

Original Research Article

Study on Frequency of impaired lung function in treated tuberculosis patients in tertiary care hospital of Pakistan

ABSTRACT

Background: Pulmonary impairment is a common manifestation in previously treated pulmonary tuberculosis (PTB) patients. Approximately 40-60% of patients with history of complete anti-tuberculosis therapy (ATT) developed the obstructive, restrictive or mixed patterns of lung disease.

Objective: To determine the frequency and type of impairment of lung function in previously treated PTB patients.

Methods: A descriptive cross-sectional study was conducted at Ojha Institute of Chest diseases, Dow University of Health Sciences, Karachi during the period of six months from April 2021 to September 2021. One hundred and forty four previously treated PTB patients with age of 18-60 years were selected through consecutive sampling. Spirometry of each patient was performed by trained spirometry technician and lung function was assessed by an experienced pulmonologist. Data was interpreted with SPSS v. 25.0.

Results: Out of 144 previously treated PTB patients, male were 83 (57.6%) and female were 61 (42.4%). Impaired pulmonary function was present in 87 (60.4%) patients, out of which 49 (56.3%) patients had obstructive impairment; 23 (26.4%) patients had restrictive impairment while 15 (17.2%) patients had mix pattern.

Conclusion: Prevalence rate of impaired pulmonary function was higher in treated PTB patients who have completed ATT. Obstructive pulmonary impairment was the most common pulmonary impairment followed by restrictive and mixed pulmonary impairment.

Keywords: Pulmonary tuberculosis, anti-tuberculosis, obstructive, restrictive, lung

INTRODUCTION:

Tuberculosis (TB) is a multi-systemic ancient human infectious disease, caused by *Mycobacterium tuberculosis*, mainly affecting lungs of human body, making pulmonary tuberculosis (PTB) as most common manifestation of TB [1, 2]. Globally, TB is one of the leading cause of mortality from an infectious disease agent specifically including human immunodeficiency virus (HIV) infected population of world [3, 4]. Global tuberculosis report of year 2020 published by World Health Organization (WHO), reports ten million new cases of TB along with 1.2 million and 208000 deaths in HIV negative and positive TB cases respectively in year 2019. Pakistan was listed in top eight countries accountable for two-third of total TB cases with prevalence of 5.7% [5]. According to Pakistan national guidelines of TB, Pakistan is ranked 5th among the highest TB burden countries with an estimation of 562,000 new cases of TB per year [6]. WHO aims to finish the TB by decreasing 90% of TB incidence and 95% of TB mortality till year 2035 [7].

Patients who have recovered from PTB are at risk of developing pulmonary and extrapulmonary sequelae of the PTB throughout their lives, which in turn affects their quality of life [8]. However, PTB treatment with ATT does not prevent the development of pulmonary complications, followed by lung injury and pulmonary sequelae and even disability [9]. High prevalence of obstructive lung disease is seen in treated PTB patients. Some studies in past have shown obstructive defects as the main abnormality in treated TB patients, but recently studies have shown that functional abnormalities of lungs could be obstructive, restrictive, or mixed defects [10-12]. In a study by Mbatchau Ngahane BH, et al. has found the prevalence of lung function impairment as 45.4% (95% CI 39-51) in treated TB patients [11]. In another study reported by Singh B, et al. has shown obstructive, restrictive, or mixed defects seen in Post-tuberculosis patients as 56.25%, 10.42% and 33.33% respectively [12].

As the prevalence of TB is significant in our society, it is important to identify patients with pulmonary function impairment after the completion of PTB treatment with ATT. If we know the pattern of lung impairment in these treated PTB patients which in turn help us in planning further management of these patients so that they become useful citizen of the society. In the past, no such study has been conducted in Sindh; this study will provide the data of Sindh which in turn will help us to design our routine practice guidelines for proper management of impaired lung function in post TB patients in order to reduce the morbidity of these particular patients and improving the quality of life.

METHODOLOGY:

A descriptive cross-sectional study was conducted at Ojha Institute of Chest diseases, Dow University of Health Sciences, Karachi during the period of six months from April 2021 to September 2021.

All treated PTB Patients with (1) age of 18-60 years and (2) completed ATT prior to six months of study were selected through consecutive-sampling. Patients with (1) current use of ATT, (2) history of pleural or pericardial tuberculous effusion, (3) history of obstructive airway disease (including chronic obstructive pulmonary disease (COPD) and bronchial asthma), interstitial lung disease, lung malignancy, congestive cardiac failure, chronic renal failure, chronic liver disease or chest deformity, (4) treated TB patients of Multi-drug resistant (MDR), (5) failed to perform spirometry and (6) not willing to be a part of study were excluded.

Sample size of 144 was calculated with the help of Open EPI software by using confidential interval of 95%, confidential limit of 5% and lowest proportion of pulmonary impairment reported by previous study by Singh B et al. who has shown obstructive, Restrictive, or mixed defects seen in treated tuberculosis patients as 56.25%, 10.42% and 33.33% respectively [10].

Those patients who were previously diagnosed with PTB on the basis of clinical (cough with sputum, fever (> 98.4 °F), blood in sputum, night sweats and shortness of breathing (respiratory rate > 20 /minute) and radiological findings (consolidation, cavitation, nodular opacity and military shadows on chest X-ray) and confirmed on laboratory investigations (AFB smear, Gene Xpert, AFB C/S on sputum) were labelled as PTB patients. Those PTB patients who have completed course of ATT were labelled treated PTB patients. Spirometry of each patient was performed by trained spirometry technician and lung function was assessed by an experienced pulmonologist (Table-1). Statistical analysis was performed with

statistical package for social sciences (SPSS) version 25.0. Binary logic regression was used with p value ≤ 0.05 as significant.

| Table 1: Pulmonary Function Test | | |
|---|-----------------|------------|
| Lung Function | FEV1/FVC | FVC |
| Normal | 80% | 80-120% |
| Abnormal | | |
| Obstructive | < 70% | > 80% |
| Restrictive | $\geq 70\%$ | < 80% |
| Mixed | < 70% | < 80% |
| FEV1: Forced expiratory volume in one second; FVC: Forced vital capacity. | | |

RESULTS:

Out of 144 previously treated PTB patients, male were 83 (57.6%) and female were 61 (42.4%). Most of the patients were in age group of 51-60 years 56 (38.9%) patients followed by 41-50 years 51 (35.4%) patients, 31-40 years 24 (16.7%) patients and 18-30 years 13 (9.0%) patients with mean age of 46.92 ± 10.096 years. Most of the PTB patients were from rural area 63 (43.8%) patients and employed 101 (70.1%) patients. Most of the patients were in range of normal BMI 87 (60.4%) patients followed by underweight 28 (19.4%) patients, over-weight 16 (11.1%) patients and obese 13 (9.0%) patients with mean BMI of 25.54 ± 5.77 Kg/m². 77 (53.5%) patients have positive family history of TB contact. Most of the patients 29 (20.1%) received their last dose of ATT 6-12 and 37-48 months before included in the study with mean duration of 35.90 ± 19.822 months (Table 2).

Impaired pulmonary function was present in 87 (60.4%) patients, out of which 49 (56.3%) patients had obstructive impairment; 23 (26.4%) patients had restrictive impairment while 15 (17.2%) patients had mix pattern (Table 3). Significant risk factors for impaired lung function were place of living ($p=0.001$) and occupation ($p=0.002$), whereas non-significant risk factors were gender ($p=0.902$), age ($p=0.711$), family history of TB ($p=0.126$) and duration of ATT completion ($p=0.360$). Binary logistic regression shows that odds of impaired lung function was 0.95 times higher in male PTB patients (95% CI: 0.45-2.02), 1.16 times higher in PTB patients of age < 50 years (95% CI: 0.54-2.48), 3.54 times higher in PTB patients living in rural areas (95% CI: 3.54-1.65), 0.29 times higher in employed PTB patients (95% CI: 0.29-0.13), 1.79 times higher in PTB patients with positive family history of TB (95% CI: 1.79-0.85) and 0.63 times higher in PTB patients who have completed ATT more than one year before the study (95% CI: 0.63-0.23) (Table 4).

| Table 2: Demographic and Disease Details of Cured PTB Patients (n=144) | | |
|---|--------------------|-------------------|
| Variables | Frequency | Percentage |
| Gender | | |
| Male | 83 | 57.6 |
| Female | 61 | 42.4 |
| Age (Years) | | |
| Mean \pm SD | 46.92 \pm 10.096 | |
| 18-30 | 13 | 9.0 |
| 31-40 | 24 | 16.7 |
| 41-50 | 51 | 35.4 |
| 51-60 | 56 | 38.9 |
| Place of Living | | |
| Rural | 63 | 43.8 |
| Urban | 81 | 56.3 |
| Occupation | | |
| Employed | 101 | 70.1 |
| Unemployed | 43 | 29.9 |
| BMI (Kg/m²) | | |
| Mean \pm SD | 25.54 \pm 5.77 | |
| Normal | 87 | 60.4 |
| Under weight | 28 | 19.4 |
| Over weight | 16 | 11.1 |

| | | |
|--|--------------------|------|
| Obese | 13 | 9.0 |
| Family History of TB | | |
| Yes | 77 | 53.5 |
| No | 67 | 46.5 |
| Duration of ATT Completion (months) | | |
| Mean \pm SD | 35.90 \pm 19.822 | |
| 6-12 | 29 | 20.1 |
| 13-24 | 19 | 13.2 |
| 25-36 | 23 | 16.0 |
| 37-48 | 29 | 20.1 |
| 49-60 | 21 | 14.6 |
| > 60 | 23 | 16.0 |

| Table 3: Impaired Lung Function In Cured PTB Patients (n=144) | | | |
|--|------------------|-------------------|----------------|
| Variables | Frequency | Percentage | |
| Impaired Lung Function | | | |
| Present | 87 | 60.4 | |
| Absent | 57 | 39.6 | |
| Type of Impaired Lung Function (n=87) | | | |
| Obstructive | 49 | 56.3 | |
| Restrictive | 23 | 26.4 | |
| Mixed | 15 | 17.2 | |
| Table 4: Risk Factors For Impaired Lung Function (n=144) | | | |
| Risk Factor | OR | 95% CI | P-value |

| | | | |
|---|------|-----------|-------|
| Gender: Male vs Female | 0.95 | 0.45-2.02 | 0.902 |
| Age: < 50 years vs > 50 years | 1.16 | 0.54-2.48 | 0.711 |
| Place of Living: Rural vs Urban | 3.54 | 3.54-1.65 | 0.001 |
| Occupation: Employed vs Unemployed | 0.29 | 0.29-0.13 | 0.002 |
| Family History: Positive vs Negative | 1.79 | 1.79-0.85 | 0.126 |
| Duration of ATT Completion: < 1 year vs > 1 year | 0.63 | 0.63-0.23 | 0.360 |
| P-values were calculated from binary logistic regression. * significant p-values ≤ 0.05 | | | |

DISCUSSION:

Patients either suffering from PTB or treated from PTB are at a higher risk of developing pulmonary and extrapulmonary sequelae of the PTB. Impairment of lung function in treated PTB patients is one of the commonly reported complication. A wide variety of studies reported the impaired pulmonary function in 33.3-94.0% of treated PTB patients [10-13]. In this study most of the treated PTB patients 83 (57.6%) were male and 61 (42.4%) were female. Similar high prevalence of male was reported by other authors like; Chushkin MI, et al., male (61.7%) and female (38.3%) [14], Pasipanodya JG, et al., reports the 69% male and 31% female [15], Vecino M, et al., reports the 71% male and 29% female [16] and Manji M, et al., reports the 60.5% male and 39.5% female [17]. All similar studies reflecting that male PTB patients were more affected with disease as compare to female patients because in our society male are predominantly working and spending their time out of home and are at a higher risk of infection. In current study most affected age group were 51-60 years 56 (38.9%) and 41-50 years 51 (35.4%) patients whereas other affected groups were; 31-40 years 24 (16.7%) patients and less affected age group was 18-30 years having 13 (9.0%) patients. Similar results were reported by Chushkin MI, et al., who reports the most affected age group were 40-49 in 27.6%, 50-59 in 22.9 and other affected age groups were < 40 in 21.5%, 60-69 in 15.0% and ≥ 70 in 3.1% patients [14]. Difference in age group was reported by Manji M, et al., 33.1% in 18-30, 31.9% in 31-40, 19.2% in 41-50, 8.4% in 51-60 and 6.4% in > 60 [17]. Similar studies reflecting that patients having age > 40 years are at higher risk of development of impaired pulmonary function. Patients were suffering from pulmonary impairment due to advanced age and exposure to environmental irritants. In our research 77 (53.5%) patients report the positive family history of PTB contact. Majority of the patients 81 (56.3%) were from urban area and remaining 63 (43.8%) patients were from rural area. Most of the selected patients were working 101 (70.1%) patients including 65 (45.1%) in field and 36 (25.0%) patients were working in office. Manji M, et al., reports the occupation; agriculture in 3.8%, domestic in 34.1%, industrial in 12.8%, office in 23.8% and 25.5% other [17]. In current study patients treated for PTB were investigated for impaired pulmonary function

by performing spirometry. Lung function was normal in 57 (39.6%) patients, whereas abnormal/impaired in 87 (60.4%) patients. Similar prevalence of impaired pulmonary function was reported by Pasipanodya JG, et al., 59.0% [15] and Vecino M, et al. 57.0% [16]. Manji M, et al., reports the high prevalence of impaired pulmonary function i.e., 74% [17], whereas Chushkin MI, et al., [14] and Fiogbe AA, et al. [18] reports the lower prevalence of impaired pulmonary function 47.6% and 45.0%, respectively than our study. All similar studies showing the higher prevalence of pulmonary impairment in PTB treated patients. The overall prevalence of pulmonary impairment is much alarming in patients treated for PTB. In our patient sample, obstructive impairment (56.3%) was the most common pattern, followed by restrictive (26.4%) and mixed (17.2%) impairment. A similar result for obstructive impairment was reported by Manji M, et al., who observed the obstructive impairment in 56.6%, restrictive in 17.5% and mixed in 25.9% [17]. Chushkin MI, et al., who reports the high prevalence of obstructive in 72.5%, restrictive in 17.6%, mixed in 7.8% and non-specific in 1.9% [14]. Vecino M, et al., reports the lower obstructive prevalence i.e., 38.6%, restrictive in 37.4% and mixed in 24.3% [16]. In all similar studies obstructive impairment was most common followed by restrictive and mixed pattern of pulmonary important.

In conclusion, it was found that patients having history of PTB were at a higher risk of pulmonary function impairment. The eradication of the bacteria does not necessarily translate to the end of the disease. After PTB treatment, 60% of patients evolves to pulmonary impairment mainly obstructive type of impairment. The result shows the importance of pulmonary function testing in patients who have been treated for PTB.

CONCLUSION:

It was concluded from the study that prevalence rate of impaired pulmonary function was higher in PTB patients who have completed ATT. It was also concluded that obstructive impairment was most common pulmonary impairment followed by restrictive and mixed pulmonary impairment.

Ethical Approval:

As per international standard or university standard written ethical approval has been collected and preserved by the author(s).

Consent

As per international standard or university standard, patients' written consent has been collected and preserved by the author(s).

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