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| **Evaluation of video directly observed therapy in a tuberculosis service** |
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| **Introduction/Aim:**  Directly observed therapy (DOT) is considered the standard of care for patients receiving initial phases of tuberculosis treatment [1]. International guidelines contain recommendations for home-based DOT over facility-based DOT [1,2].  Video DOT (vDOT) uses video devices to allow remote clinical interaction. Previous studies have shown increased treatment completion when DOT is provided by VDOT [3,5]. Randomised data has found vDOT to be non-inferior with regards to treatment completion and microbiological resolution [4].  We aim to audit departmental outcomes, demographic data and to collect data comparing vDOT to face to face DOT.  **Methods:**  An audit was conducted to collect data from patients receiving vDOT over a 12 month period by review of attendance records and patient records. All patients received synchronous vDOT by Telehealth video link. Data was collected on missed vDOT contact, missed doses and transition to face-to-face DOT.  **Results:**  30 patients were provided with vDOT over a twelve month period. Patients were supervised with vDOT for varying periods totalling 413 weeks of vDOT across all patients. vDOT was provided to regional patients with mean distance from service provider of 68km. Over that time period 69 episodes of missed vDOT were recorded. 27% of missed vDOT cases were due to connectivity issues whereas 26% were due to medications having been taken independently administered before DOT. 5 patients were transitioned to face to face DOT.  Data collection is ongoing for comparison to face to face DOT outcomes.  **Conclusion:**  Initial data collection suggests that vDOT is a viable option for monitoring of patients initiating tuberculosis treatment. Connectivity issues was the leading cause of missed vDOT contact which can be reviewed for improvement. Data collection is underway for comparison to face to face outcomes.  **Grant Support:**  Nil  References   1. WHO guidelines for treatment of drug-susceptible tuberculosis and patient care (2017 update).World Health Organization, Geneva2017​ 2. Official American Thoracic Society/Centers for Disease Control and Prevention/Infectious Diseases Society of America Clinical Practice Guidelines: Treatment of Drug-Susceptible Tuberculosis. Nahid et. al. Clin Infect Dis. 2016 Oct 1;63(7)​ 3. Smartphone-enabled video-observed versus directly observed treatment for tuberculosis: a multicentre, analyst-blinded, randomised, controlled superiority trial. Story et. al. Lancet VOLUME 393, ISSUE 10177​ 4. Burzynski J, Mangan JM, Lam CK, et al.; eDOT Study Team. In-person vs electronic directly observed therapy for tuberculosis treatment adherence: a randomized noninferiority trial. JAMA Netw Open 2022;5​ 5. Video-observed therapy and medication adherence for tuberculosis patients: randomised controlled trial in Moldova. Ravenscroft et. al. European Respiratory Journal 2020 |