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Review Article

The Effectiveness of SCIDOTS to Reduce Smoking Behavior Among Patients with Pulmonary Tuberculosis : Systematic Review

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Abstract

Aims : The aim of this study is to identify and summarize the results of previous studies on the use of SCIDOTS to reduce smoking cessation in patients with pulmonary tuberculosis.
Methods : The research used was a literature review of three articles. The assessment of the articles shall be measured using the CASP (Critical Appraisal Skills Program) format.
Results : The result of this study incorporating smoking cessation programs into pulmonary TB control programs, as new diagnoses can increase cessation rates by 71.7%. Various interventions, including counseling sessions, behavioral therapy, and health promotion programs, have proven successful.
Conclusions : The study found that the intervention SCIDOTS, or quitting smoking, is highly effective in treating tuberculosis patients, accelerating their active treatment.

Keywords:
Patients, SCIDOTS Interventions, Smoking, Tuberculosis

INTRODUCTION

Pulmonary tuberculosis is an infectious illness that is now a public health concern. Pulmonary tuberculosis is an infectious disease that can be transmitted by the bacteria Mycobacterium Tuberculosis, which affects various organs of the body, in particular the lungs (1) Mycobacterium tuberculosis spreads through the air when a person with pulmonary tuberculosis (TB) coughs, sneezes or speaks. The propagation of Mycobacterium tuberculosis through the air can induce transmission to other individuals, raising the prevalence of pulmonary tuberculosis. According to data from the WHO Global TB Report for 2019, of the 268 million Indonesians, 845,000 suffer from tuberculosis. Men (60 per cent) contracted tuberculosis more than women (32 per cent) and (8 per cent) contracted tuberculosis in children with a death rate of nearly 98,000 people who died of pulmonary TB (2)

The high prevalence of pulmonary tuberculosis is attributed to many factors impacting the ability of a person to develop pulmonary tuberculosis. The capacity for TB transmission would improve due to low body resistance. Decreased body resistance makes it possible for Mycobacterium tuberculosis to expand and mature in the lung tissue, causing damage to the lung parenchyma tissue due to the development of scar tissue (fibrosis) on the alveolar wall. Lung tissue injury is characterized by cough lasting more than three weeks, followed by mucus or blood (hemoptysis), weight loss, fatigue, fever and chills, and cold night sweats (3). This signs and symptoms will reduce your physical health.

As the risk of Tuberculosis fa c tors, smoking tobacco has increased dramatically over the past three decades (4), especially in developing countries reports that smoking practices would exacerbate the prognosis of pulmonary tuberculosis, with the mortality

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risk for pulmonary tuberculosis smokers nine times higher than for non-smokers with pulmonary tuberculosis (5). This is because smoking can reduce the immune system for people with pulmonary tuberculosis. (6) indicates that smoking suppresses natural and acquired immunity by reducing inflammatory reactions, immunoglobulin levels, alveolar macrophage function, dendritic cells and natural killer cells. Smoking practices in patients with pulmonary tuberculosis are also causes that raise the risk of OAT (Anti-Tuberculosis Medicine) or MDR-TB tolerance (Multidrug Resistant TB). Hamidah's study in 2013 showed that opioid resistance was more common in the group of pulmonary tuberculosis patients who smoked (36.2 per cent) relative to the non-smoking group of pulmonary tuberculosis patients (13.6 percent).

Smoking habits are not easy to avoid because smokers will usually feel hooked. Nicotine, combined with other cigarette-containing compounds such as monoamine oxidase, harman and norharman, can induce addiction and trouble quitting smoking patterns (7,8). The provision of SCI/Smoking abstinence care during anti-tuberculosis therapy is very necessary to reduce the harmful effects of smoking and to the health of clients. WHO and the International Union Against Tuberculosis and Lung Disease propose the extension of SCI/Smoking cessation intervention to the National TB Program (NTP) using the 5A method, namely: 1. Press your patients about smoking; 2. Provide guidance on the dangers of smoking; 3. Test ability to stop smoking; 4. Enable the patient to avoid smoking; 5. Arrange follow-up; or a simplified variant called the ABC method, including A, inquire about smoking; B, provide brief advice; C, offer discontinuation assistance. This approach provides the basis for NTPs to incorporate SCI/Smoking prevention of treatment strategies. Nurses as administrators in the treatment of patients with pulmonary tuberculosis need to combine smoking habit strategies with the DOTS approach in SCIDOTS to incorporate them in the nursing care of patients with pulmonary tuberculosis (9,10).

Study performed by (6) is part of the DOTS approach for smoking cessation treatments (SCI/smoking cessation intervention). This production technique is known as SCIDOTS (DOTS plus smoking cessation intervention). The pulmonary tuberculosis index of patients treated with SCIDOTS was 0.98 ± 0.08, higher than that of patients treated with DOTS alone, namely 0.91 ± 0.14. The discrepancy is very important with a p value of 0.006. Centered on the above history, the group is interested in applying the findings of SCIDOTS case management study as illustrated in Evidence Based Nursing (EBN) entitled The efficacy of SCIDOTS in reducing smoking in patients with pulmonary tuberculosis: Systematic analysis.

METHOD

This research is a comprehensive analysis of current literature to assess the subjective reaction of SCIDOTS to smoking reduction in pulmonary tuberculosis patients.

Analysis approach

The application approach used the techniques of literature review gained through the online search process. Searches carried out using a website Pubmed with keywords "intervention Scidots s AND T uberculosis" The article search focused on the articles supplying Scidots with an intervention in pulmonary tuberculosis. The research included in EBN are focused on the inclusion criteria: P asien T uberkulosis Lung who burns, patients undergoing therapy with pulmonary tuberculosis, P asien Tuberculosis conducted actions scidots, papers written 10 years ago from 2010 to 2020, randomized clinical trial articles process, and quasy experiments, publications in English or Indonesian, free full text.

Article Screening

Screening article that carries the title early and then conducts screening abstracts to determine which papers are theoretically in

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line with the desired requirements. After evaluating all the papers found to be important at the benchmark screening level. Additional publications not included in the original literature scan were retrieved through reference reviews in the report. Two reviewers reviewed each abstract on the basis of the inclusion criteria. The first inspection of all the titles and abstracts of the objective shall be to prevent the duplication of the document. In a different report, the reviewers evaluate all sample titles and abstracts according to the same criteria, and the reviewers have decided on any paper that met the inclusion criteria.

Extraction of data

Each paper carried out the processing of the data by collecting a review of each article, including author, year, country, design, samples (including number of samples and requirements for inclusion), interview directions, findings and limitations of the analysis.

Quality assessment of the analysis

Quality evaluation of each article was carried out using the basic format of the Essential Appraisal Skills Program (CASP) in the Indonesian language. There are 11 checklist points used to make an evaluation of yes/no/non-reported response options.

RESULTS

From the results of a search made by PubMed. Check journal using keywords Scidots Intervention s AND Tuberculosis delivers 17 papers. Continued screening on the basis of the title and received 10 papers, then 10 articles are screened back by free full text paper and nine articles are obtained, 9 articles are evaluated back on the basis of the inclusion requirements that are supposed to be used, so that 3 articles can be entered and according to the desired criteria.

Summary of Search Results

Figure 1. Search Flow Diagram

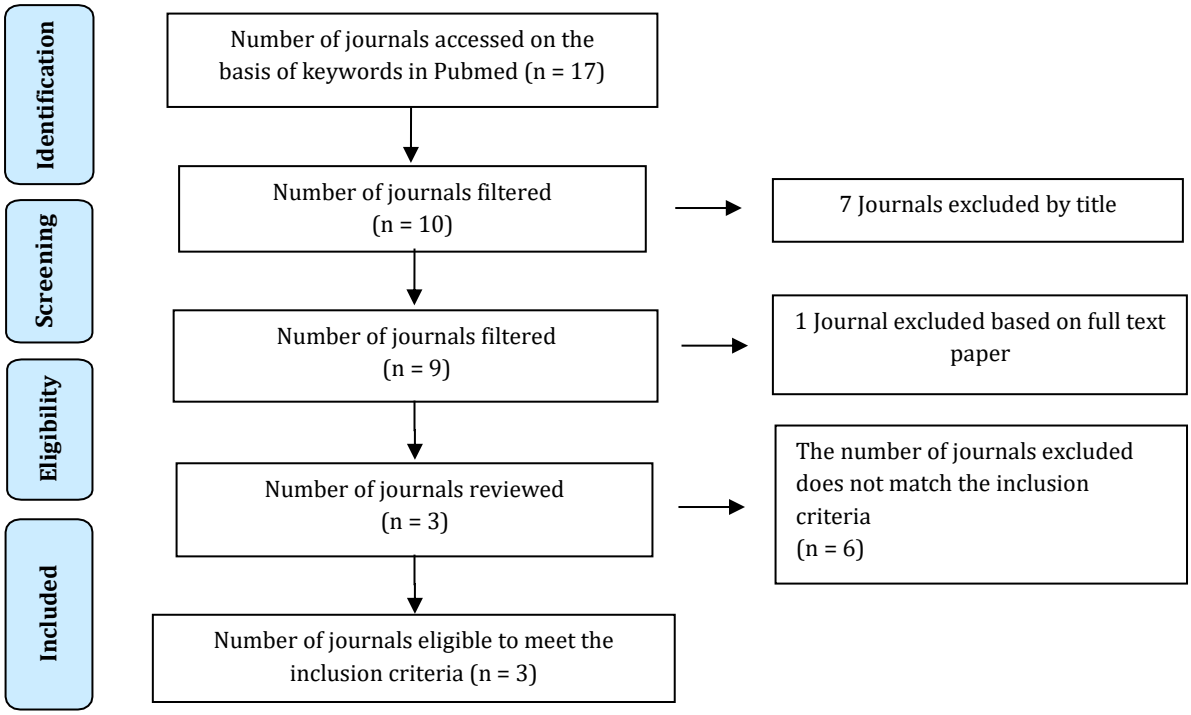

Table 1. Summary of findings

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Author, Year	Design	Participants	Intervention	Results	Casp Score
(11)	Queasy Experiment	A Total Of 210 Newly Diagnosed Patients With Pulmonary Tb Patients Were Divided Into Three Control Groups (Tb Medical Treatment Only), Short Counseling (Tb Medical Treatment Plus Individual Counseling Sessions For Discontinuation Of Behavioral Therapy) And Combined Intervention (Tb Medical Treatment Plus Individual Counseling Sessions For Withdrawing From Behavioral Therapy Plus Medical Treatment)	Interventions Provided With Counseling To Stop Smoking	The Rate Of Abstinence At The End Of Six Months Was 71.7% For The Combined Intervention Group, 33.9% For The Brief Advisory Group And 9.8% For The Control Group (P<0.001). The Combined Intervention And Short Counseling Groups Were 35 Times (P<0.001, Or=35.26, 95 Percent Ci=13.77-90.32) And 7 Times (P<0.001, Or=7.14, 95 Percent Respectively. Ci = 2. 2. 72-18.72) There Were More Chances Than The Control Group Of Not Being An Active Smoker At Any Point In Time.	**11**
(12)	The Research Method Used A Cluster Randomized Controlled Trial	The Number Of Samples In This Study Was 152. In The Intervention Group As Many As 76 People, And In The Control Group As Many As 74 People	The Interventions In This Study Were As Follows: Abc: Ask, Give Brief Advice, And Give Up	Results Found In This Study The Percentage Of Discontinuation Was Found To Be Significantly Higher In The Intervention	10

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			Support. Guided Intervention Health Care Providers Are Asked About Smoking Habits, Provide Brief Advice On Quitting Smoking And Support For Quitting Smoking. The Activities Are Carried Out For 5 Minutes. And There Is A Follow-Up To Assess The Effectiveness That Was Done 6 Months Later.	Group (Compared To The Comparison Group); After The First Counseling Session (P <0.0001), After The Second Counseling Session (P <0.0001), And After The Third Counseling Session (P = 0.008). Overall, 69.2 Percent Of The Total.	
(13)	120 Eligible Participants Who Were Current Smokers At The Time Of Tb Diagnosis Were Assigned To One Of Two Treatment Groups: Conventional Dots Tb Plus Smoking Cessation (Integrated Intervention Or Scidots Group) Or Conventional	Integrated Tobacco-Tb Delivered By Trained Direct-Observed Therapy Short-Line Therapy (Dots) Providers At Five Chest Clinics In Malaysia	Conventional Tb Dots Plus Smoking Cessation Intervention (Integrated Intervention Or Scidots Group) Or Conventional Tb Dots Group Only (Comparison Or Dots Group). Newly Diagnosed Tb Patients Considering Quitting Smoking	Linear Effects On The Prevalence Of Abstinence Points For 7 Days And Continuous Abstinence In The Intervention Group Over Time Were Observed. At The End Of 6 Months, Patients Receiving Integrated Intervention Had Significantly	11

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	Dots-Only Tb (Comparison Or Dots) Group.	Within The Next 30 Days Were Placed In The Integrated Intervention Group, While Those Considering Quitting Were Assigned To The Comparison Group. Eleven Individual Cognitive Behavioral Therapy Sessions With Or Without Nicotine Replacement Therapy Were Administered To Each Participant In The Integrated Intervention Group.	Higher Success Rates In Quitting Smoking Compared To Those Receiving Conventional Tb Treatment Alone (77.5 Per Cent Vs. 8.7 Per Cent; P).

Methodological Assessment Results

Based on the results of the journal, it was found that there were differences in criteria and similarities in the delivery of scidot interventions to tuberculosis patients, and the study in (14) revealed that a population of 210 patients had been newly diagnosed, and the final results showed that the use of combination interventions for newly diagnosed pulmonary TB patients was positive. In contrast to the research conducted by (12), it has been shown that various smoking cessation interventions (SCIs) have been proven worldwide to reduce smoking behaviour. In research conducted by (13), the results were that the total population used in the study of 120 people diagnosed with pulmonary TB had a significantly higher success rate in quitting smoking compared to those who received conventional TB treatment alone.

Based on the interventions carried out in (14) study, 5A' protocols including Ask, Advise, Assessment, Assist and Arrange were used for the combined intervention group. Similar to the Aryapur intervention in the Ahmed Awaisu study , it was found that patient-centered intervention techniques

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were used in all recruited patients using the 5A strategy. In contrast to the research conducted (12) this research is: ABC: request, brief advice, and termination support. Interventions that guide health care providers to ask questions about smoking habits, provide brief advice on quitting smoking and provide support for quitting smoking.

DISCUSSION

In (15) study, it is highly recommended that smoking cessation programs be included in the pulmonary TB control program, the results of this study were that a population of 210 patients was newly diagnosed and the final results showed that the use of combination interventions in patients with positive pulmonary TB. New diagnosis can lead to a significant increase (71.7%) in the rate of continuous smoking cessation at the end of six months. This is supported by the time of the 2-month study, which consisted of 4 sessions in 2 weeks, followed up 6 months later. In contrast to the research conducted by (11) found that various smoking cessation interventions (SCIs) have been proven worldwide to reduce smoking behaviour, he explained in his study that the total population used in the study was 152 people divided into groups. Int ervensi as many as 76 people, and a control group of 74.

The final results of his research found that the percentage of quit smoking was significantly higher in intervention (compared to the comparator group); after the first counseling session (P <0.0001); after the second counseling session (P <0.0001); and after the third counseling session (P = 0.008). Overall, 69.2 percent of the total. This is supported by a study time of 2-5 minutes conducted in each patient who was under control for sputum examination at 2 months, 5 months and there was a follow up at 6 months later to assess the effectiveness of SCI on TB treatment outcome. In research conducted (8), the results were that the total population used in the study was 120 people diagnosed with pulmonary TB, and the final results of the study were found at the end of 6 months, with a high success rate for patients receiving integrated interventions. Significantly higher rates of smoking cessation compared to conventional TB treatment alone (77.5 & vs. 8.7 %; p<0.001).

The criteria for respondents in these 3 studies differ, namely in Aryapur's (2016) study, the inclusion criteria for newly diagnosed patients with pulmonary TB based on positive sputum dating results, and for patients classified as Category 1 patients aged 18 years or older, and the exclusion criteria in the form of TB. Extra lung (brain, pericardium, adrenal glands, etc.) Multidrug resistance, HIV/AIDS co-infection, Opium addiction, Category II patients (relapse, failure, treatment or drug error), Category III patients (chronic TB) patients, Bupropion contraindications Do not want to participate, Unable to communicate and understand the form. In contrast to the study of Ebarhimi (16) which did not explain in detail the inclusion criteria in their study and only revealed the criteria All smear-positive pulmonary TB patients, male and female, aged 15 years and over, were registered for treatment. Within the framework of the Revised National TB Control Program (RNTCP) for two quarters, an active and occasional smoker is granted written consent. In the Ahmed Awaisu study , the following inclusion criteria were used for patients diagnosed with active pulmonary TB: frottis-positive or frottis-negative sputum, based on the Malaysian or WHO treatment guidelines, classified under Category I treatment (new TB cases), patients of both sexes, aged 18 years and older, and patients in preparation, pre-contemplation, In addition (17).

The smoking characteristics in the Holipah (18) study showed more smoking status in the day-to-day category than in the occasional category, with results in the control group being as high as 90 5 and in the brief consultation group being 95.2%, and in the intervention group being as high as

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91.7%, and the causes of smoking in the addiction category being more than 50 % in the intervention group, 47. In the category of smoking habits, more than 46.7% in the control group and 43% in the intervention group and 39.3% in the brief advisory group. The follow-up results at 6 months later who quit smoking in the control group were 9.8%, which was still not successful in the control group as well as in the short advance group as much as 33%, which means that this group was still more smokers, and in the intervention group as much as 71.7%, this shows that there are more people who quit smoking compared to smokers. In alam study, smokers were dominated by men as much as 98.7% in the intervention group and 95.6% in the control group. In the category of smoking reduction in the last 12 months, as many as 60% in the intervention community and as much as 55.4% (19).

Based on the interventions carried out in the Aryapur research (15), the 5A 'Protocols including Inquire, Advice, Evaluation, Assist and Arrangement were used for the Joint Intervention Community. During the first two weeks, four counseling sessions were held to provide each patient with personal consultation, including behavioral therapy for smoking cessation. Health promotion programs are based on a smoking prevention intervention manual for patients with TB. Both participants were also treated with slow-release bupropion (wellban ER, Abidi) administered at 150 mg/day in the first week followed by 300 mg/day before the end of the ninth week. Both medical treatment and counselling sessions for all three participants is provided by one qualified physician.

In the assessment process of the 3 classes, the concentration of expiration carbon monoxide (CO) through the PICO Smokerlyser Unit (Bedfont Technical Maidstone, UK) was measured on the basis of standard guidelines. Exhaled CO amounts were measured 6 times for each patient at the conclusion of the second, third and fourth therapy sessions in the first two weeks, at the second month follow-up session and at the end of the fourth and six months follow-up sessions. Patients were classified into two categories depending on the level of exhaled CO at each stage such that patients with exhaled CO levels below 7 ppm were considered non-smokers and subjects with CO levels above 7 ppm were categorized as non-smokers. Similar to the intervention in research undertaken by (8), it was observed that patient-centered intervention strategies were used for all patients recruited using the 5A approach. At the original appointment (i.e. on the day of termination) and at any following visit, participants in the intervention program offered customized clinical therapy, instructional manuals, and prescription refill medications relating to the elimination of smoking; in addition to TB DOTS, Behavioral counseling is designed to collaborate with patients to improve behavior and gain success. In comparison to the research performed by Grech (20), this research is: ABC: appeal, brief advise, and termination assistance. Interventions that direct health care professionals to raise questions about smoking habits, offer brief guidance on stopping smoking and provide help for quitting smoking.

Drug treatment for tobacco withdrawal consists of four types of nicotine replacement therapy (NRT) drugs (2 mg and 4 mg nicotine gum, nicotine transdermal patch and nicotine inhaler). In comparison to the intervention by Taylor (21) study found that the intervention carried out as follows from the name of the intervention, namely ABC for TB, ABC is an intervention that directs health care professionals to ask questions about smoking habits, to provide brief guidance on quitting smoking and to provide help for quitting smoking. This may be provided by any health worker. Interventions are routinely conveyed of current program events and should be carried out within 2–5 minutes. This service is given at the time of patient enrolment and during sputum re-examination visits (2 months, 5 months, completion). Of the 3 interventions mentioned, there are parallels

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between the interventions in Aryapur's research and the research of Ahmed Awaisu in the use of the 5A strategy in the execution of the research (22).

CONCLUSIONS

Based on the three journals mentioned, the findings were found to have been measured in all the study that intervention S cidot or quit smoking in tuberculosis patients is very effective in the treatment of quit smoking in order to accelerate the active treatment of tuberculosis patients.

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Conflict of interest

There is no conflict of interest to be declared by the author.

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