

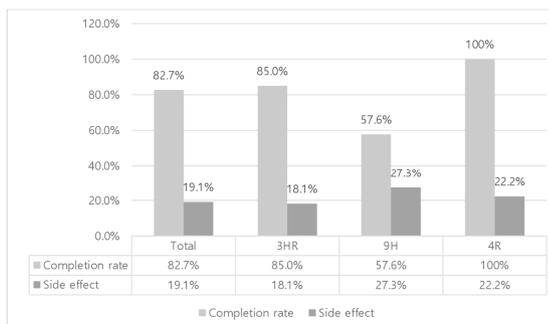
The compliance and side effects of 3HR therapy in Latent Tuberculosis Infection

¹중앙대학교병원 내과학교실, ²호흡기내과

*이준영¹, 최재철^{1,2}

Background/Aims: Isoniazid monotherapy for 9 months (9H) has been considered as the standard treatment of latent tuberculosis infection (LTBI). However, because of low compliance of this regimen, 3 months of Rifampin and Isoniazid (3HR), 4 months of Rifampin (4R) or 3 months of Isoniazid and Rifampentine has been used for the treatment of LTBI. We aim to assess the effect of 3HR regimen vs 9H regimen on completion rate and side effects in LTBI. **Methods:** We performed a retrospective cohort study at Chung-Ang University Hospital. During January 2011 to December 2017, 352 populations who were diagnosed as LTBI were treated with 3HR, 4R or 9H. **Results:** Among 332 patients, 96 (28.9%) were male and the median age was 43.00. The treatment regimen of LTBI consisted with 3HR ($n=290$, 87.3%), 4R ($n=9$, 2.7%) and 9H ($n=32$, 9.6%). Out of 332 populations, 265 (79.8%) completed the treatment. Reasons for discontinuation of treatment was loss of follow up ($n=32$, 10.3%) and side effects of the drugs ($n=22$, 6.8%). The compliance of 3HR, 4R and 9H were 85.6%, 100% and 56.3%, respectively. 22 patients (6.8%) experienced side effects of drugs. Comparing the side effects of 3HR group and 9H group, the incidence of hepatotoxicity was 9 vs 5 each, drug rash was 5 vs 2 each. **Conclusions:** Our study results revealed that the completion rate of 3HR regimen was higher than that of 9H regimen (85.6% vs 56.3%, p -value=0.001). The frequency of side effects of 3HR regimen was also lower than that of 9H regimen (5.2% vs 21.9%, p -value =0.003). Therefore, the use of 3HR regimen over 9H regimen should be considered for LTBI treatment for its higher compliance and relatively lower side effects.

Figure 1. Completion rate and side effects stratified by treatment regimen



* Side effects : Drug stop, Regimen change