**Shortcomings in Non-DOTS Prescription**

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**Introduction-** Tuberculosis is the most common infectious disease in India. Under RNTCP guidelines Pulmonary Koch’s is mainly diagnosed by sputum examination.

**Aim-** To study the profile of patients put on Non-DOTS.

**Materials and methods-** This is a cross-sectional study done on patients already taking Non-DOTS treatment for tuberculosis who presented to Chest and T.B Hospital, Patiala, for second diagnosis because of no improvement. Detailed history and clinical examination was done and patients were investigated according to RNTCP guidelines.

**Result-** Of the 45 patients studied, 31(68.8%) were given Non-DOTS on chest X-ray basis, 6(13.3%) on sputum positive basis, 3(6.6%) on the basis of MRI spine, 1(2.2%) on the basis of CSF examination, 1(2.2%) on the basis of serology, 1(2.2%) on the basis of biopsy of skin ulcer, 1(2.2%) on the basis of BMFT, 1(2.2%) on the basis of FNAC cervical lymph node. Of the 45 patients, 27(60%) were found to have tuberculosis (pulmonary and extra-pulmonary), 8(17.77%) were diagnosed as ABPA, 7(15.55%) diagnosed as Ca lung, 3(6.6%) diagnosed as pneumonia. Out of the 45 patients who were on Non-DOTS, 8(17.8%) were receiving low dose of anti tubercular drugs as per their weight and 5(11%) were on potential drugs for MDR-TB.

**Conclusion-** A bacteriological diagnosis of tuberculosis should be attempted in every suspected case of pulmonary tuberculosis. Anti-tubercular drugs should be prescribed in correct doses as per RNTCP guidelines. Second line anti tubercular drugs should be avoided in new cases of tuberculosis to prevent development of resistance to these drugs.