Background and importance

Inadequate therapeutic regimens
Lack of adherence due to adverse effects

The resistance to tuberculosis drugs is a major public health problem

A better understanding of these issues may lead to better outcomes

Objectives

To describe the population with drug-resistant tuberculosis, the most used treatments, their adverse drug reactions (ADR) and their efficacy

Materials and methods

• Descriptive, observational and retrospective study
• Inclusion criteria: patients that finished their treatments for drug-resistant *Mycobacterium tuberculosis* between 2015 and 2019 in our hospital

Results

**ORIGIN AND DIAGNOSIS**

- 13 patients
- 62 % ♂
- Mean age 43 (SD 14.8)
- 20-39 years 46%
- 40-59 years 39%
- ≥60 years 15%

**FREQUENCY OF ADR WITH THE ANTITUBERCULOSIS DRUGS**

- **RIFAMPICIN**: 4 Nausea
- **RIFABUTIN**: 1 Nausea
- **STREPTOMYCIN**: 1 Dizziness
- **MEROPENEM/CLAVUNATE**: 1 Hepatitis
- **BEDAQUILINE**: 2
- **ISONIAZID**: 2 Hepatitis
- **PYRAZINAMIDE**: 3 Hyperuricemia, arthralgia
- **ETHAMBUTOL**: 3 2 Cutaneous, neurological
- **PROTHIONAMIDE**: 7 Gastrointestinal, hormonal
- **CYCLOSERINE**: 3 7 Psychological, dizziness
- **CLOFAZIMINE**: 8 Cutaneous, gastrointestinal
- **AMIKACIN**: 7 5 Ototoxicity
- **MOXIFLOXACIN**: 12 Fasctis, nausea
- **LINEZOLID**: 9 4 Neurological, aplasia

All patients had some ADR

The therapies included 6 to 9 different antituberculosis drugs

**Conclusion**

Most of the patients diagnosed with drug-resistant tuberculosis came from Eastern Europe and Latin America. Moxifloxacin and linezolid were the most used drugs. Cycloserine was the most toxic treatment. Despite the high frequency of ADRs reported, all treatments were effective

The patients reached seroconversion after 1.9 months (SD: 0.77) since the beginning of the treatment

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