Methods Close contacts of MDR-TB patients were traced in the cross-sectional study. Different clinical, radiological and bacteriological were performed to rule out the evidence of TB/MDR-TB.
Results Between January 2012 and December 2012, a total of 200 index MDR-TB patients were initiated on MDR-TB treatment, out of which home visit and contacts screening were conducted for 154 index cases. Of 610 contacts who could be studied, 41 (17.4%) were diagnosed with MDR-TB and 10 (4.2%) had TB. The most common symptoms observed were cough, chest pain and fever.
Conclusions The high incidence of MDR-TB among close contacts emphasise the need for effective contact screening programme of index MDR-TB cases in order to cut the chain of transmission of this disease.

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P116 MULTIDRUG-RESISTANT TUBERCULOSIS (MDR-TB) MONITORING IN SOUTHEAST LONDON USING CURRENT RECOMMENDATIONS; DOES IT PREVENT COMPLICATIONS?

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Background MDR-TB requires an intense treatment course with multiple drugs, many of which have significant recognised side effects. Frequency of monitoring to prevent long term complications is not fully established, but recent guidelines have gone some way to addressing this. In light of this we wanted to review the side effects of MDR-TB treatment in our population to identify whether our previous practice was in line with the current recommendations and if not, whether the currently recommended frequency could have identified these complications sooner.
Methods 26 patients referred to our trust over 13 years (between 2002 and 2015) had a diagnosis of MDR-TB on a basis of isoniazid and rifampicin resistance on culture and/or PCR. Medical records were reviewed; diagnostic tests, resistance profiles, baseline investigations, treatment, drug monitoring tests and side effects were recorded on 21 of these patients. These were compared with current European Respiratory Society guidelines for MDR-TB management.
Results All baseline tests were completed except for magnesium and electrocardiogram. 6 patients had care transferred elsewhere. Amikacin/cycloserine levels were performed in line with recommendations. Interval blood testing was not always undertaken as recommended, particularly near the end of treatment. 11/15 (73%) of patients experienced at least 1 complication to treatment. Most frequent were: amikacin induced ototoxicity in 5/15 (33%), PAS/prothionamide induced hypothyroidism in 3/15 (20%). Other complications included photosensitivity with pyrazinamide, clofazimine associated erythema, peripheral neuropathy secondary to linezolid/cycloserine, amikacin induced renal impairment and ureteric colic secondary to calculi. Audiometry revealed high frequency hearing loss prior to development of symptoms. One patient developed ototoxicity despite monthly audiometry testing. Hypothyroidism developed despite monthly thyroid function.
Conclusions In our population there was a high incidence of significant side effects to MDR-TB regimes. Ototoxicity with amikacin is a significant concern. While frequent testing is advocated we found that complications were not necessarily negated by this. Frequency of testing was easier to achieve whilst an inpatient than an outpatient. With the advent of the World Health Organisation shorter MDR-TB regimen, the need for regular monitoring remains crucial, but the shorter duration of injectable drugs may also help decrease complication rates in the future.

P117 PHARMACY-LED LATENT TB INFECTION SERVICE: A SUCCESS STORY

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Introduction Previously we have reported good outcomes following a pilot study of latent TB infection (LTBI) assessment and treatment by a dedicated TB Pharmacist.[1] Since that time, the service has been imbedded within our local practice to reduce waiting times, improve chemoprophylaxis adherence, enhance treatment outcomes, and minimise adverse drug reactions whilst maintaining a high standard of care. In addition, patients with more complex medical needs requiring biological therapy are now not excluded from this service.
Aim to review the safety and effectiveness of the Pharmacy-led Clinic
Methods Medical records of all cases of LTBI seen by the TB Pharmacist were reviewed retrospectively. Data obtained included patient demographics, treatment ± side-effects and clinical outcomes.
Results 206 patients with LTBI seen between Jan 2012 and December 2015 were identified (see Table 1). Contact tracing and the requirement for biological therapy were the commonest reasons for referral. 185 (89.8%) successfully completed treatment: 3 declined; 8 lost to follow up; 10 stopped due to side-effects. Significant drug side-effects included hepatitis, peripheral neuropathy, nausea and vomiting and only resulted in 2 non-completion, the rest were due to fatigue and headache. Of the 8 who stopped 1 developed active TB whilst on biological therapy. Patient satisfaction was good and patients would recommend this service to a friend or family member.
Conclusion The LTBI Pharmacy-led clinic has been successfully implemented and incorporated into our local TB practice with good outcomes. Keeping with the Carter Review,[2] it is important to utilise the skills and knowledge of previously unrecognised clinical partners to deliver high quality care. Patients were happy to be seen by the pharmacists. Poly pharmacy patients appreciated time spent to simplify regime and manage potential interaction.

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