Optimal Duration of Anti-TB Treatment in Patients With Diabetes
Nine or Six Months?

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e-Appendix 1.

Methods

Definitions of active Tuberculosis

Active pulmonary TB was defined by at least two ambulatory visits or one in-patient record with a compatible diagnosis, plus at least one prescription of three or more anti-TB drugs and prescriptions of at least two anti-TB drugs simultaneously for ≥120 days within a period of 180 days (see online supplementary material for details). The compatible diagnosis of active pulmonary TB included ICD-9-CM (International Classification of Diseases, ninth revision, clinical modification) code 010-012 and 018, or A-code A020 and A021. Patients with ≥2 ambulatory visits or ≥1 in-patient record with a diagnosis of extra-pulmonary TB (ICD-9-CM 013-017 or A-code A022-A025, A029), or the diagnosis of non-tuberculous mycobacterial infection (ICD-9-CM code 031) during the last two months of anti-TB treatment were excluded. The anti-TB drugs used were INH, rifamycin (including RMP and rifabutin) (R), ethambutol (EMB, E), PZA, prothionamide, terizidone, streptomycin, kanamycin, quinolones, cycloserine, and aminosalicylic acid. For patients with end-stage renal disease, the prescriptions were adjusted according to treatment guidelines.

Co-morbidity and Income Status

Underlying co-morbidities were noted if they were present before the diagnosis of pulmonary TB. Patients with malignancy were identified by compatible ICD-9-CM codes (140-208) from the Registry for Catastrophic Illness Patient Database, a separate section of the NHIRD. End-stage renal disease (ESRD), chronic obstructive pulmonary disease (COPD), liver cirrhosis, organ transplantation, and autoimmune diseases were identified according to a previous publication. Acquired immunodeficiency syndrome was defined by at least two out-patient visits within a period of 180 days, or one in-patient record, or prescription of anti-retroviral agents with compatible diagnoses (ICD-9-CM code 042-44, or V08). The low income group identified had an annual household income <4500 US dollars.
References


2. Luh KT, ed *Taiwan Guidelines for TB Diagnosis and Treatment*. 5th ed. Taipei, Taiwan: Centers for Disease Control, R.O.C. (Taiwan); 2013.


**e-Figure 1.** Distribution of the treatment duration among the 12,688 patients with diabetes mellitus and pulmonary tuberculosis.