

Evidence Update

Tuberculosis Series

June 2006

Does watching patients take their TB drugs improve treatment cure and completion?

Cure and completion is similar whether patients are directly observed or take the treatment themselves.

Inclusion criteria

Studies:

Randomized and quasi-randomized controlled trials.

Participants:

People requiring treatment for active tuberculosis.

Intervention:

Routine observation of participants taking their antituberculous drugs by a health worker, community volunteer or family member, compared with self-administration of drugs at home plus intermittent clinic visits.

Outcomes:

Cure: completion of treatment.

Results

- Ten trials with a total of 3985 participants were included; seven from low and middle-income countries, the remainder from high-income countries, with two evaluating services for intravenous drug users. Allocation concealment was adequate in four trials, unclear in three and not used in three.
- In trials carried out in the general public, there were no differences between direct observation and self-administration groups in numbers cured (relative risk 1.02, 95% confidence interval 0.86 to 1.21; 1603 participants, 4 trials); cured or completed treatment (RR 1.06, 95% CI 1.00 to 1.13) or completed treatment (RR 1.06, 95% CI 0.98 to 1.15; 173 participants, 1 trial).
- In studies with intravenous drug users, there was no difference between the direct observation and self-administering groups in the number completing treatment (RR 1.02, 95% CI 0.89 to 1.18; 199 participants, 1 trial).

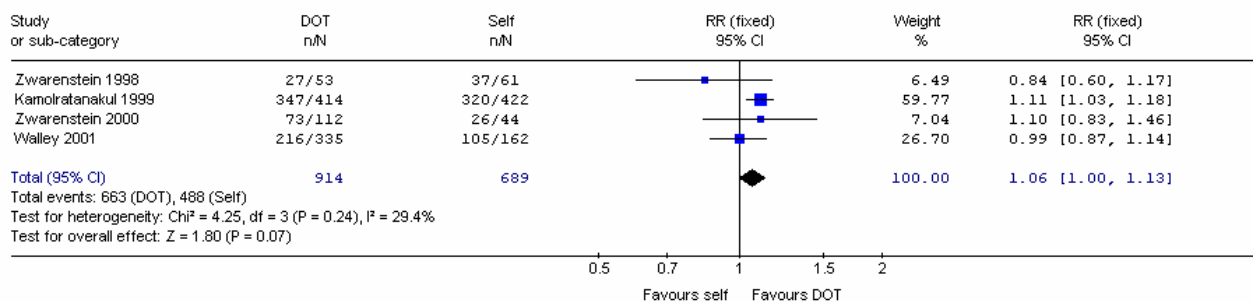


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Direct observation versus self-administration of antituberculous drugs: cure or completion of treatment



Authors' conclusions

Implications for practice:

Research suggests that routine direct observation of treatment has no effect, or a very small effect, on improving cure or treatment completion rates in people being treated for TB.

Implications for research:

Studies examining factors influencing the usefulness of directly observed treatment in different settings would be useful, along with comparisons of this approach in relation to other strategies aimed at improving adherence to treatment.