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 extrapulmonay 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; IC $_{95\%}$ = 1.71 – 4.9). Resistance to at least one of the drugs was associated with neglecting of last treatment (OR=4.7; IC $_{95\%}$ = 2.6 – 8.8), number of previous treatments: 3 and up treatments (OR = 6.8; IC $_{95\%}$ = 1.2 – 37.1), 2 treatments (OR = 3.8; IC $_{95\%}$ 1.1 – 12.4) and 1 treatment (OR – 2.2 IC $_{95\%}$ = 1.2 – 3.8). less than one year since last discharge (OR = 11; IC 95% = 1.6 – 73.8). Not having employment bond was also associated (OR = 2.4; IC $_{95\%}$ 1.4 – 4.1), over 45 years old (OR = 2.4; IC $_{95\%}$ = 1.3 – 4.4). An interaction was verified between number of previous treatments and the age (OR = 9.8; IC $_{95\%}$ = 1.7 –55.8). And the interaction between discharge for neglecting in previous treatment and the time elapsed since last treatment (OR = 0.06; IC $_{95\%}$ = 0,007 – 0.61). R resistance alone was associated with 2 or more previous treatments (OR = 26.3; IC $_{95\%}$ = 5.3 – 129.9). The resistance to the association of R with H was associated with HIV infection (OR = 9.3; IC $_{95\%}$ = 2.3 – 37.4), discharge due to neglecting in previous treatment (OR = 12.8; IC $_{95\%}$ = 3.2 – 50.8) and the type elapsed since last treatment being less than one year (OR = 9,9; IC $_{95\%}$ = 1.9 – 53.3) and from 1 to 2 years (OR = 7.9; IC $_{95\%}$ = 1.3 – 49.8) related whith 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?

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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), obtido 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 visível que o conteúdo das informações educativas apresenta-se de forma eminentemente biologicista e, que as características destas ações têm como estrutura central a monologicidade, tendo como conseqüência 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 contexto do PCT requer uma reflexão no campo da pedagogia 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 FALÊNCIA DE TRATAMENTO E FATORES ASSOCIADOS.

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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 a dezembro de 1997 acompanhados em regime ambulatorial, em unidades referência no Rio de Janeiro. Os esquemas de tratamento foram selecionados individualmente, todos incluindo 4 drogas não utilizadas anteriormente.

Resultados

Houve predomínio de homens (69,3%) sendo a idade média 39,7 anos. Observou-se 99% de resistência adquirida. 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).