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Background: MDR-TB management is a complex strategy of at least 18 months of supervised treatment. Defaults diminish the success of MDR-TB management leading to the generation of extensively drug resistant TB (XDR-TB).

Objective: To examine risk factors for default in MDR-TB patients.

Materials and methods: Case-control study of risk for default associated with patient's age, gender, number of previous treatment, time between evaluation and initiation of treatment, and monthly income. Cases are MDR-TB patients who abandon treatment for at least 2 months, and controls are MDR-TB patients who complete their regimen and are either cured or failed treatment.

Results: Fifty-three (25.1%) of 211 MDR-TB patients treated from April 1999 to February 2006 at MMC DOTS clinic defaulted treatment. Only >6 months – 1 year lag between evaluation and initiation of treatment was a significant risk factor for default (OR= 3.1, 95%CI 1.5- 6.7). Although unemployment and monthly income of <PhP18 000 suggested an increased risk of default compared to monthly income of >PhP18 000, these failed to reach statistical significance. The study, however, did not include data on patient education and perception about his illness which may have affected default.

Conclusion: A rapid MDR-TB diagnosis allowing early initiation of treatment would improve treatment adherence.