



# Host Factors Associated with Poor Respiratory Health-Related Quality of Life in Pulmonary Tuberculosis

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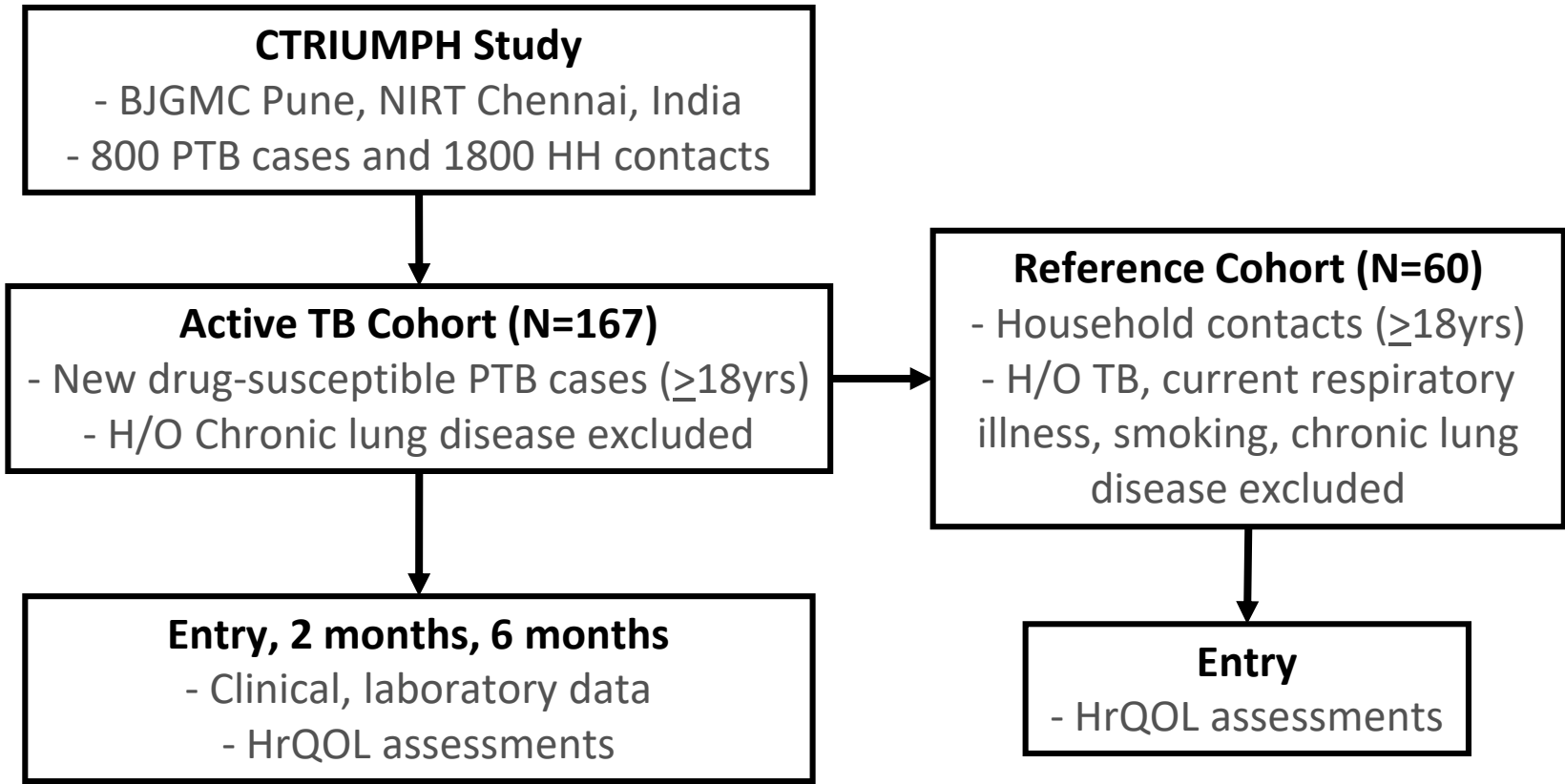
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## Background

- Despite microbiological cure, 30-70% of treated pulmonary tuberculosis (PTB) patients have residual respiratory impairment and poor respiratory Health-related Quality of Life (HrQOL)<sup>1,2</sup>
- Characterizing a phenotype of PTB patients at high risk of poor respiratory health despite anti-tuberculosis treatment (ATT) may help identify at-risk individuals who are likely to benefit from potential interventions to limit pulmonary sequelae of TB
- The objective of our study was to identify PTB patients, early in their clinical care, who are at greatest risk of poor respiratory HrQOL despite successful ATT in India

## Methods

Figure-1: Study Schema



- HrQOL assessed by the **Saint Georges Respiratory Questionnaire (SGRQ)**<sup>3</sup>
  - Patient centered measure of lung health
  - Correlates with airflow obstruction, exercise capacity and paO2
  - Scores range from 0 to 100 with **higher score = worse respiratory QOL**
  - Minimum **clinically important difference = 4 points**<sup>4</sup>
- Poor respiratory HrQOL** in PTB cases was defined as having total SGRQ scores > 23 points which corresponded to the 95<sup>th</sup> percentile of total SGRQ scores in the reference cohort
- Logistic regression models were used to identify participant characteristics, measured during the first 2 months of ATT, associated with poor respiratory HrQOL in adult PTB cases who successfully completed ATT
- 13 (8%) participants failed ATT and were excluded from these analyses

## Results

Figure-2: Change in SGRQ scores by study visit

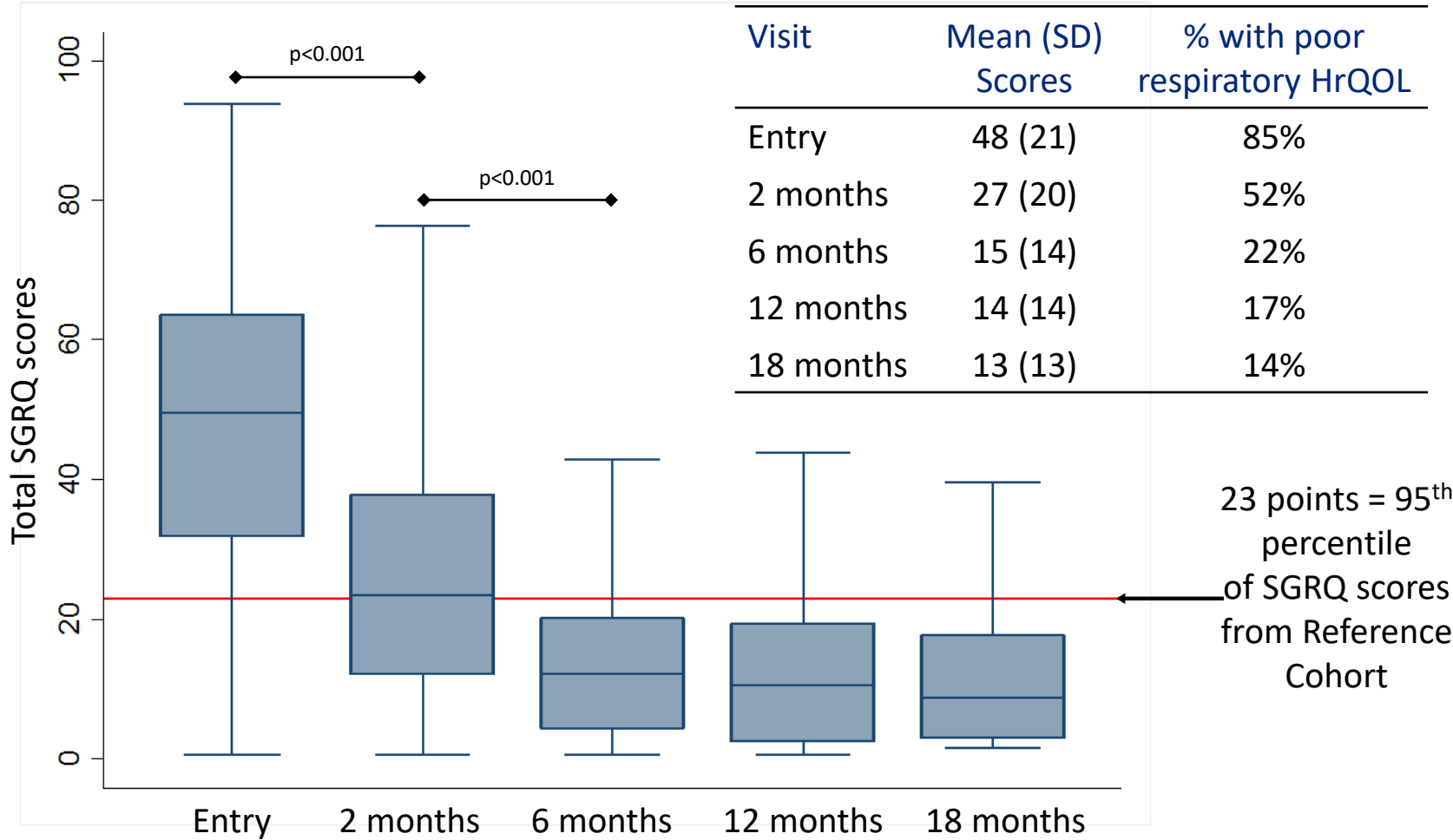


Table-1: Change in SGRQ scores by baseline characteristics

Baseline characteristics	n (%)	Mean (SD) total SGRQ scores		
		Entry	6-months	% change
Age (years)				
18-29	48 (32)	47 (22)	13 (11)	-68
30-39	27 (18)	49 (20)	15 (11)	-75
40-49	45 (30)	46 (20)	14 (14)	-61
≥ 50	29 (19)	50 (22)	20 (18)	-56
p-value		0.57	0.28	0.12
Sex				
Female	55 (36)	53 (19)	17 (12)	-70
Male	99 (64)	46 (22)	14 (14)	-61
p-value		0.04	0.22	0.22
Smoking				
Never	91 (64)	48 (21)	15 (13)	-63
Ever	51 (36)	47 (20)	15 (14)	-62
p-value		0.74	0.86	0.85
Smoking (pk-yrs)				
<10	22 (55)	44 (21)	12 (12)	-65
10-30	10 (25)	53 (19)	17 (13)	-77
≥30	8 (20)	55 (20)	23 (23)	-38
p-value		0.10	0.09	0.43
HIV co-infection				
No	84 (92)	49 (21)	16 (14)	-61
Yes	7 (8)	40 (23)	14 (12)	-79
p-value		0.27	0.81	0.62
HbA1c (%)				
<5.7	54 (50)	47 (19)	12 (11)	-72
5.7-6.5	23 (21)	50 (21)	19 (19)	-45
≥6.5	32 (29)	46 (23)	15 (11)	-55
p-value		0.66	0.11	0.23

## Results

Table-1 CONTINUED: Change in SGRQ scores by baseline characteristics

Baseline characteristics	n (%)	Mean (SD) total SGRQ scores		
		Entry	6-months	% change
Duration of illness (months)				
<1	32 (21)	37 (23)	15 (17)	-47
1-2	78 (52)	51 (20)	15 (12)	-68
3 or more	40 (27)	50 (19)	15 (14)	-67
p-value		0.01	0.81	0.23
CXR (% lung affected)				
<25	25 (19)	41 (22)	13 (11)	-65
25-50	66 (50)	47 (21)	14 (14)	-67
50-75	33 (25)	51 (19)	17 (16)	-57
>75	8 (6)	61 (18)	19 (16)	-51
p-value		0.06	0.10	0.57
Cavitation				
No	62 (47)	49 (22)	15 (16)	-65
Yes	70 (53)	47 (21)	15 (12)	-62
p-value		0.67	0.87	0.68
AFB smear				
Negative	40 (45)	45 (22)	15 (9)	-65
1+	30 (34)	55 (21)	18 (16)	-67
2+	13 (15)	50 (23)	18 (19)	-64
3+	6 (7)	43 (13)	24 (17)	-41
p-value		0.37	0.31	0.60

CXR – chest X-ray, AFB – acid fast bacilli

Table-2: Association between participant characteristics and poor respiratory HrQOL at ATT completion

Independent variable	Odds Ratios for poor respiratory HrQOL at 6 months			
	Univariate (95% CI)	P-value	Multivariate*(95% CI)	P-value
Baseline characteristics				
Age (Δ 10-year)	1.13 (0.84-1.50)	0.39	1.23 (0.82-1.86)	0.30
Male sex	0.46 (0.21-1.00)	0.05	0.52 (0.14-1.87)	0.31
BMI (Δ 1-unit)	0.90 (0.80-1.01)	0.09	0.86 (0.73-1.01)	0.07
Education (Δ 1-level)	0.70 (0.41-1.21)	0.20	0.96 (0.47-1.94)	0.92
Ever smoking	0.86 (0.37-1.96)	0.72	1.75 (0.45-6.80)	0.41
Current smoking	1.06 (0.26-4.25)	0.93	0.78 (0.17-3.55)	0.74
Smoking (Δ 10-pk yrs)	1.12 (0.85-1.46)	0.40	1.23 (0.77-1.95)	0.37
HIV coinfection	0.50 (0.05-4.39)	0.53	0.43 (0.03-6.18)	0.54
Diabetes mellitus	0.70 (0.23-2.12)	0.53	0.91 (0.23-3.52)	0.90
HbA1c (Δ 1%)	0.97 (0.81-1.17)	0.81	1.02 (0.81-1.27)	0.85
Duration of illness (Δ 30 days)	1.07 (0.83-1.39)	0.55	1.06 (0.78-1.44)	0.68
CXR (Δ 25% lung affected)	1.51 (0.88-2.60)	0.13	1.38 (0.72-2.66)	0.32
Cavitation	1.41 (0.58-3.43)	0.43	1.16 (0.42-3.18)	0.77
AFB smear (Δ grade)	1.69 (1.02-2.79)	0.04	1.81 (0.92-3.55)	0.08
2-month characteristics				
Current smoking	1.31 (0.16-10.2)	0.79	2.39 (0.09-62.8)	0.60
CXR (Δ 25% lung affected)	1.67 (0.93-2.98)	0.08	1.25 (0.64-2.44)	0.51
Cavitation	0.59 (0.17-2.00)	0.40	0.37 (0.08-1.70)	0.20
AFB smear positive	1.83 (0.31-10.8)	0.50	0.45 (0.02-7.24)	0.55

\*Base model includes age, sex, education, BMI, smoking and baseline CXR scores

## Results

Table-3: Lung health phenotypes during early clinical care

Lung health during first 2months of ATT	SGRQ score		n (%)	n (%) with poor respiratory HrQOL at 6 months
	Entry	2 months		
Good	≤23	≤23	22 (15)	0
Improving	>23	≤23	46 (32)	4 (14)
Poor	>23	>23	69 (49)	13 (34)
Worsening	≤23	>23	5 (4)	0
P-value				0.01

Table-4: Lung health phenotypes and their association with poor respiratory HrQOL at ATT completion

Lung health during first 2months of ATT	Score	Odds Ratios for poor respiratory HrQOL at 6 months			
		Univariate (95% CI)	P-value	Multivariate*(95% CI)	P-value
Good	0				
Improving	1	4.28 (1.46-12.49)		6.71 (1.55-29.11)	
Poor	2	per unit increase in score	0.008	per unit increase in score	0.01
Worsening	2				

\*Model includes age, sex, education, BMI, smoking and baseline CXR scores

## Conclusions and Implications

- PTB patients who were >50 years, heavy smokers, had higher smear grade, lower BMI or extensive CXR involvement at ATT initiation may have worse respiratory HrQOL despite ATT
- PTB patients with persistently high SGRQ scores during the first 2 months of ATT were most likely to have poor respiratory HrQOL despite ATT and may benefit from interventions to limit chronic pulmonary sequelae of TB
- Studies exploring the drivers of lung injury, especially during the first 2 months of ATT, may inform the use of adjuvant therapies for reducing pulmonary morbidity in TB

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