European Respiratory Society
Annual Congress 2012

Title: Predictive factors for antituberculosis treatment failure

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Body: The effectiveness of DOTS achieved 59% in Moldova in 2011. The result of an inadequate treatment is the treatment failure. Its increasing rate (7.5% in 2011) leads to accumulation of MDR sources in the population and puts more problems to the National TB Control Program. Treatment outcome depends by the social categories of patients, TB extension and co-morbidities. Aim of study is evaluation of predictive factors for anti-TB treatment failure (TF). Was compared risk factors for TF in a study group (SG) of 110 patients with pulmonary TB failed after 5 months of DOTS and a control group (CG) of 100 patients cured with DOTS. Results: males 60% SG vs 50% CG, average age 35,6 SG vs 42,5 CG, unemployed 76% SG vs 48% CG, with bad living conditions 63% SG vs 48% CG ($p<0.05$). Were detected 80% of patients from both groups by passive way with known TB contact 26% SG vs 20% CG. All patients (100%) had destructive forms of TB with positive sputum, but bilateral extension had 84% of SG vs 24% in CG($p<0.05$). Susceptibility test detected primary resistance in 55% SG vs 12% CG. Co-morbidities had 56% of SG vs 24% in CG, most frequent: alcoholism, hepatitis, diabetes, HIV infection. Noncompliance with treatment had 20% from SG vs 100% compliance in CG. Treatment outcome in SG: cured 42%, 30% dead,10% defaulted,18% continue another treatment regimen vs 100% cured in CG. Conclusions predictive factors for TF: are treatment not adapted to susceptibility testing, noncompliance with treatment, low social status, extensive TB with co-morbidities.