

Sp17 - If the patient has stopped drug therapy during the course of treatment for more than a month, should the drug therapy be restarted and continued as for a new patient in a patient with spinal tuberculosis?

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Recommendation:

Treatment defaulters of pulmonary tuberculosis is a serious problem and leads to drug resistance and inferior outcomes. However, defaulters during the treatment of spinal tuberculosis is sparsely documented. The incidence ranges from 2.2% to 30%. Based on authors' experience and drawing parallels from defaulters of pulmonary tuberculosis, we recommend that it is important to restart ATT from the intensive phase to avoid development of drug resistance and poor outcome.

Strength of recommendation: Consensus

Delegate Vote:

Rationale:

The treatment of tuberculosis is primarily based on anti-tubercular medications regularly administered for a long duration (6 to 12 months)¹. However, patients often miss medications leading to persistent disease and inferior outcomes². The World Health Organization (WHO) defines a treatment defaulter as a patient who stops taking their medication for at least two months³. The incidence of treatment default ranges from 10 to 30%⁴, and is considered as one of the main reasons for the prevalence and relapse of the disease and development multi-drug resistance⁵. The reasons for default are varied, and include younger age (21 to 50 years), drug-induced side effects, a feeling of early improvement and migration⁶.

We evaluated 1176 articles based on keywords related to treatment default in spinal tuberculosis and identified 4 articles which have documented patients whom defaulted the drug intake⁷⁻¹⁰. The incidence of default during the treatment of spinal tuberculosis ranges from 2.2% to 30%⁷⁻¹⁰. None of the four articles have discussed the outcomes of these patients. Wang et al studied 72 cases of cervical tuberculosis and noted that 6 patients were defaulters and one developed recurrence of the disease¹⁰. Only one study correlated treatment default with drug resistance. Li et al in their study of 35 cases of drug resistant spinal tuberculosis noted that 61.5% had received previous irregular chemotherapy and the proportions of cases were much higher among the multi-drug resistant (66.7%) than single drug resistant cases and non-MDR-TB cases (21.7%)¹¹.

Conclusion:

The current evidence indicates that treatment default in spinal tuberculosis is grossly under reported. The incidence varies from 2.2 to 30%. The incidence is more in patients with drug-resistant spinal tuberculosis. Since these studies are retrospective and per se have not evaluated the causes, risk factors, outcomes and management of treatment defaulters in spinal tuberculosis, no recommendation can be given based on current literature.

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