonly-held beliefs that hospitalization results in better adherence, patients who are hospitalized may be at higher risk of being lost-to-follow up since they often have pressing issues to attend to at home. Furthermore, community-based care offers an ideal way to decrease stigmatization and allow persons with DR-TB to be integrated back into daily life in a more natural way.