



Patient name: _____, _____

Directly Observed Therapy (DOT) Assessment Tool

Directly Observed Therapy (DOT) is a very effective way to ensure that patients complete adequate tuberculosis (TB) therapy in a timely manner. **National guidelines recommend DOT as standard treatment for TB disease***. Studies show that TB treatment completion rates are 86-90% for patients receiving DOT, compared to 61% for those on self-administered therapy.** **All persons starting treatment for suspected or confirmed active TB should be evaluated for their risk of non-adherence to therapy at the time treatment is initiated.** DOT should be provided if one or more of the following apply:

YES	NO	
		Patient is on an intermittent (e.g., biweekly) regimen (national treatment guidelines <u>require</u> DOT*)
		Patient has pulmonary TB, esp. sputum smear positive and/or cavitary CXR (national treatment guidelines very strongly recommend DOT to prevent acquired drug resistance*)
		Patient has reactivated TB disease or history of previous TB disease
		Patient has confirmed or suspected drug-resistant TB
		Patient previously has taken treatment for latent TB infection
		Patient is 18 years of age or less
		Patient has HIV infection
		Patient has no health insurance
		Patient has limited English proficiency
		Patient has a history of non-adherence with prescribed medical therapy (TB or other)
		Patient shows poor understanding of TB diagnosis, or non-acceptance of diagnosis
		Patient is too ill to self-administer medications
		Patient is homeless
		Patient is incarcerated in a correctional facility
		Patient abuses alcohol or other substances
		Patient unable to self-administer medications due to mental, physical, or emotional impairments
		Other:

Patients not initially on DOT should start DOT if any of the following occur:

		Slow sputum culture conversion (culture still positive > 2 months after treatment started)
		Slow clinical improvement or clinical deterioration while on TB therapy
		Adverse reaction to TB medications
		Significant interruptions in therapy (see national treatment guidelines*, page 635, figure 5)

- The patient's physician should explain to the patient that DOT is a widely used, effective way to complete TB therapy as quickly as possible, prevent drug resistance, and decrease further transmission. If the patient views DOT as a punitive measure, there is less chance of successful completion of therapy.
- DOT referrals should be made to the local health department in the county where the individual resides. For further information or assistance making referrals, contact the Minnesota Department of Health, TB Prevention and Control Program, 651-201-5414.

*American Thoracic Society/Centers for Disease Control and Prevention/Infectious Diseases Society of America: *Treatment of Tuberculosis*. Am J Respir Crit Care Med Vol 167. pp 603-662, 2003

**Chaulk et al, *Directly observed therapy for treatment completion of pulmonary tuberculosis: consensus statement of the Public Health Tuberculosis Guidelines Panel*. JAMA Vol 279. pp. 943-8, 1998.