Intermittent and daily therapy for tuberculosis in children

The risk of bias of trials was considered low. The reviewers noted that trials were small, comparator regimens were not standard and there were variations across studies in terms of drug combinations used and duration of treatment. Meta-analysis was undertaken where possible.

Summary of key evidence
Results indicated:
- There was no difference detected between the number of patients cured between twice-weekly and daily anti-TB treatment groups (four trials; 465 participants);
- There were also no differences detected for death (four trials), relapse (one trial) and treatment-limiting adverse events (four trials) between interventions and controls;
- Treatment adherence was similar across trials (four trials);
- No serious adverse effects were reported in any of the included studies.

Best-practice recommendations
Results from this systematic review suggest that there is insufficient evidence from RCTs to support one treatment regimen over the other. Additional high-quality RCTs are urgently required.

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References