

Abstract P117 Table 1

	Number	(%) Declined treatment	Lost to follow-up	Stopped due to side-effects
Contact screening	105 (50.9)	1	8	8
Biological therapy	71 (34.4)	1	0	2
New entrant screening	1 18(8.7)	0	0	
Occupational health	12(5.8)	0	0	0
Total number of patients seen	206	3	8	10

P118 HOW DO FOREIGN-BORN PATIENTS WITH TUBERCULOSIS ACCESS HEALTHCARE? A COHORT ANALYSIS OF REFERRALS FROM GENERAL PRACTICE AND THE EMERGENCY DEPARTMENT TO A TERTIARY TUBERCULOSIS SERVICE

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Introduction More than Seventy percent of active Tuberculosis (TB) cases in England are in patients born outside the United Kingdom (UK). Lack of access to primary healthcare is often cited as a barrier to TB control. We considered how patients with TB referred directly to outpatient services initially access healthcare.

Method A retrospective cohort analysis of all patients with active TB on the London TB register (LTBR) between April 2014 and April 2015 at a large urban tertiary referral centre. The route of referral to TB services was confirmed by a review of electronic patient records. We compared demographic, disease and outcome variables between groups as recorded in the LTBR. We excluded those requiring admission; identified through contact tracing; referrals from other secondary care outpatient services and those with inadequate data. Chi squared or Exact tests were used in the analysis.

Results We compared patients diagnosed with TB who were referred directly to outpatient services from General Practice (GP) (97 patients) and the Emergency Department (ED) (35 patients). There was no significant difference in age or sex between groups.

Of those patients born outside the UK (105), 78 percent (82/105) were referred to clinic from their GP compared to only 56 percent (15/27) of those born within the UK (15/27). This difference was statistically significant ($p < 0.05$). There was no statistically significant difference between the mean length of stay in the UK amongst migrants that presented via ED or GP (MD 2.33 years, 95% CI: -2 to 7, $p < 0.4$). There was no statistically significant difference in the number of patients who had at least one social risk factor between groups.

Comparing disease between the groups, there was a higher proportion of multisite disease amongst those referred from ED compared to GP (23% [8/35] vs 14% [14/97], $p < 0.025$), there was no statistical difference between the numbers of pulmonary cases identified or smear status between the groups.

Conclusion Amongst patients with active TB referred directly to outpatient services, those born outside the UK were more likely to have been referred by their GP than UK-born patients.

P119 USING ADVERSE EVENTS IN A TUBERCULOSIS TRIAL TO DESCRIBE THE TOLERABILITY OF STANDARD THERAPY

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Introduction and objectives The current standard treatment for pulmonary tuberculosis (TB) has been in use for several decades and the major risks associated with each of the four drugs (HRZE) are well recognised. However, large prospective trials with regular review and documentation of adverse events while taking HRZE are lacking.

We used the incidence of grade 3 and 4 adverse events (AEs) and serious adverse events (SAEs) in patients taking HRZE in the REMoxTB trial to investigate the overall tolerability of the regimen.

Methods Grade 3 or 4 AEs and SAEs (of any grade) for patients taking standard TB therapy were analysed. Events were labelled as occurring in the intensive phase, continuation phase or in follow-up (up to 18 months after enrolment). ANOVA and chi-

Abstract P119 Table 1

	Intensive Phase (Month 0–2) n = 639	Continuation Phase (Month 3–6) n = 596	Follow Up Phase (Month 7–18) n = 569	P value
No of Grade 3 AEs Reported	66	31	19	***
No. Grade 4 AEs Reported	19	6	3	***
System Organ Class of Reported Grade 3 & 4 AEs				
Musculoskeletal	14	7	0	0.102
Metabolism & Nutrition	11	0	6	0.006
General Disorders	7	3	1	0.838
No of Grade 3 or 4 AEs per Patient				
0	578	574	554	<0.001
1	49	18	9	
2	9	2	4	
≥3	3	2	2	
No of Patients with ≥1 SAE (Considered Related)	32 (21)	18 (6)	20 (2)	0.168
Mean No of SAEs per Patient	1.78	1.39	1.60	0.092
No of Withdrawals	38	26	1	<0.001
No of Deaths	5	1	10	0.014