

Comments on the SEPAR Guidelines for the Diagnosis and Treatment of Drug-Resistant Tuberculosis[☆]



Comentarios a la normativa SEPAR de diagnóstico y tratamiento de la tuberculosis con resistencia a fármacos

To the Editor,

We are grateful to Dr. Pascual for his insightful comments¹ on our recently published guidelines on the diagnosis and treatment of drug-resistant tuberculosis (TB).² His letter addresses 2 points that we would like to discuss further.

We fully agree with the first of his comments, regarding the good anti-*Mycobacterium tuberculosis* activity of bedaquiline and delamanid. As shown in Table 3 of our guidelines,² the effectiveness of these new drugs prompted us to include them among the core drugs (our group 4) instead of among the add-on agents (Group D) recommended in the 2016 WHO recommendations³; we agree that these 2 drugs should have been included in WHO group C.³ As early as 2015, our group published an article in the *European Respiratory Journal*, proposing that these new drugs (along with linezolid) should even be positioned above second-line injectable drugs.⁴ The reason for not including these drugs in treatment regimens from the outset is not so much financial, but because we feel that evidence for such use is still scant. The inclusion of these drugs in group 4 illustrates our view: they are very good but evidence is still lacking. However, by including them in group 4, we are providing the option for their use in MDR-TB regimens.

As for shorter MDR-TB regimens, Dr. Pascual rightly points out that many issues remained unclear in the 2016 WHO publication.³ For this reason, and because of concerns surrounding the applicability of these regimens in practice, the WHO subsequently published an article which addressed many of these controversies.⁵ In it, they stated that the decision to use shorter regimens should not be based on sensitivity testing to the drugs in the regimen, other than fluoroquinolones or second-line injectables. This is because sensitivity results for these drugs, including pyrazinamide, are unreliable. The authors go so far as to say that even if resistance to pyrazinamide is observed, the clinician can consider using these shorter regimens.⁵ Furthermore, our recommendation not to use these regimens in pregnant women and in extrapulmonary TB is based on a lack of

[☆] Please cite this article as: Caminero JA, Caylá JA, García-García JM, García-Pérez FJ, Palacios JJ, Ruiz-Manzano J. Comentarios a la normativa SEPAR de diagnóstico y tratamiento de la tuberculosis con resistencia a fármacos. Arch Bronconeumol. 2018;54:298.

GesEPOC Guidelines in the Elderly: Still a Long Way to Go[☆]



Guías GesEPOC en ancianos: todavía camino por recorrer

To the Editor,

We would like to congratulate the authors of the updated GesEPOC guidelines,¹ a document that when it was first published marked a turning point in the management of chronic obstructive

[☆] Please cite this article as: Martínez-Velilla N, Guillén CI, Astiz JJ. Guías GesEPOC en ancianos: todavía camino por recorrer. Arch Bronconeumol. 2018;54:298–299.

evidence, even though we are aware that they are used in these patient groups in some countries.

References

1. Pascual Pareja JF. Comentarios al tratamiento de la tuberculosis con resistencia. Arch Bronconeumol. 2018;54:297.
2. Caminero JA, Caylá JA, García-García JM, García-Pérez FJ, Palacios JJ, Ruiz Manzano J. Diagnóstico y tratamiento de la tuberculosis con resistencia a fármacos. Arch Bronconeumol. 2017;53:501–9.
3. World Health Organization. WHO treatment guidelines for drug-resistant tuberculosis. 2016 update. World Health Organization Document; 2016. p. 1–59. WHO/HTM/TB/2016.04.
4. Caminero JA, Scardigli A. Classification of antituberculosis drugs: a new proposal based on the most recent evidence. Eur Respir J. 2015;46:887–93.
5. World Health Organization. Frequently asked questions about the implementation of the new WHO recommendation on the use of the shorter MDR-TB regimen under programmatic conditions. Version: 20; 2016, December.

José A. Caminero,^{a,b,c,*} Joan A. Caylá,^{c,d}
José-María García-García,^{c,e} Francisco J. García-Pérez,^{c,f}
Juan J. Palacios,^{c,g} Juan Ruiz-Manzano^{c,h,i}

^a Servicio de Neumología, Hospital General de Gran Canaria Dr. Negrín, Las Palmas de Gran Canaria, Las Palmas, Spain

^b Unidad de Tuberculosis con Multi-Drogo Resistencia, Unión Internacional contra la Tuberculosis y Enfermedades Respiratorias (La Unión), Paris, France

^c Programa Integrado de Investigación en Tuberculosis (PII TB) de la Sociedad Española de Neumología y Cirugía Torácica SEPAR, Barcelona, Spain

^d Servicio de Epidemiología, Agència de Salut Pública de Barcelona, CIBER de Epidemiología y Salud Pública (CIBERESP), Barcelona, Spain

^e Unidad de Gestión Clínica de Neumología, Hospital Universitario San Agustín, Avilés, Asturias, Spain

^f Servicio de Neumología, Hospital Universitario de La Princesa, Madrid, Spain

^g Unidad de Referencia Regional de Micobacterias, Servicio de Microbiología, Hospital Universitario Central de Asturias, Oviedo, Asturias, Spain

^h Servicio de Neumología, Hospital Universitario Germans Trias i Pujol, Badalona, Barcelona, Spain

ⁱ CIBER de Enfermedades Respiratorias (CIBERES), Barcelona, Spain

* Corresponding author.

E-mail address: jcamlun@gobiernodecanarias.org (J.A. Caminero).

1579-2129/

© 2018 SEPAR. Published by Elsevier España, S.L.U. All rights reserved.

pulmonary disease (COPD) in Spain. These guidelines have now been enriched by contributions from new scientific societies and a more comprehensive and integrated perspective. However, as with many other diseases, the treatment of COPD in the elderly patient is very complex, and it can be particularly difficult to address all the factors associated with aging. We believe, then, that some of the following suggestions may be helpful in subsequent revisions of the document.

When analyzing geriatric syndromes that play a significant role in the different diagnostic and therapeutic procedures, we must look beyond the conventional clinical evaluation. A comprehensive geriatric assessment must include not only social factors, but also situations such as visual and auditory defects, functional and cognitive deficits, and musculoskeletal disorders such as sarcopenia.