

European Respiratory Society Annual Congress 2013

Abstract Number: 792

Publication Number: P2817

Abstract Group: 10.2. Tuberculosis

Keyword 1: Tuberculosis - management **Keyword 2:** MDR-TB **Keyword 3:** No keyword

Title: A retrospective analysis of quinolone prescriptions for tuberculosis in two North Birmingham hospitals

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Body: Introduction Few guidelines exist on appropriate use of quinolones in TB management; American and British guidelines suggest a role in liver and renal disease. Ongoing phase III trials may further define their role. Advantages include once daily dosing and no cross-resistance, however inappropriate quinolone use may compromise MDRTB treatment. Aims and objectives We sought to analyse the reasons and duration of quinolone prescription for TB in our two hospitals. Methods Pharmacy prescriptions from 1st Nov 2010 to 1st Nov 2012 for quinolones were analysed and TB patients identified. Information was obtained from case note review. Follow up was until 1st Dec 2012. Results 33 patients were identified. Mean age was 46.9(+/- 16.4) years. 23 were male, 2 patients HIV+ve. 31/33 TB cases were confirmed on culture; 4 had mono-resistance, and 5 were MDRTB. Sites were pulmonary(13), miliary(8), lymph node(5), meningitis(2), peritoneal(2), spinal(2) and a cold abscess(1). Reasons for quinolone prescription are below:

Reason for quinolone	Number of patients	Days of therapy (median)	1st and 3rd quartiles (days)
Multifactorial(ICU)	9(27%)	22	19-49
Drug monoresistance/intolerance	9(27%)	84	56-224
Deranged liver function	7(21%)	56	56-87.5
MDRTB	5(15%)	252	112-365
Renal disease	2(6%)	210.5	N/A
Suspected MDRTB	1(3%)	21	N/A

Quinolones were well tolerated and no patients suffered adverse effects. 30 patients were prescribed moxifloxacin and 3 levofloxacin. 4 patients died during the follow up period, 2 from TB and 2 from malignancy. Conclusions Quinolone use for TB in our hospitals is appropriate; duration of quinolone prescription could be reduced to preserve the efficacy of this important drug class.