

European Respiratory Society Annual Congress 2013

Abstract Number: 95

Publication Number: P2827

Abstract Group: 10.2. Tuberculosis

Keyword 1: Tuberculosis - mechanism **Keyword 2:** MDR-TB **Keyword 3:** Tuberculosis - management

Title: Risk factors for acquired drug-resistant tuberculosis

Dr. Evelina 529 Lesnic evelinalesnic@yahoo.com MD ¹, Prof. Vasile 530 Zlepca vasile.zlepca@gmail.com MD ¹ and Dr. Viorica 531 Uzdris vioricauzdris@yahoo.com ¹. ¹ Pneumophthysiology, State Medical and Pharmaceutical University Nicolae Testemitanu, Chisinau, Republic of Moldova, 2004 .

Body: According to WHO estimates Moldova leads among 27 countries with highest level of MDR-TB, with 27% in new cases and 51% in previously treated, causing 76% of TB-deaths. Patients with treatment failure have the highest rate of MDR. Aim risk factors study for acquired drugresistant-TB (DR-TB). Design Case-control study included 121 new pulmonary TB cases with sensible strains at DST, distributed in study group (SG)- 67 cases failed after 5 months DOT and DST detected DR-TB and control group-54 cases cured. Results Men were 69%vs59%, RR=1.5, average age 39,3vs 41,2yrs, urban residence 68%vs57%, RR=1.2. TB contact was established in 41%vs.27%, RR=1.3. Social risk factors: unemployment 79%vs71% RR=1.1, single status 73%vs26%, RR=2.1, low life conditions 78%vs44%, RR=2.3, migration 15%vs13%, RR=1.1 detention 12%vs0%, RR=1.9. Active smokers were 87%vs28%, RR=4,2, cronic alchool consumers 79%vs11%, RR=4.4. TB- related factors: late detection 63%vs52% RR=1.2, onset-complications 43%vs24% RR=1.4, associated diseases 36%vs21%, RR=1.2. Severe extensive forms 93%vs45%, RR=5.3, lung destructions 83%vs61%. At detection microscopic positive 82%vs73%. Negativation rate at 2nd month 47%vs69%.At 5th month 95% of SG were microscopic positive, DST revealing monoresistance-13%, poliresistance-28%, MDR-TB 59%. All cases started DOT, but 12% of SG were individualized treated, due to adverse reactions 12%vs 2%, RR=1.9, anti-TB treatment non-adherented were 91%vs.0%, RR=10.9. Conclusions:High risk factors for acquired DR-TB: treatment non-adherence, extensive severe TB, alcohol consumption, smoking. Completely observed standard treatment, social support, population awareness about TB will diminish the rate of acquired drugresistant-TB.