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Abstract Title

HIV And Pulmonary Impairment After Tuberculosis, Disability And Quality Of Life In High Burden Setting

Abstract text (max 2500 characters incl spaces):

Background: Patients with pulmonary tuberculosis are likely to develop pulmonary impairment after tuberculosis (PIAT). The stability of PIAT and its relationship with HIV infection have not been fully characterized. Objective: to document and compare the impact of pulmonary tuberculosis (PTB) on lung function, exercise tolerance and quality of life (QOL) in HIV positive and negative

patients. Methods: The study included patients who had a past history of smear positive pulmonary tuberculosis microbiologically cured. Group I was composed of HIV positive patients and group II of HIV negative patients. We measured lung function by spirometry, the QOL with the St George's Respiratory Questionnaire (SGRQ), and the distance walked during the 6-min walk test (6MWT) Results: Two hundred fifteen (215) patients were included, 31 of whom belonged to group I, HIV positive patients. 84.21% of HIV patients were on ART. Both groups had similar risk factors for pulmonary impairment. Impairment was present in 79% of HIV positive patients vs 64.9% of HIV negative patients ($p=0.23$). FVC, FEV1, FEV1/FVC ratio and FEF25-75 were not significantly lower in the HIV positive patients than the comparison group. The severity of lung function impairment was not significantly associated to HIV status ($p=0.40$). The HIV positive patient group showed significantly lower values when compared to group II in the mean distance covered in 6MWT (582 ± 87 vs 646 ± 86 m). The SGRQ mean total scores for HIV positive patients was significantly higher than for group II (17.4 ± 17.2 vs 11.2 ± 10.4). Conclusion: In high burden- setting, PTB causes significant impairment of lung function. Pulmonary impairment after tuberculosis is associated with disability. HIV positive patients have not more severe respiratory and functional impairment than HIV negative patients, but they had impaired exercise tolerance and quality of life.

References

1.Di Naso et al, Rev Port Pneumol. 2011; 17(5):216-21. 2.Maguire et al, INT J TUBERC LUNG DIS 13(12):1500-6. 3.Pasipanodya et al Chest 2007; 132; 1591-98. 4.Lee et al, The Scientific World Journal. Vol. 2012, Article ID 835031, 5 pages. 5.Vecino et al, Journal of Infection and Public Health 2011;4: 244-52. 6.Pasipanodya et al, Chest 2007; 131; 1817-24. 7.Long et al, Chest 1998; 113(4):933-43.

Track Descriptors

208 Track B: Diagnosis and treatment of co-infections/co-morbidities - B4. Co-infections (TB, Hepatitis, STIs, Cryptococcus, bacterial diseases, leishmaniasis, Malaria and others)

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