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Title: Impact of tobacco smoking on anti-tuberculosis treatment outcomes

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Body: Tobacco smoking is a risk factor for developing active TB, relapse and death. Aim Assessing the influence of cigarette smoking on anti-TB treatment outcome. Design Case-control study included 285 new pulmonary TB cases, distributed in study group-206 TB cases active smokers and control group- 79 never-smoking TB cases. Results: men 79%vs61%, average age 35,2 vs 40,3yrs, age distribution 18-44 years 84%vs79%; >44 years 16% vs.21%; light smokers (<10PY)-14%, moderate smokers (10-20PY)-78%, heavy smokers (>20PY)-7,9%. Social characteristics: urban residence 75%vs58% (p<0,05), unemployment 76%vs62% (p<0,05), single status 57%vs48%, low life conditions 60%vs41%(p<0,05). Chronic alcohol consumers were 54%vs 4% (p<0,001) and drug users 2%vs0%. TB related features: late TB detection 56%vs48%, onset complications 29% vs14%(p<0,05) (hemoptysis 13%vs3%, pneumothorax 4%vs0%, pleurisy12%vs5%). Severe forms with bilateral localization 79%vs.27% (p<0,05), lung destructions 67%vs23%(p<0,05), disseminated TB 14% vs.7%. Microscopic smear positive were 74%vs46%(p<0,05). Patients were informed about smoking cessation improves treatment outcome, but no psychological or drug interventions were done. Only 6% stopped smoking due to dyspnoea. All cases were treated under DOTS with treatment results: succes 46%vs82% (p<0,001), failed 12%vs4%(p<0,05), defaulted 12% vs.0% (p<0,001), died 29%vs14%(p<0,05). Conclusions:low success rate and high mortality rate suggest the integration of tobacco smoking cessation techniques in the TB-treatment especially in low social status cases with chronic alcohol consumption.