



Tuberculosis (TB) Therapy Audit - Preventive and Curative Therapy Monitor



Tessa O' Gorman^{1,2}, Daragh McGee^{1,3}, John S Lambert^{1,3}, Eavan G Muldoon^{1,3}, Gerard Sheehan¹, James Woo¹, Brendan O' Kelly^{1,2}, Aoife G Cotter^{1,2,3}
 1. Infectious Diseases Department, Mater Misericordiae Hospital, Dublin. 2. Centre for Experimental Pathogen Host Research, UCD, Dublin. 3. UCD School of Medicine, Dublin.

Background

TB is a preventable and curable disease. However, side effects associated with treatment require close monitoring of symptoms and LFTs.

Aim

To evaluate the current care of TB patients attending the Infectious Diseases (ID) Department of the Mater Misericordiae University Hospital against the TB Therapy Audit Form recommended by the National Guidelines on the Prevention and Control of TB. (1)

Methods

Patients with a positive TB culture or clinically suspected TB from January to mid-December 2021 attending ID clinics were included. A retrospective chart and electronic patient record review using the HPSC TB Therapy Audit Form was performed at monthly visits for 6 months following commencement of treatment. Data is presented as n (%) and median (IQR).

Results

18 patients were identified and 15 audit forms were completed. Medication compliance was documented as assessed at 66.2% of visits, 2 (13.3%) patients were on directly observed therapy. LFTs were performed at 98.6% of the visits. Of 72 LFT's performed, there was one occurrence of elevated ALT (1.4%).

Demographics		Ethnicity		TB infection characteristics	
Male	12 (80%)	Caucasian	3 (20%)	Pulmonary	7 (47%)
Mean age (yrs)	45 (32-50)	Black	6 (40%)	Extrapulmonary	8 (53%)
HIV positive	5 (33%)	Asian	4 (27%)	Laboratory Confirmed	13 (87%)
		Other	2 (13%)	Clinically suspected	2 (13%)

Results

Fever was the most frequently assessed symptom at 77.9% of all visits. Rash, jaundice, and dark urine were the least frequently documented symptoms, assessed at 26.5%, 26.5% and 27.9% of the visits respectively.

Limitations

The low number included may relate to the impact of COVID-19 on inward migration and delayed presentations. Also, the local patient list may not have captured all patients e.g. transferred from other centres or with suspected rather than microbiologically proven disease. The audit relied on review of documentation, therefore symptoms assessed but not documented were not captured. Underreporting of relevant negative symptoms may reflect omissions from documentation rather than lack of assessment.

Conclusion

Given the frequency of attendance, a proforma would be a useful tool to optimising documentation of safety assessments and improving consistency across staff. This and a local registry of patients would improve patient safety assessment and facilitate quality monitoring.

Proposed Interventions

- Proforma assessment documentation
- Dedicated TB registry

References

1. HPSC, Guideline on the Prevention and Control of TB in Ireland, 2010 (amended 2014)

