

Doctor

Transcript 19

Moderator: before, I start do you mind if I ask you for how many years you have been practicing?

Respondent: eight years.

Moderator: would you mind looking at this pictures? And tell me if you are familiar with it?

Respondent: you mean type of the skin disease or what?

Moderator: yea type of the skin disease. Or have you seen people with this?

Respondent: yea this one?

Moderator: “J”?

Respondent: yea the tinea capitis. This is the tinea corporis. And this mixed with inflammation. Plus skin disease. This is kind of leishmaniosis and the fungal infection.

Moderator: are they common here?

Respondent: yes. Not too much.

Moderator: not too much?

Respondent: “G” and “J” are common.

Moderator: are they a problem for people around here?

Respondent: it’s not usual. Only peoples from the rural area. Our customers are people from the rural area. Children below 15 years old. We have part time dermatologist and will come once per week. Today he will be coming at 4pm.

Moderator: what do you do if people come to your clinic with the condition like this?

Respondent: it’s conditional. Mostly we will consult for the dermatologist and sometimes we treat by ourselves. It depend on the availability of the specialty. If we have rural or somewhere we can treat with antifungal plus the antibiotic. Depending on the condition of the patient. If the inflammation is mixed or if you think as the additional bacterial infection. This one is not treated with the local one only it’s very serious so systemic treatment is needed.

Moderator: why do you say it’s serious what do it causes for the person having this?

Respondent: because it’s generalized. This one you can treat with any cream or any local thing on it. But the systemic treatment is needed when it’s generalized like this.

Moderator: what kind of antifungals do you give as treatment?

Respondent: there are a lot of brands. There are ketoconazole brands.

Moderator: where do the patient go to buy when you prescribe those drugs?

Respondent: from the pharmacy.

Moderator: is it a private pharmacy or within the hospital? Or outside?

Respondent: it depend on the area. We don't have any option of the medication. We just prescribe because they can get from the local pharmacy.

Moderator: is it available at the local pharmacy?

Respondent: yea. It's available even if it's not available they will come back again and to change or to get something in addition to that they are under the follow up. They can come back after two week after a month depending on the condition.

Moderator: how often do they come back? Is it very common?

Respondent: sometimes, because when you depend on the brand. If there is new brand. There are promotes who come from different brands and innovate the product. Depending on that when we prescribe that they will get that if they couldn't find that, they will come back.

Moderator: so is there advertisement to you often then?

Respondent: it's not too much. In two or three month they will come if there is new product or other brand. Otherwise we will communicate with the local pharmacist.

Moderator: do you think it's expensive?

Respondent: by the way the fungal treatment are too expensive.

Moderator: do you think you will prescribe often and they can't buy it.

Respondent: it can happen but we can do things step by step. If somebody can't be treated here. They will not come here. We will see their condition and will send to the government center. If they visit the doctor too much.

Moderator: how long will you treat the condition like this if it's expensive and will take a very long time.

Respondent: it depend on the condition. It needs more than three month. Because long time treatment is needed.

Moderator: when you prescribe for the three month will they buy at once or do they will come back to you?

Respondent: they will come back every month or every two week. They will consult our dermatologist.

Moderator: if you give them one month and hope they will come back in one month, how often they not? How often you don't see the patient again?

Respondent: you can ask the progress of the condition or the improvement of the condition? If it's not changed. The generalized symptom can make to change the option. The dermatologist can refer them to the [named] hospital.

Moderator: do you see there is other issue with the patient compliant?

Respondent: the medications have its own side effect. The local treatment could cause irritation, and they can complain. Including that there can be other viral infection like the HIV depending on that you can't manage that patient. They may have oral problem. There can be gastritis.

Moderator: is it very common in all the people?

Respondent: it's not in all the patient. It's commonly seen in the aged people.

Moderator: have you ever noticed resistance from the fungal medications?

Respondent: am not sure. We treat all the patient but I don't have any information regarding this.

Moderator: this is a case study. Some pictures here.

Respondent: this is the disseminated lung infection, there is viral infection, fungal infection. It is disseminated infection?

Moderator: what kind of differential is this?

Respondent: you can do different kind of test like the X-ray and it's not TB, it's not viral infection. Not bacterial infection. You will do all the needed investigation then you can get the result.

Moderator: how would you test if it's fungal infection?

Respondent: there is KOH test. The other one is needle aspiration. We have pathologist wich come every week.

Moderator: if you thought this patient had the fungal infection, how would you treat it?

Respondent: it depend on the stage if it's chronic. If it's HIV positive you will manage it collaterally.

Moderator: what specific antifungal medication will you use for this case?

Respondent: by the way the patient should admit at the hospital level. Not only the OPD.

Moderator: if the patient tested positive for the TB infection will you do the concurrent fungal infection test?

Respondent: sometimes you can miss, because of the load of the work. All doctors can't think but something is remaining. But if the case is not improved you will do the test again. Reinvestigate. You do the first one depending on the time of the patient and the complaint of the patient.

Moderator: have a look at this. Have you seen horse like this?

Respondent: we can see it everywhere. They will use it for the transportation here.

Moderator: do you think it's a risk to people?

Respondent: It depend. Still some book says infection can come from direction. But from this type of people I don't know.

Moderator: what advice will you give to the patient not to transmit the disease to the others?

Respondent: you can give the medication after you [inaudible].

Moderator: do you give them any advice. Are you worried about If they will transmit the disease to their family?

Respondent: I don't think that.

Moderator: you can prescribe different drugs to the patients like fluconazole, Amphotericin B is there any danger regarding the administering of these disease to the patient?

Respondent: we don't worry about that. We concern on the clinic.

Moderator: do you think there are fluconazole and amphotericin B in Ethiopia?

Respondent: I am not sure. The dermatologists better know. Any person can get from the pharmacy depending on the prescription. If there is severe case we will refer. Availability is dependent on the higher hospital.

Moderator: so you say that people may come back to you if the drug prescribed is not available? What do you think can affect the availability?

Respondent: the problem here in the [named region] is some drugs are only available for one month. And if you prescribe them and the patient want use them again for the next time you will not find them. It will replaced by the newer drugs. I think depend on the business. As the science says it should be available all the time. Infectious disease are there always. You can shift from one to different one.

Moderator: is there anything you want to suggest to change this? To make the drugs always available.

Respondent: by this way it's not good the resistance can occur. For every cases we can use the same antifungal, for all the severe cases and for the moderate cases. This can cause resistance. It's not good.

Moderator: do you have any idea if the drugs are produced here in Ethiopia or imported from somewhere else?

Respondent: I don't know. [named factory] they will produce. I think most of them are imported.

Moderator: I think that will make them expensive.

Respondent: yes.

Moderator: do you have anything you want to add on this the antifungal medication, or regarding the disease?

Respondent: I think the leprosy and the fungal infection are similar and we need to work on that.