

## Predictors of Treatment Interruptions Among Patients Initiated on Tuberculosis Treatment at Reach Out Mbuya: A Retrospective Analysis (January 2020 - January 2023)

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### Background

- Tuberculosis (TB) remains a global health concern, particularly in Uganda, where prevalence is high. Treatment interruptions undermine efforts to control TB, especially in resource-constrained settings like Mbuya Reach Out Clinic

### Aim

- This retrospective study aimed to identify factors contributing to TB treatment interruptions at the clinic from 2020 to 2023.

### Methods

- We examined TB patients' records at Mbuya Reach Out Clinic from January 2020 to 2023.
- Data on demographics, clinical parameters, TB diagnosis, treatment, HIV status, diagnostics, classification, and referrals were extracted and analyzed using Stata.
- TB treatment interruption was defined as >168 days between start and completion. Multivariable logistic regression, adjusting for age, gender, treatment class, and outcome.
- Adjusted Odds Ratios (aORs) with 95% CIs determined associations with interruptions.

### Conclusion

- Treatment interruptions significantly impact TB outcomes, with all deceased and lost to follow-up patients experiencing interruptions.
- Older age and Pulmonary Bacteriologically Confirmed TB pose higher risks.
- Targeted interventions are essential to minimize interruptions, particularly among high-risk groups, crucial for improving treatment success and reducing mortality.

### Results

- Among 268 patients, 55% were male, median age 35.5 years, mean weight 53.75 kg.
- New TB cases constituted 88.81%, primarily pulmonary bacteriologically confirmed TB (61.57%) diagnosed using LAM (35.82%), with a cure rate of 57.30%.
- Treatment interruptions affected 51.87%, with all 13 deceased and 4 lost to follow-up experiencing interruptions. Predictors included age >50 years (aOR 3.73) and PBC-TB (aOR 10.19) or EPTB.
- Relapsed TB patients had lower interruption risk (aOR 0.27) than new patients



### Message

Understanding predictors of treatment interruptions within the local context is crucial for developing targeted interventions to improve treatment adherence and outcomes.

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Hope for the future