

Burden of physical, mental, social and economic multi-morbidities in patients diagnosed with TB

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Type selection

Category: Scientific research

Preferred presentation type: Oral abstract presentation

Track selection

Track: B7: TB and comorbidities (HIV, diabetes, malnutrition, mental health, etc.)

2nd Track: D6: Health and well-being post TB

Title

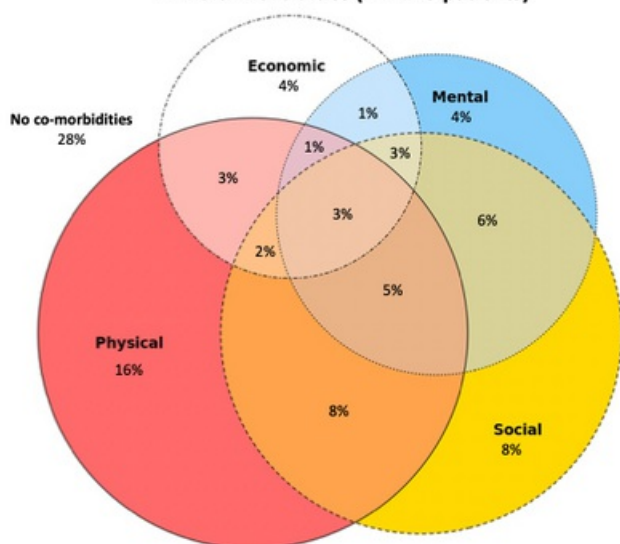
Scientific Research Abstract Text

Background: TB is a disease of poverty and patients often face other conditions or “multi-morbidities”. Most TB care is provided in vertical programs focusing on TB cure with testing for HIV and diabetes. Untreated multi-morbidities impair return to good health and can be exacerbated by TB causing long-term illbeing. Most studies characterise individual comorbidities or biomedical multi-morbidities, so the burden of broader multi-morbidities in TB is unclear.

Design/Methods: All patients starting TB treatment in 32 health posts in Callao, Peru were invited for interview, height and weight measurements, and sputum collection. Patients were re-visited 6 months later to confirm their health status and TB program outcomes. During analysis morbidities were grouped as: physical (malnutrition, chronic illnesses, pregnancy, requiring surgery, significant side effects or continued symptoms); mental (depression, alcohol or substance abuse); social (hunger, homelessness, ex-incarceration, domestic violence or immigration); and economic co-morbidities.

Results: Between June 2016-December 2019, 2702 patients were to be treated for TB, of whom 2415 (89%) provided data. HIV co-infection had 6.6% (95%CI=5.7-7.7%) prevalence and diabetes 7.2% (95%CI=6.2-8.2%). However, 43% (95%CI=41-45%) reported a physical co-morbidity; the most common being continued/worsened symptoms at 6 months (21% (95%CI=19-23%), 40% of whom had completed or were completing TB treatment. Also, 38% (95%CI=36-40%) had social co-morbidities, 27% (95%CI=25-29%) had mental co-morbidities, and 21% (95%CI=19-22%) economic co-morbidity. Only 28% (95%CI=27-30%) of patients had no co-morbidities. Morbidities overlap (see Figure) with 39% (95%CI=37-41%) of patients having multi-morbidities, i.e. co-morbidities that fell into 2 or more groups.

TB multi-morbidities (N=2415 patients)



Rifampicin-resistant treatment was provided to 11% (95%CI=10-13%) and was associated with 1.4-times (95%CI=1.2-1.6, $p < 0.0001$) higher risk of multi-morbidities with 52% (95%CI=46%-58%) patients with multi-morbidities in 2 or more groups.

Conclusions: Multi-morbidities with TB are extremely common. TB programs should provide patients with comprehensive care including socio-economic support aiming for symptom-free healthy survival and not just TB cure.

Summary

Summary: Physical, mental, social and economic co-morbidities with TB were so common that only 28% of patients had none of these co-morbidities. Multi-morbidities that fell into ≥ 2 of the aforementioned categories affected 39% of all patients, and 52% of those with treatment for rifampicin-resistant TB.

Other Fields

Country of research: Peru

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