

CADTH RAPID RESPONSE REPORT: SUMMARY OF ABSTRACTS

# Management of Discontinued Treatment for Tuberculosis: Guidelines

Service Line: Rapid Response Service

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Questions or requests for information about this report can be directed to requests@cadth.ca



## **Research Questions**

- 1. What are the evidence-based guidelines regarding the management of people with latent tuberculosis infection who discontinue their treatment prior to completion?
- 2. What are the evidence-based guidelines regarding the management of people with active tuberculosis disease who discontinue their treatment prior to completion?

# **Key Findings**

No evidence-based guidelines were found regarding the management of people with latent or active tuberculosis who discontinue their treatment prior to completion.

## **Methods**

# Literature Search Methods

A limited literature search was conducted by an information specialist on key resources including MEDLINE, the Cochrane Library, the University of York Centre for Reviews and Dissemination (CRD) databases, the websites of Canadian and major international health technology agencies, as well as a focused internet search. The search strategy was comprised of both controlled vocabulary, such as the National Library of Medicine's MeSH (Medical Subject Headings), and keywords. The main search concepts were patient compliance and tuberculosis. Search filters were applied to limit retrieval to health technology assessments, systematic reviews, meta-analyses, or network meta-analyses or guidelines. Where possible, retrieval was limited to the human population. The search was also limited to English language documents published between January 1, 2014 and August 12, 2020. Internet links were provided, where available.

# Selection Criteria and Summary Methods

One reviewer screened literature search results (titles and abstracts) and selected publications according to the inclusion criteria presented in Table 1. Full texts of study publications were not reviewed. The Overall Summary of Findings was based on information available in the abstracts of selected publications. Open access full-text versions of evidence-based guidelines were reviewed when abstracts were not available.

This report is a component of a larger CADTH Condition Level Review on tuberculosis. A condition level review is an assessment that incorporates all aspects of a condition, from prevention, detection, treatment, and management. For more information on CADTH's Condition Level Review of tuberculosis, please visit the project page (https://www.cadth.ca/tuberculosis).

**Table 1: Selection Criteria** 

Population	Q1: People with latent tuberculosis infection who do not complete treatment Q2: People with active tuberculosis disease who do not complete treatment
Intervention	Management strategies when the full course of treatment is not completed
Comparator	Not applicable
Outcomes	Guidelines and recommendations for the management of people who do not complete treatment for tuberculosis (e.g., support programs, monitoring frequency, incentives to improve completion rates, etc)
Study Designs	Guidelines



# Results

No relevant evidence-based guidelines were identified regarding the management strategies for people who do not complete their treatment for latent or active tuberculosis.

References of potential interest that did not meet the inclusion criteria are provided in the appendix.

# **Overall Summary of Findings**

No relevant evidence-based guidelines were identified regarding of management strategies for people with latent tuberculosis infection or active tuberculosis disease who discontinue their treatment prior to completion; therefore, no summary can be provided.

# **References Summarized**

**Guidelines and Recommendations** 

No literature identified



# **Appendix** — Further Information

## Guidelines

#### Guidance was not Evidence-Based

 Public Health Agency of Canada. Chapter 6: Treatment of latent tuberculosis infection. In: Canadian Tuberculosis Standards. 7th Ed. Ottawa (ON): Public Health Agency of Canada; 2014:

 $\frac{https://www.canada.ca/content/dam/phac-aspc/migration/phac-aspc/tbpc-latb/pubs/tb-canada-7/assets/pdf/tb-standards-tb-normes-ch6-eng.pdf$ 

Accessed 2020 Aug 24.

See: section 'Follow-up After LTBI Treatment and Management Following Reexposure', page 19. Note: while this guideline follows an evidence-based approach to develop formal recommendations, the guidance in this section was not evidencebased.

## Recommendations for an Alternative Population

2. Tuberculosis [*NICE guideline NG33*]. London (UK): National Institute for Health and Care Excellence; 2016 Jan:

https://www.nice.org.uk/guidance/ng33/resources/tuberculosis-pdf-1837390683589 Accessed 2020 Aug 24.

See section 1.7.1.7, page 58.

## Guidelines with Unclear Methodology

Cole B, Nilsen DM, Will L, Etkind SC, Burgos M, Chorba T. Essential components of a
public health tuberculosis prevention, control, and elimination program:
recommendations of the Advisory Council for the Elimination of Tuberculosis and the
National Tuberculosis Controllers Association. MMWR Recomm Rep. 2020 Jul
31;69(7):1-27.

PubMed: PM32730235

See: section 'Assessing and Promoting Adherence', page 17

 Chapter 8: Treatment of latent TB infection (LTBI). In: Yukon Communicable Disease Control-TB Control. Whitehorse (YT): 2019 Jan;

http://www.hss.gov.yk.ca/pdf/tbmanual-chapter8.pdf

Accessed 2020 Aug 24.

See: sections 8.10, page 14 and 8.11, page 15

 BC Centre for Disease Control. Chapter 4: Tuberculosis treatment of latent TB infection (LTBI). In: Communicable Disease Control Manual. Vancouver (BC): Provincial Health Services Authority; 2019 Oct;

http://www.bccdc.ca/resource-gallery/Documents/Communicable-Disease-Manual/Chapter%204%20-

%20TB/6.0%20Treatment%20of%20Latent%20TB%20Infection%20%28LTBI%29.pdf Accessed 2020 Aug 24.

See: section 6.14, page 16



6. Nunavut tuberculosis manual. Iqaluit (NU): Department of Health, Government of Nunavut; 2017:

https://www.gov.nu.ca/sites/default/files/nunavut\_tb\_manual\_2017.pdf Accessed 2020 Aug 24.

See: section 'Treatment Refusal and Non-adherence', page 26