A RETROSPECTIVE COHORT REVIEW OF TB IN OLDER PERSONS AT A LARGE TB CENTRE IN NORTH WEST LONDON: COMORBIDITIES, POLYPHARMACY AND DRUG INTOLERANCE PRESENT CHALLENGES TO DIAGNOSIS AND MANAGEMENT

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Introduction: Changes to the immune system, higher rates of diabetes and malignancy contribute to reactivation of tuberculosis (TB) in older patients. Frailty and polypharmacy may delay investigations and complicate treatment. We investigate TB diagnosis and management in older patients at a large TB centre in North West London.

Methods: Patients aged ≥65 with TB were identified retrospectively from the London TB Register (LTBR.) Clinical, microbiological, radiological and biochemical parameters together with management details and outcomes were obtained from electronic records.

Results: 129 patients (73 male, 56 female) were identified; median age: 68 (range 65-88.) Ethnicity: 52/129 (40%) Asian, 36/129 (36%) African and 14/129 (11%) were Caucasian; this compares to 56% Asian, 22% African and 5% Caucasian in the total cohort from 2002-2014 (n = 3806.) 59/129 (46%) had pulmonary TB (PTB) and 70/129 (54%) had extra-pulmonary TB (EPTB); of EPTB, 21/70 (30%) had extra-thoracic lymphadenitis, 10/70 (14.2%) had gastrointestinal TB and 7/70 (10%) had TB meningitis. This compares to 45% and 55% for PTB and EPTB in the whole cohort. 58/129 (44.9%) were culture confirmed compared to 82% in the total cohort; none had resistant TB.

Associated conditions:

- Vitamin D insufficiency (<50nmol/L) 76/129 (67%)
- Hypertension 37/129 (29.4%)
- Diabetes 31/129 (23.8%)
- Elevated Creatinine (>112 umol/L) 18/129 (13.9%)
- ESRF (end stage renal failure)/ renal transplant 8/129 (6%)
- Cancer 4/129 (3%)
- ≥ 3 non TB drugs (excluding analgesia/ vitamins) 49/129 (38%)

Treatment:

<table>
<thead>
<tr>
<th>TB Regimen (n = 60)</th>
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<tbody>
<tr>
<td>Rifampicin, Isoniazid, Pyrazinamide, Ethambutol</td>
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<tr>
<td>Moxifloxacin used (renal/ophthalmic problems/intolerance)</td>
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<tr>
<td>Pyrazinamide omitted (intolerance/caution)</td>
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Conclusions: TB in older adults presents challenges in diagnosis with lower culture positive rates. Treatment also increases the pill burden (average of 10 tablets in the standard regime) with higher rates of intolerance or substitution away from standard management. They may also benefit from newer diagnostics and therapeutics.