

Pills, Pills, Pill, You Take Them Needing or Not

Pills, pills, pills. Millions of people—those who need them and those who don't—take them all the time.

What about those who do need them and don't take them? When the illness is a serious one—for example, tuberculosis—some problems and some dangers arise.

Since the early 1950's, when effective drugs were developed against TB, prolonged hospitalization of patients has been decreasing. The majority of known TB sufferers today are clinic outpatients. Their treatment consists mainly of drugs (usually in large quantities) provided by the clinic and taken daily at home.

Unfortunately the system doesn't always work smoothly. A patient with TB in mild form can feel fine and start wondering why he has to go on taking those endless pills.

The people at the clinic whose job is to help him get well may forget that they are dealing, in some cases, with a person unaccustomed to carrying out strict instructions or perhaps unable to grasp them fully.

Sometimes an extra effort is needed on the part of the clinic worker to put himself in the patient's place and try to bridge a gap in understanding or emotional conditioning.

Various methods have been tried for surmounting this "communications gap."

Some clinics have supplied medication dispensers, with each day's supply of pills in a dated compartment.

Others have experimented with "pill calendars" with the day's dose physically attached to each

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date.

Dr. Thomas Moulding, of the National Jewish Hospital at Denver, suggests the possibility of supervisory home visits by nurses or health workers.

Writing in the National Tuberculosis Association Bulletin, he acknowledges that this would be expensive but points out that it would help free some public funds now spent on TB patient hospitalization.

Any way you look at it, TB remains an important problem. Ask your Alaska Tuberculosis Association, 406 G Street, Anchorage, Alaska for its free booklet, "Facts About TB and RD" (Respiratory Disease).