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Background Although many randomised controlled trials (RCTs) and systematic reviews of treatment for latent tuberculosis (TB) infection (LTBI) have been conducted, previous analyses have not been able directly compare all utilised regimens. To address this we systematically searched for RCTs of LTBI treatment, then used a Bayesian network approach, which allows indirect head-to-head comparisons, to determine the most efficacious regimens at preventing active TB and those that caused the fewest adverse events.

Methods PubMed, EMBASE and Web of Science were systematically mined using a search strategy developed to find RCTs of LTBI treatment. Animal studies, non-RCTs, and RCTs without at least one of our two endpoints were excluded. No language restrictions were made. Extracted data were inputted into a full random effects mixed treatment compartment model, based on code by Ades, Welton and Lu, and implemented in WinBUGS. Odds ratios for all possible comparisons in the network and hierarchical rankings for the different treatments were obtained from the model with point estimates taken as the median of the posterior distribution and 95% credibility intervals (CrI) from the appropriate percentiles. Study quality was individually assessed.

Results 1,344 publications were generated by our search strategy, of which 52 fitted our criteria. 31 studies contained extractable data on adverse events and 44 on the development of active TB. 14 regimens were compared; an extract of the full results is presented (Table 1).

Conclusion Our Bayesian approach allows a novel, integrated, overview of the comparative efficacy and safety of different LTBI regimens, as well as a clear identification of the knowledge gaps where inference is difficult due to sparse data. The results of our study can therefore be used to inform guidelines and plan vital future LTBI treatment RCTs.

Abstract P28 Table 1. Extract of regimen rankings for efficacy in preventing active TB and causing lowest rates of adverse events.

	Ranking (95% CrI)	
Regimen	Active TB	Adverse events
Isoniazid ≤4 months	11 (6, 13)	11 (10, 11)
Isoniazid 6 months	8 (5, 11)	5 (3, 8)
Isoniazid 9 months	11 (4, 14)	7 (4, 9)
Isoniazid ≥12 months	6 (4, 9)	7 (4, 9)
Rifampicin/Isoniazid ≥3 months	7 (4, 10)	4 (3, 7)

P29 **THE PATIENT'S PERSPECTIVE OF ANTI-TUBERCULOSIS TREATMENT**

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Background Tuberculosis (TB) requires prolonged antibiotic therapy with medications, which can cause a wide range of side effects. Despite this, it is essential that patients adhere to their treatment regimes to ensure treatment success and also to reduce the risk of transmission and of drug resistant TB developing. There is little in the literature regarding the patient's perspective of managing the substantial medication burden of TB treatment. However, to focus patient-centred care from local TB services and to direct future management of these patients, assessment of their perspective and quality of life is imperative.

Aim To assess patients who had completed anti-TB treatment over a 10-month period as to their perspective regarding the TB service and treatment in a district general hospital.

Methods All patients who had completed anti-tuberculosis treatment over a 10-month period were provided with an anonymous questionnaire. The data from these was collated and analysed.

Results 35 patients out of 64 patients completing TB treatment over a 10-month period returned the patient questionnaire. Of these patients 51% were female with an average age of 34 years. All the patients were aware how to contact the TB team and 94% of patients received an information leaflet which they had read. 49% of patients suffered side effects; the most common being pruritis (23%), rash (17%), nausea (17%), joint aches (14%) and stomach upsets (11%).
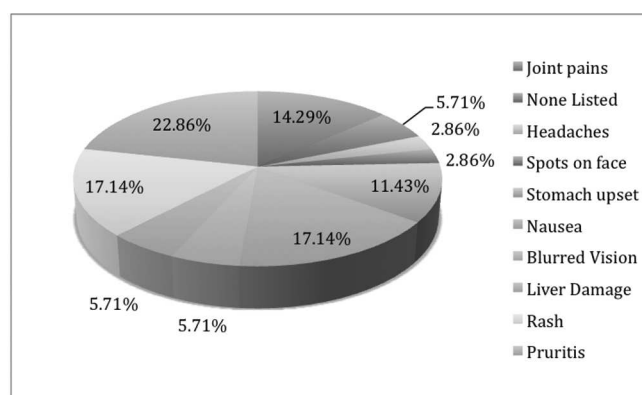
Abstract P29 Figure 1.

86% of the patients felt that the support from the TB nurses did make a difference to their care. Overall patients found the ease of taking medications as follows: 40% very easy, 26% easy, 14% hard, 6% very hard, 11% neither easy or hard, 3% not answered.

Conclusion This study demonstrated that nearly half of the patients suffered from side effects whilst taking their treatment, impacting on their quality of life. Furthermore, a large proportion of patients (20%) had difficulty taking their medications. However, patients do find that the TB service and the involvement of the TB specialist nurses have a positive impact on their care.

P30 **ARE WE UNDER USING DIAGNOSTIC INVESTIGATIONS IN THE MANAGEMENT OF ABDOMINAL TUBERCULOSIS (TB) IN HIGH ENDEMIC AREAS OF LONDON?**

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Introduction Abdominal tuberculosis presents with non-specific clinical symptoms. Diagnosis is based on clinical reasoning supported by radiological findings either by ultrasound or computer tomography. The gold standard of diagnosis remains with culture *Mycobacteria tuberculosis* complex. Therefore in areas with high