DOI: 10.47407/kr2026.7.8.00901

Early psychiatric intervention in medically complex multidrug-resistant tuberculosis

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Abstract
Multidrug-resistant tuberculosis (MDR-TB) remains a major therapeutic challenge, and many patients experience significant psychological distress during prolonged and often complex treatment. Emotional symptoms can be amplified when MDR-TB occurs alongside medical comorbidities that reduce physical resilience and increase uncertainty about recovery. We report the case of a 28-year-old woman with MDR-TB complicated by chronic anemia, transient hepatic dysfunction, and a small subarachnoid hemorrhage who developed adjustment disorder with mixed anxiety and depression during treatment. She presented with persistent worry, irritability, poor sleep, and fatigue that worsened as medical complications accumulated. Early psychiatric consultation was initiated, followed by supportive therapy and low dose sertraline, selected for its favorable safety profile in medically ill patients. After treatment, anxiety symptoms improved and the patient was able to maintain adherence to MDR-TB therapy. This case highlights the importance of integrating psychiatric care early in the management of medically complex MDR-TB, particularly in low resource settings where psychological stressors and social burden are substantial.
Keywords: tuberculosis, multidrug-resistant, mental health services, adjustment disorders, anxiety disorders.
For citation: Rusyd A., Karimah A., Permatasari A., Maimunah U. Early psychiatric intervention in medically complex multidrug-resistant tuberculosis. *Clinical review for general practice*. 2026; 7 (8): 55–56. DOI: 10.47407/kr2026.7.8.00901

Раннее психиатрическое вмешательство при сложно поддающемся лечению туберкулезе с множественной лекарственной устойчивостью

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Аннотация
Туберкулез с множественной лекарственной устойчивостью (МЛУ-ТБ) остается серьезным вызовом для врачей, а многие пациенты испытывают значительный психологический дистресс во время длительного и зачастую сложного лечения. Эмоциональные симптомы могут усиливаться в случаях, когда помимо МЛУ-ТБ имеется сопутствующее заболевание, снижающее физическую выносливость и усиливающее неопределенность в отношении выздоровления. Представлен случай 28-летней женщины с МЛУ-ТБ, осложненным хронической анемией, временным нарушением функции печени и небольшим субарахноидальным кровоизлиянием, у которой во время лечения возникли расстройство адаптации и сочетанное тревожно-депрессивное расстройство. Она обратилась с жалобами на постоянное беспокойство, раздражительность, плохой сон и усталость, которые усугублялись по мере того, как возникали новые осложнения. Ей была в срочном порядке проведена психиатрическая консультация, назначены поддерживающая терапия и низкие дозы сертралина, выбранного из-за его благоприятного профиля безопасности у пациентов с соматическими заболеваниями. После лечения произошло улучшение симптомов тревожного расстройства, что позволило пациентке сохранить приверженность лечению МЛУ-ТБ. Представленный случай подчеркивает важность интеграции психиатрической помощи на ранних этапах терапии сложно поддающегося лечению МЛУ-ТБ, особенно в условиях нехватки ресурсов, когда имеют место значительный психологический стресс и социальное бремя.
Ключевые слова: туберкулез, множественная лекарственная устойчивость, службы психиатрической помощи, расстройства адаптации, тревожные расстройства.
Для цитирования: Русид А., Карима А., Перматасари А., Маймуна У. Раннее психиатрическое вмешательство при сложно поддающемся лечению туберкулезе с множественной лекарственной устойчивостью. *Клинический разбор в общей медицине*. 2026; 7 (8): 55–56. DOI: 10.47407/kr2026.7.8.00901

Introduction

Multidrug-resistant tuberculosis (MDR-TB) remains a major clinical and public health challenge, particularly in low- and middle-income countries where patients must undergo long, complex, and often treatment regimens with significant side effects [1, 2]. Many patients experience anxiety, low mood, sleep disturbance, and other psychological symptoms related to prolonged illness, medication burden, stigma, and uncertainty about recovery, and these difficulties may negatively affect treatment adherence [3–5]. Emotional distress can be further intensified when MDR-TB occurs alongside medical comorbidities such as chronic anemia, hepatic dysfunction, or neurological complications that reduce physical resilience and increase vulnerability to stress [5]. Although routine psychological assessment is recommended within TB services, psychiatric care is still often initiated late in the treatment course. This case describes a young woman with medically complex MDR-TB who developed adjustment disorder with mixed anxiety and depression, and highlights the role of early psychiatric involvement in supporting emotional stability and maintaining engagement with MDR-TB treatment in a resource-limited setting.

Case presentation

A 28-year-old woman was diagnosed with MDR-TB and commenced on a bedaquiline-based regimen including levofloxacin, linezolid, cycloserine, and clofazimine. Baseline assessment revealed chronic microcytic anemia, with hemoglobin values consistently between 8 and 9 g/dL, and a body mass index of 16.6 kg per square meter. She reported longstanding anemia requiring recurrent transfusions, persistent fatigue, and limited physical endurance. Socially, she lived with extended family and carried meaningful caregiving responsibilities, which she felt obligated to maintain despite illness. Over the first several months of therapy she developed escalating worry, irritability, and difficulty initiating sleep. She described a mounting fear of becoming a burden to her family but tended to suppress distress and continue working until exhaustion.

In the fifth month of treatment, she experienced a sudden collapse at home and was admitted to hospital. Brain computed tomography demonstrated a small subarachnoid hemorrhage and mild frontal lobe atrophy, although neurological examination showed no focal deficits. Routine laboratory tests revealed mild elevations in liver enzymes, interpreted as transient hepatic dysfunction. Her antimicrobial regimen was temporarily withheld, and she received hydration, nutritional support, and close monitoring. Her physical condition slowly stabilized, and liver enzymes returned toward normal limits.

A psychiatric consultation was requested because of persistent anxiety, excessive worry, and sleep disturbance. She reported fear of burdening her family and difficulty coping with physical weakness. Her GAD-7 score was 7 and PHQ-9 score was 10. Mental status examination showed anxious affect, slowed but coherent speech, intact cognition, and preserved insight, with no suicidal ideation. A diagnosis of adjustment disorder with mixed anxiety and depression was made. Psychoeducation and supportive psychotherapy were initiated, and sertraline 25 mg daily was started due to its favorable hepatic safety profile and low interaction risk with MDR-TB therapy. After liver function normalized, MDR-TB treatment was gradually resumed. Over the following weeks she reported reduced worry, improved emotional stability and energy, and maintained good adherence to both psychiatric and tuberculosis treatment.

Discussion

Emotional distress is common during MDR-TB treatment because patients face prolonged therapy, physical discomfort, social pressure, and uncertainty about the future [3–5]. In this case, chronic anemia, transient hepatic dysfunction, and a recent subarachnoid hemorrhage reduced the patient's physical resilience and likely heightened her vulnerability to anxiety and depressive symptoms. Caregiving responsibilities and illness-related stigma may have further intensified her emotional burden. Although medication-induced psychiatric effects were considered, the presentation was more consistent with adjustment disorder. Early psychiatric involvement allowed timely identification of distress, safe selection of antidepressant therapy, and supportive counseling to improve coping. As symptoms stabilized, treatment adherence and daily functioning improved. This case emphasizes the importance of integrating mental health support into MDR-TB programs to help patients manage psychological strain associated with complex illness and long treatment courses.

Take home message

Psychiatric distress in multidrug resistant tuberculosis is common and often arises from the combined pressures of illness, medication effects, and social burden. Early integration of psychiatric assessment and supportive care can stabilize emotional symptoms, improve coping, and help patients remain engaged in treatment, particularly when medical complications increase vulnerability. Routine collaboration between tuberculosis and mental health services should be considered an essential component of comprehensive MDR TB care.

Conflict of interests. The authors declare that there is not conflict of interests.
Конфликт интересов. Авторы заявляют об отсутствии конфликта интересов.

Funding. No external funding was received for the preparation of this manuscript.
Финансирование. Исследование проведено без финансовой поддержки.

Ethical considerations and consent. Informed consent for publication of clinical details was obtained from the patient and her family. All efforts were made to protect patient confidentiality and anonymity throughout the reporting process.
Соблюдение этических стандартов и согласие. От пациентки и ее семьи получено добровольное информированное согласие на публикацию клинических данных. Приняты все необходимые меры по обеспечению конфиденциальности данных пациентки и анонимности на протяжении всего процесса подготовки публикации.

Список литературы доступен на сайте журнала https://klin-razbor.ru/
The list of references is available on the journal's website https://klin-razbor.ru/

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Received: 02.03.2026
Revised: 05.03.2026
Accepted: 12.03.2026

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Поступила в редакцию: 02.03.2026
Поступила после рецензирования: 05.03.2026
Принята к публикации: 12.03.2026