drugresistance prediction model that could be used on diagnosis, treatment and prognosis. The study patients were chosen from a population basis, between the period of May and July 1994. The sample was calculated according to SCHLESSELMAN, 1982, using the WHO calculation of the world resistance study, between the period of 1994 and 1997, as parameter. The population basis were the 1074 patients who came to the CSMRJ, during the study period, the target population were the 813 patients who showed respiratory symptoms. 552 patients were included with culture, proportion method, for positive M. tuberculosis and Sensitivity Test, taken at CRPHF. 353 patients were excluded – 99 extrapulmonary tuberculosis, 157 negative cultures, 77 contaminated cultures, 8 lost cultures and 8 deaths. A refuse to the study was registered in 179 patients. All exclusions and refuses were established before determining the study groups – CASE = RESISTANCE (83) e CONTROL = SENSITIVITY (469). The exposure variable was the previous treatment = 115. The sample was 552 patients, 32.1% women, age average of 30.4%, and 67.9% men, age average of 36.9. To prevent bias information a standardized index card was used and the health works were trained for the collection. Another prevention measure was the “double-blind” interview, since the sensibility test of the patient was unknown. For the bias of Berkson, it didn’t occurred, because every tuberculosis patient has to be conducted to the outpatient’s public service, because only at the Centers and public hospitals there are specific treatment. To stop the prevalence bias, patients whom died and hospitalized patients were excluded, because hospitals work as reference and receive a great amount of retreatment and resistant patients, besides the association of tuberculosis and AIDS. The information about treatment history for tuberculosis was evaluated through the concordance test. Loss analysis was taken to evaluate patient’s distribution distortions as to exposure factor.

In 1994, in the Rio de Janeiro area, resistance to one or more drugs was identified in 83 patients with lung tuberculosis 15.0% A primary resistance was observed at 11.7% and a secondary at 27.8%. The MDR-TB resistance was identified at 1.8% of the total sample, the isolated resistance was 5.2% to H, 5.1% to S and 1.3% to R. H and R resistance dependence was identified among the patients with past history of tuberculosis treatment (p=0.05%). Gender association with cavity lesion, contact history variables was not identified. The previous tuberculosis treatment was statistically associated to resistance (OR=2.9; IC95% = 1.71 – 4.9). Resistance to at least one of the drugs was associated with neglecting of last treatment (OR=4.7; IC95% = 2.6 – 8.8), number of previous treatments: 3 and up treatments (OR = 6.8; IC95% = 1.2 – 37.1), 2 treatments (OR = 3.8; IC95% = 1.1 – 12.4) and 1 treatment (OR = 2.2 IC95% = 1.2 – 3.8). less than one year since last discharge (OR = 11; IC95% = 1.6 – 73.8). Not having employment bond was also associated (OR = 2.4; IC95% = 1.4 – 4.1), over 45 years old (OR = 2.4; IC95% = 1.3 – 4.4). An interaction was verified between number of previous treatments and the age (OR = 9.8; IC95% = 1.7 – 55.8). And the interaction between discharge for neglecting in previous treatment and the time elapsed since last treatment (OR = 0.06; IC95% = 0.007 – 0.61). R resistance alone was associated with 2 or more previous treatments (OR = 26.3; IC95% = 5.3 – 129.9). The resistance to the association of R with H was associated with HIV infection (OR = 9.3; IC95% = 2.3 – 37.4), discharge due to neglecting in previous treatment (OR = 12.8; IC95% = 3.2 – 50.8) and the type elapsed since last treatment being less than one year (OR = 9.9; IC95% = 1.9 – 53.3) and from 1 to 2 years (OR = 7.9; IC95% = 1.3 – 49.8) related with the time of previous treatment over 2 years.

**Key words:** Tuberculosis, Resistance Factors, Drug Resistance

**Título:** O PROGRAMA DE CONTROLE DA TUBERCULOSE NO MUNICÍPIO DE DUQUE DE CAXIAS/RJ E A EDUCAÇÃO EM SAÚDE: UMA PERSPECTIVA DE PROMOÇÃO DA SAÚDE OU PREVENÇÃO DA DOENÇA?

**Autor:** Rosane Carvalho Lopes
Tese apresentada à Escola Nacional de Saúde Pública, Fundação Oswaldo Cruz, para a obtenção do título de Mestre em Ciências da Saúde.

**Resumo**
O presente estudo aborda o Programa de Controle da Tuberculose – PCT, tendo como referencial teórico a Promoção da Saúde, visando oferecer subsídios para a reflexão e o repensar da prática da educação em saúde no campo da tuberculose. Trata-se de uma pes-
quisa qualitativa, privilegiando a fala de clientes com

tuberculose inscritos no PCT de um Centro Municipal
de Saúde, localizado no Município de Duque de Caxias/
RJ. Através da análise de conteúdo (Bardin, 1994), ob-
tido mediante entrevistas semi-estruturadas, buscou-
se investigar o conteúdo e as características das ações de
educação em saúde desenvolvidas junto aos clientes
inscritos no PCT. Os resultados do estudo tornam visi-
vel que o conteúdo das informações educativas apre-
SENTA-se de forma eminentemente biologicista e,
que as características destas ações têm como estrutura central
a monoligicidade, tendo como consequência um alcance em
nível individual, voltado para o controle da doença
mediante a adesão ao tratamento. O estudo permitiu
identificar que a prática da educação em saúde no con-
texto do PCT requer uma reflexão no campo da peda-
gogia para repensar a educação em saúde como ação
dialógica e participativa, envolvendo obrigatoriamente
os profissionais de saúde, o cliente e seu entorno.

**Palavras-chave:** Tuberculose, Promoção da Saúde,
Educação em Saúde

**Abstract:** THE TUBERCULOSIS CONTROL
PROGRAM IN A MUNICIPAL HEALTH CENTER
OF THE DISTRICT OF DUQUE DE CAXIAS/RJ
AND THE HEALTH EDUCATION: A
PERSPECTIVE OF HEALTH PROMOTION OR
DISEASE PREVENTION?

The present study approaches the Tuberculosis
Control Program – TPC, having as theoretical reference
the Promotion of Health, seeking to offer subsidies to
reflect and rethink about the health education practice
in field of tuberculosis. It is a qualitative research,
privileging the customer’s speech with tuberculosis
enrolled in the TCP of a Municipal Health Center,
located in the Municipal District of Duque de Caxias/
RJ. Through content analysis (Bardin, 1994), obtained
by semi-structured interviews, it was aimed to
investigate the content and the characteristics of the
educational actions developed to the customers enrolled
in the TPC. The results of the study turned visible that
the content of the educational information is eminently
biological and that the characteristics of these actions
have as central structure a monological speech, having
as consequence an attainment on individual level,
directed to the disease control through the adhesion to
the treatment. The study allowed to identify that the
educational practice in the context of TCP requests a
reflection about the pedagogical field to rethink health
education as a dialogical and participative action,
involving, obligatorily, the health professionals, the
customer and his/her life conditions.

**Key word:** Tuberculosis, Health Promotion, Health
Education

**Título:** TUBERCULOSE MULTIRRESISTENTE:
CARACTERÍSTICAS DE PACIENTES COM FA-
LÊNCIA DE TRATAMENTO E FATORES ASSO-
CIADOS.

Autor: Andrea Miranda Lima Fontes
Tese apresentada à Universidade Federal do Rio de Ja-
neiro, Instituto de Tisiologia e Pneumologia, para a
obtenção do título de Mestre em Medicina.

**Resumo**

**Objetivos**
Contribuir para o conhecimento das características
e fatores associados à falência de tratamentos
medicamentosos alternativos em pacientes portadores de
tuberculose multirresistente. MÉTODOS - Avaliados
prospectivamente 101 pacientes portadores de TBMR em
estudo transversal controlado descritivo, de março de 1995
da dezembro de 1997 acompanhados em regime
ambulatorial, em unidade referência no Rio de Janeiro.
Os esquemas de tratamento foram selecionados individu-
almente, todos incluindo 4 drogas não utilizadas anterior-
mente.

**Resultados**
Houve predomínio de homens (69,3%) sendo a ida-
de média 39,7 anos. Observou-se 99% de resistência adq-
quirida. Os pacientes foram tratados por 11 a 15 meses
(66,4%), sendo a prevalência de infecção pelo HIV de 3%,
100% de lesão pulmonar, 71,3% de negativação
bacteriológica em cultura no sexto mês de tratamento.
Mostraram-se associados à falência: a utilização de 2 ou
mais vezes o esquema de reserva padronizado no país (OR:
3,4; 95% IC: 1,2 - 10,4), duração do tratamento menor que
15 meses (OR: 5,5; 95% IC: 1,6 - 13,0), lesão radiológica
bilateral (OR: 6,7; 95% IC: 11 - 35,2) e baciloscopia direta
pré tratamento (OR: 4,5; 95% IC: 1,6 - 13,0).