



INFORMATION FOR PHYSICIANS

Directly Observed Therapy Program (D.O.T.)



Benefits of DOT

1. Observed intake of medication
2. Treatment completion
3. Patient monitoring and support



DOT is recommended by the Centers for Disease Control and Prevention (CDC)

“Programs utilizing DOT as the central element in a comprehensive, patient-centered approach to case management have higher rates of treatment completion than less intensive strategies.”

DOT helps you care for your TB patients:

One of the main reasons TB patients are not cured is non-adherence to their treatment regimen. We understand that, as a physician, you cannot ensure that your patients take their pills on a regular basis. The DOT program is available to help you ensure patient adherence.

DOT acts as an extension of your practice:

Patients remain under your care while DOT workers make sure patients take their medication week after week until they are cured. Many TB patients are struggling with urgent day-to-day living problems, so DOT makes taking medications simpler for them. Each patient is assigned a DOT worker who visits the home or other prearranged site.

DOT is good for our patients:

Patients who take their medications are unlikely to develop drug resistance, become ill again or require re-hospitalization. DOT may help identify adverse medication reactions early, since a health worker is in the home each week.

DOT protects the public health:

DOT helps to render patients non-infectious as rapidly as possible. We can work together to help ensure that TB patients get the treatment they need and safeguard the public health. DOT decreases the transmission of TB in our community.

DOT should be considered for all newly diagnosed TB patients, especially those with one or more of the following:

- Previous treatment for active TB disease
- Non-adherence to meds/advice for other health conditions
- Homeless or unstably housed
- Illness/condition which impairs consciousness, cognitive functions, or ability to independently perform daily activities
- Resident of a group facility
- Non-adherent to current TB treatment or medical evaluation
- On an intermittent TB dosing schedule
- Pediatric case (0-18 years of age)
- Stated non-acceptance of TB diagnosis
- Smear positive or advanced pulmonary TB
- Frequent visits to medically sensitive settings (dialysis unit, ICU, cancer treatment clinic, etc.)
- On multiple other medications or a complex dosing schedule
- Multiple somatic complaints associated with medication intake

To find out more about DOT for your patients, call TB Control Intake Nurses at (619) 692-8610.