



Importance of Weight in the Treatment Outcomes of a Patient with TB

Catalina Navarro, BSN, RN
April 30, 2024

Essentials of TB Nurse Case Management Online
April 9, 16, 23, & 30, 2024
Online Course

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- No relevant financial relationships with any commercial companies pertaining to this educational activity





Importance of Weight in the Treatment Outcomes of a Patient with TB


Essentials of Nurse Case Management

**Catalina B. Navarro BSN, RN
Nurse Consultant/Educator**

Objectives

- Discuss the Importance of weight gain on TB treatment outcomes
- Demonstrate the use of the BMI chart with case studies





Impact of Poor Nutrition on TB Relapse

Reference: Lack of Weight Gain and Relapse Risk in a Large Tuberculosis Treatment Trial: Awal Khan, Timothy R. Sterling, Randall Reves, Andrew Vernon, C. Robert Horsburgh and the Tuberculosis Trials Consortium; *American Journal of Respiratory and Critical Care Medicine* Vol 174, pp. 344-348, (2006)

Weight gain of 5% or less during the first 2 months of therapy is associated with an increased risk of relapse, even after controlling for other factors.

Consultation to healthcare providers at 1-800-TEX-LUNG
 2303 SE Military Drive, San Antonio, TX 78223
www.HeartlandNTBC.org

This product produced with funds awarded by the Centers for Disease Control & Prevention (CDC)
 Created 3-08

CHART 1. BODY MASS INDEX (BMI)

Weight (pounds)	Height (feet and inches)																Weight (kilograms)	
	5'0"	5'1"	5'2"	5'3"	5'4"	5'5"	5'6"	5'7"	5'8"	5'9"	5'10"	5'11"	6'0"	6'1"	6'2"	6'3"		6'4"
100	20	19	18	18	17	17	16	16	15	15	14	14	14	13	13	12	12	45
105	21	20	19	19	18	17	17	16	16	15	15	15	14	14	13	13	13	47
110	21	21	20	19	19	18	18	17	17	16	16	15	15	15	14	14	13	50
115	22	22	21	20	20	19	19	18	17	17	16	16	15	15	14	14	13	52
120	23	23	22	21	21	20	19	19	18	18	17	17	16	16	15	15	14	54
125	24	24	23	22	21	21	20	20	19	18	18	17	17	16	16	15	15	57
130	25	25	24	23	22	22	21	20	20	19	19	18	18	17	17	16	16	59
135	26	26	25	24	23	22	22	21	21	20	19	19	18	18	17	17	16	61
140	27	26	26	25	24	23	23	22	21	21	20	20	19	18	17	17	16	63
145	28	27	27	26	25	24	23	23	22	21	21	20	20	19	19	18	18	66
150	29	28	27	27	26	25	24	23	23	22	22	21	20	20	19	19	18	68
155	30	29	28	27	27	26	25	24	24	23	22	22	21	20	20	19	19	70
160	31	30	29	28	27	27	26	25	24	24	23	22	22	21	21	20	19	72
165	32	31	30	29	28	27	27	26	25	24	24	23	22	22	21	21	20	75
170	33	32	31	30	29	28	27	27	26	25	24	24	23	22	22	21	21	77
175	34	33	32	31	30	29	28	27	27	26	25	24	24	23	22	22	21	79
180	35	34	33	32	31	30	29	28	27	27	26	24	24	24	23	22	22	82
185	36	35	34	33	32	31	30	29	28	27	27	26	25	24	24	23	23	84
190	37	36	35	34	33	32	31	30	29	28	27	26	26	25	24	24	23	86
195	38	37	36	35	34	33	32	31	31	30	29	28	27	26	26	25	24	88
200	39	38	37	36	34	33	32	31	30	30	29	28	27	26	26	25	24	91

Height (centimeters)
 150 153 155 158 160 163 165 166 170 173 175 178 180 183 185 188 190

Underweight Weight Appropriate Overweight Obese

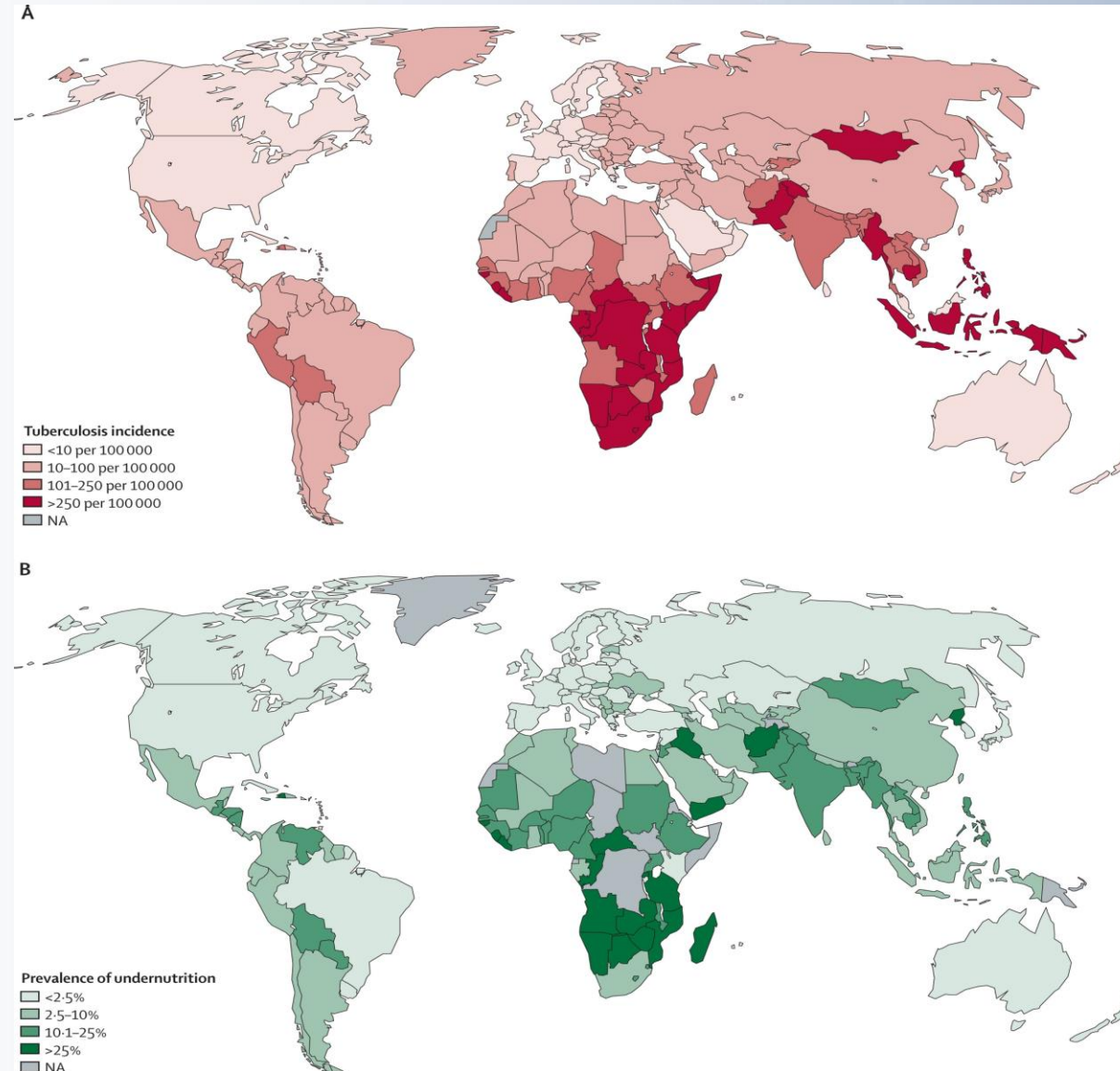
Malnutrition

Malnutrition refers to **deficiencies**, **excesses**, or **imbalances** in a person's intake of energy and/or nutrients.

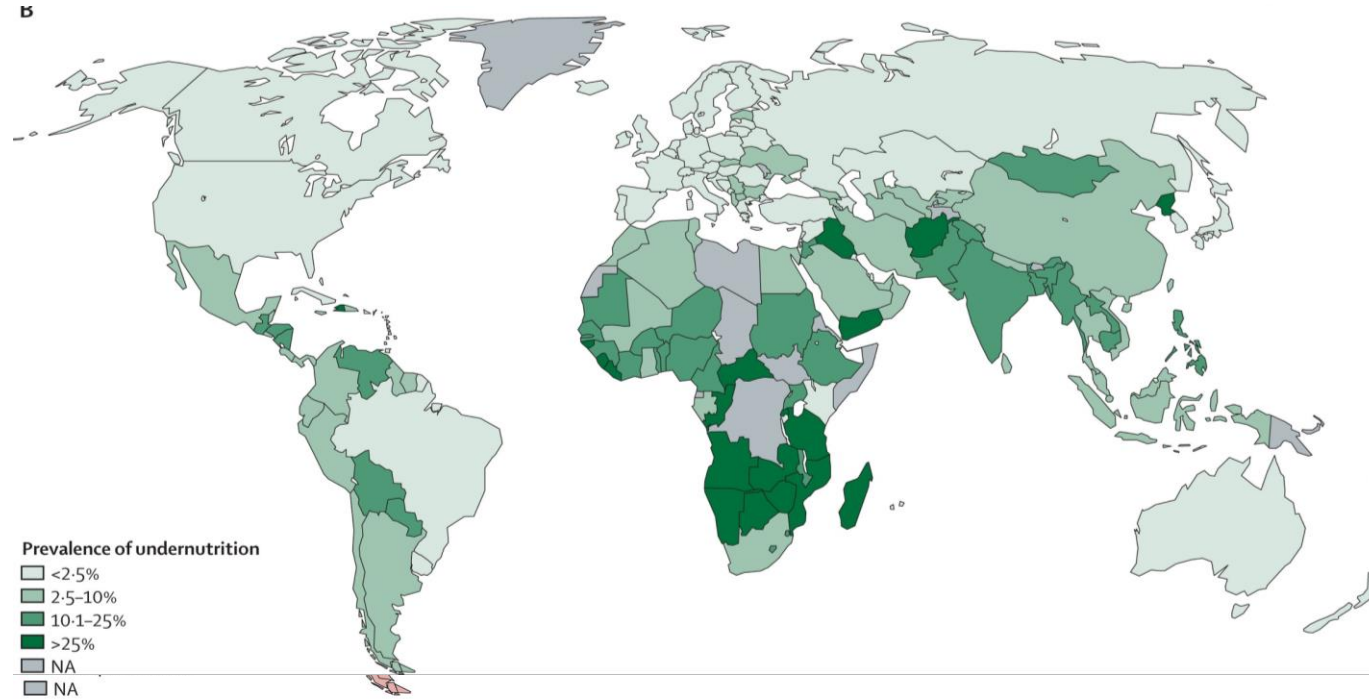
- **Undernutrition**
- Micronutrient-related malnutrition
- Overweight and obesity



Geographic Overlap between TB and Undernutrition Worldwide 2018



Geographic Overlap between TB and Undernutrition Worldwide 2018



For a TB-free India, break the cycle of hunger and disease

Malnutrition and tuberculosis are India's major public health challenges. And the importance of nutritional intervention as a weapon against tuberculosis cannot be overemphasised

ANALYSIS

Updated: Sep 08, 2017 17:48 IST

ht

Rajan Sankar



People suffering from undernutrition are predisposed to contracting TB. In India, **undernutrition contributes to a staggering 55% of the annual TB incidence.**

Undernutrition and TB

“Rise in tuberculosis mortality was recorded in 1914-1916, and in those years the consumption of bread and flour rose, **whereas that of meat decreased.**”--

“High TB mortality in Europe during and since WWII, coincided with **great reduction of intake of protein food,** such as, meat, fish and eggs”

[Sandler MD \(Diet Prevents Polio\)](#)



TB Incidence Related to BMI 1971-1992

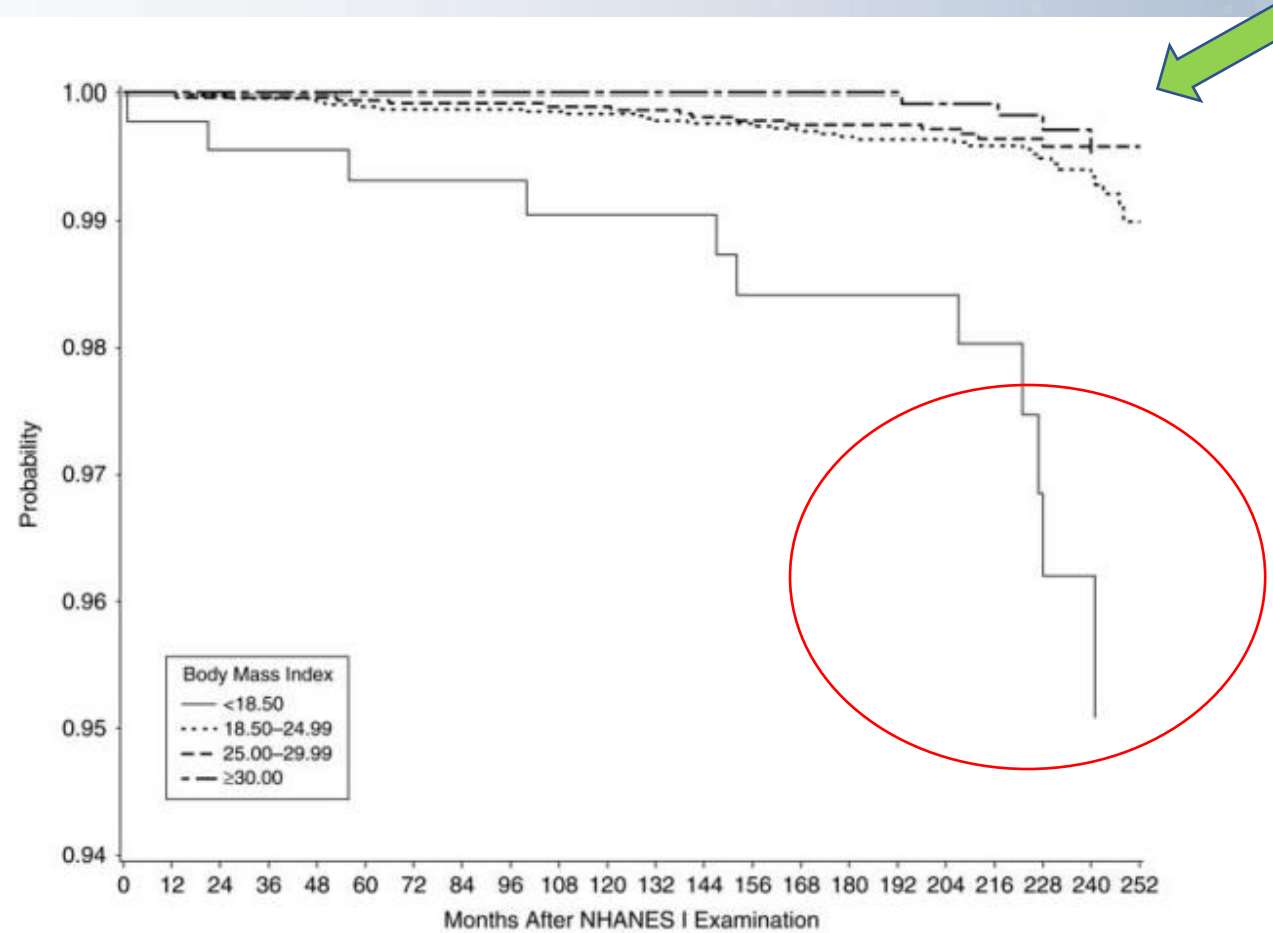
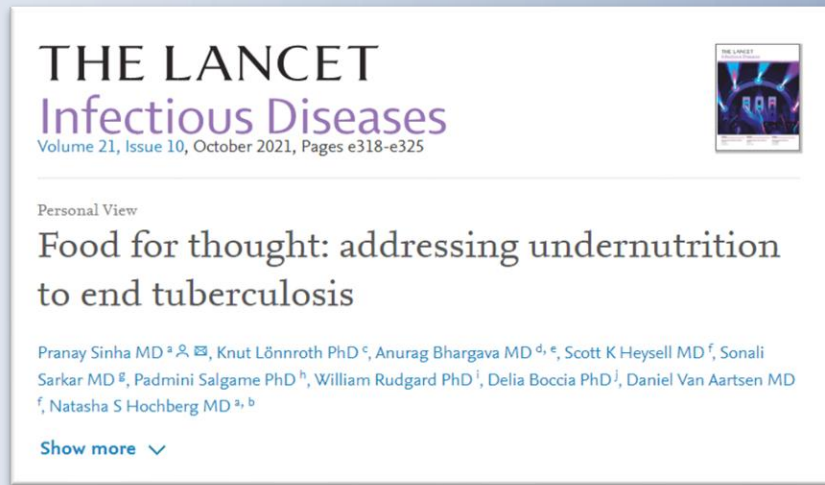


Figure 1. Kaplan-Meier plot of the probability of remaining free of tuberculosis according to body mass index (weight (kg)/height (m)²), First National Health and Nutrition Examination Survey (NHANES I) Epidemiologic Follow-up Study, 1971–1992.

Recent Studies 2021



Undernutrition is the leading population-level risk factor for tuberculosis.

Studies have consistently found that undernutrition is associated

- ✓ Increased tuberculosis incidence
- ✓ Increased severity
- ✓ Worse treatment outcomes
- ✓ Increased mortality



RESEARCH ARTICLE

Effect of malnutrition on radiographic findings and mycobacterial burden in pulmonary tuberculosis

Kacie J. Hoyt^{1*}, Sonali Sarkar², Laura White³, Noyal Mariya Joseph⁴, Padmini Salgame⁵, Subitha Lakshminarayanan², Muthuraj Muthaiah⁶, Saka Vinod Kumar⁷, Jerrold J. Ellner⁸, Gautam Roy², C. Robert Horsburgh, Jr^{1,3,8}, Natasha S. Hochberg^{1,8*}

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0214011>

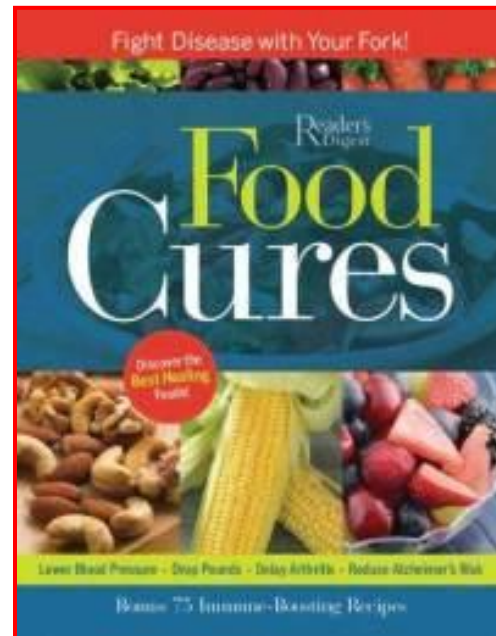
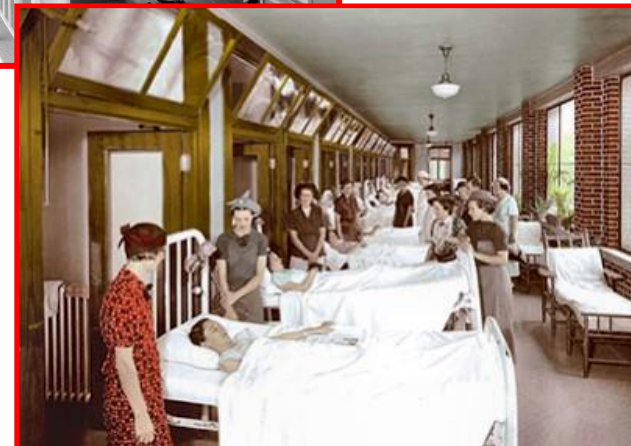
Conclusion:

Malnutrition was associated with **increased extent of disease and cavitation on CXR**



How Was TB Treated Prior to 1950?

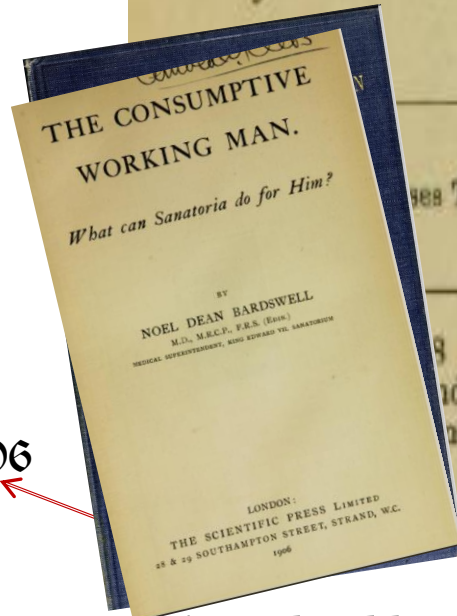
**Nutritious
Food
Rest
Sunshine
Fresh Air**



“The Compsumptive Working Man”

CONCLUSIONS: VALUE OF SANATORIUM TREATMENT. 161

After Periods Varying from One to Five and a Half Years after Discharge.



1906

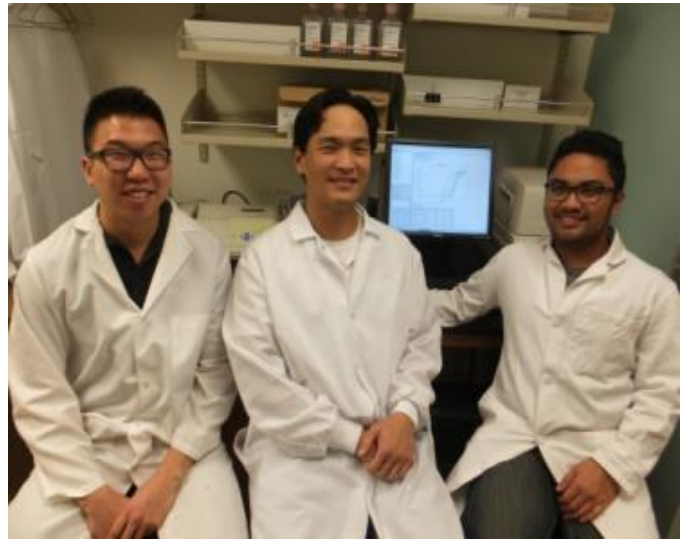
Cases Treated.	In Normal Health and at Full Work.	Little or no Work, and in Poor or only Fair Health.	Death.
8	50 %	19.6 %	30.4 %
173	46.2 %	22.5 %	31.2 %
and Sheffield,	41.7 %	16.6 %	41.7 %

“...Every patient should take an adequate diet as one of the essentials for the successful treatment of consumption”

The actual Nutritive value of the daily diet was, protein, 196.5 grammes, fat 126.4 grammes and carbo-hydrate 522.6 grammes with a caloric value of 4.040”

Vitamin A May Help Boost Immune System to Fight Tuberculosis

Nutrient lowers intracellular cholesterol used by TB to sustain infection



UCLA Researchers



UCLA's Elliott Kim, Philip Liu and Avelino De Leon

February 25, 2014

MTB is Sensitive to Killing by a vitamin C-induced Fenton Reaction



VITAMIN C

Foods Sources

V	Valencia Orange	Cabbage, Red	Orange
I	Issai Kiwi Fruit	Cantaloupe	Papaya
T	Turnip Greens	Carambola	Pineapple
A	Apricots	Cauliflower	Potato
M	Mango	Cauliflower, Green	Prickly Pears
I	Ivy Gourd	Collard Greens	Pummelo
N	Nori	Chili Pepper, Hot	Radishes
C	Cantaloupe	Gooseberries	Raspberries
	Apricots	Grapefruit	Rutabagas
	Beans, Yellow Snap	Guavas	Spinach
	Bell Pepper	Kiwifruit	Squash, Summer
	Blackberries	Lemon	Strawberries
	Broccoli	Lime	Sweet Potato
	Brussels Sprouts	Nori	Tangerines
	Cabbage, Green	Mango	Tomato
	Cabbage, Pe-Tsai	Melon, Honeydew	Watermelon
		Okra	
		Onion	

Dietitians-Online©

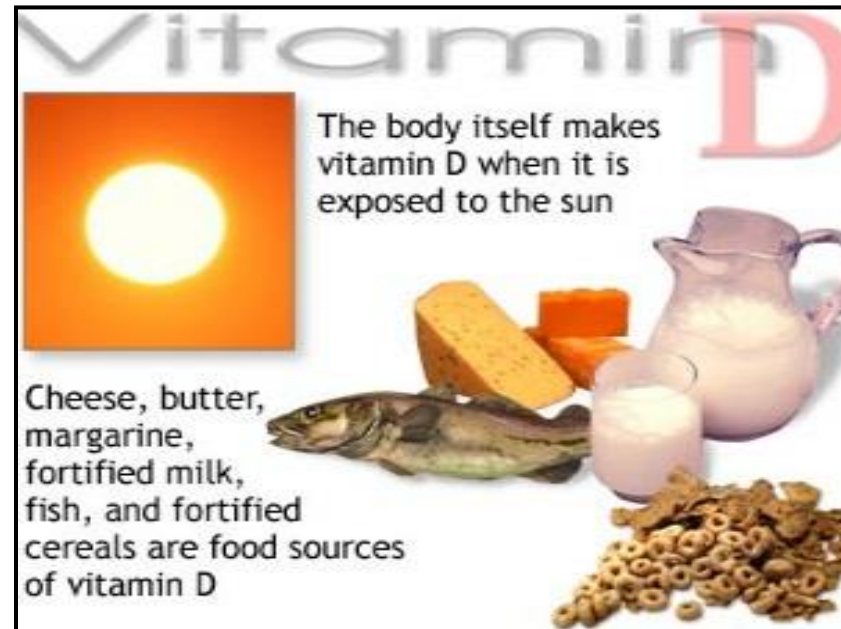
On April 4, 1932 Vitamin C was first isolated by CC King at the University of Pittsburgh.

Vitamin D Powerful Weapon Against TB

Researchers found that, in the presence of even minimally adequate levels of vitamin D, the body's own immune system will naturally trigger an immune response against the TB.

Journal Science Translational Medicine.

October 14, 2011



Most Recent Systematic Review

Effects of Vitamin D Supplementation on the Outcomes of Patients With Pulmonary Tuberculosis

A Systematic Review and Meta-Analysis

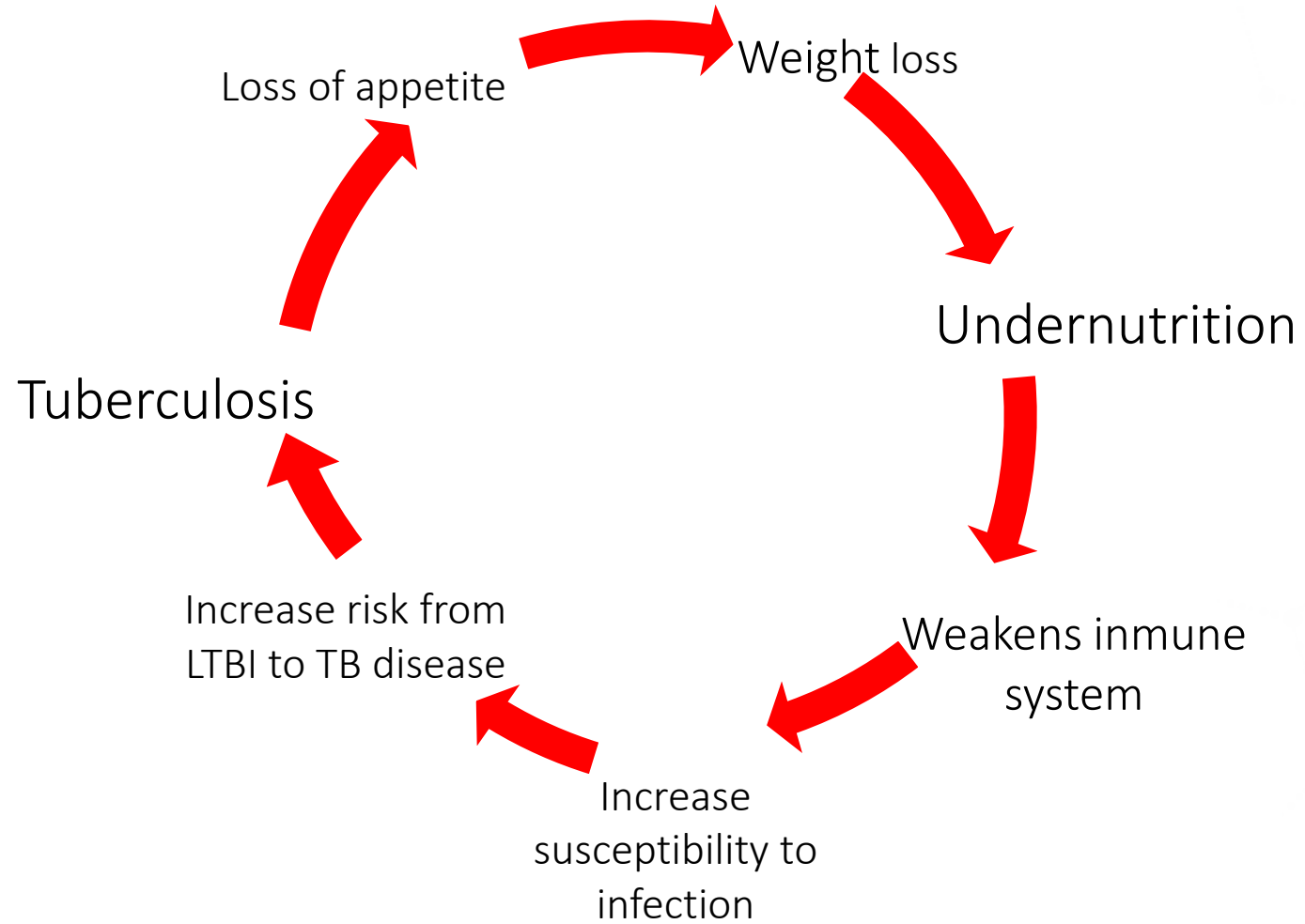
Hong-xia Wu; Xiao-feng Xiong; Min Zhu; Jia Wei; Kai-quan Zhuo; De-yun Cheng Disclosures BMC Pulm Med. 2018;18(108)

CONCLUSIONS:

Vitamin D supplementation can be considered as a combination therapy in patients with PTB.



Undernutrition and TB



Why is Nutrition Important in a Person with TB?



Importance of Nutrition in TB Treatment Response

Lack of Weight Gain & Relapse Risk in a Large Tuberculosis Treatment Trial

*A. Khan, T. Sterling, R. Reeves, A. Vernon and the TB Trials consortium
American Journal of respiratory and Critical Care Medicine. Vol. 174*



Importance of Nutrition in TB Treatment Response



Impact of Poor Nutrition on TB Relapse

Reference: Lack of Weight Gain and Relapse Risk in a Large Tuberculosis Treatment Trial: Awal Khan, Timothy R. Sterling, Randall Reves, Andrew Vernon, C. Robert Horsburgh and the Tuberculosis Trials Consortium; *American Journal of Respiratory and Critical Care Medicine* Vol 174. pp. 344-348, (2006)

**Weight gain of 5% or less during the first
2 months of therapy is associated with an increased risk of relapse,
even after controlling for other factors.**

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Importance of Nutrition in TB Treatment Response

- ✓ The relationship between nutritional status and poor outcomes for patients with TB.
- ✓ The association of weight gain between diagnosis and the end of 2-month Initial Phase therapy and risk of relapse



Definition of TB Relapse

Patients remain **culture negative** during treatment , **but after** completion of therapy, they become **culture positive** again or show clinical or radiographic deterioration consistent with active TB.



Lack of Weight Gain and Relapse Risk

- **857** subjects were enrolled.
- Monitored for two (2) years.
- **Body weight (kg) was measured at:**
 - ✓ Diagnosis
 - ✓ Enrollment in study
 - ✓ Monthly during treatment
 - ✓ And every 3-6 months during follow-up
- **Height**
- **BMI** (Body Mass Index)
- **IBW** (Ideal Body Weight)



WEIGHT AS A RISK FACTOR FOR TB RELAPSE

Underweight at Diagnosis ≥ 10% Below Ideal Body Weight			
	Weight gain after 2 months Rx	Relapse (%)	Cavitary AND Positive 2 months culture
Yes	≤ 5%	20.3%*	50.5%**
	> 5%	11.9%	18.5%
No		4.2%	18.3%

*p=0.06

**p=0.02

BMI	RELAPSE (5)
< 18.5	19.5%
18.51-19.0	10.7%
>19.0	6.1%

Body Mass Index (BMI) is optimal weight for health. Adults with a BMI between 19 and 24 have less risk for illnesses such as heart disease and diabetes than individuals with a BMI between 25 and 29. A BMI greater than 30 indicates greatest risk for obesity-related diseases. (See Chart 1.)

Adapted from The National Institute of Health, NHLBI Clinical Guidelines on Overweight and Obesity June 1998. www.nhlbi.nih.gov/guidelines.



Lack of Weight Gain and Relapse Risk

Results

61 patients relapsed (7.1%)

BMI	RELAPSE (5)
< 18.5	19.5%
18.51-19.0	10.7%
>19.0	6.1%

Khan. 2006 Am J Resp & Crit Care Med;174:34



Lack of Weight Gain and Relapse Risk

Underweight at Diagnosis			
≥ 10% Below Ideal Body Weight			
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Yes	≤ 5%	20.3%*	50.5%**
	> 5%	11.9%	18.5%
No		4.2%	18.3%



Remember....

Patients with **10% below ideal body weight** at diagnosis **that don't regain at least 5%** weight by end of two months of Rx



**At 2 months
sputum
culture (+)**

50% chance of relapse





Assessing Nutritional Status in a Person with TB



Laboratories (Normal Values)

Albumin: 3.8 – 5.2 g/dl
(Major protein. Low levels in poor diets, ↓ iron intake)

Total Protein: 6.0-8.5 g/dl (Low levels indicate poor nutrition)

Hemoglobin: 11.5 – 16 g/dl ♀ 13.2 – 17.1 g/dl ♂

Hematocrit: 36.0 – 45.0 % ♀ 38.5 – 50.5 % ♂

Glucose: 65 – 110 mg/dl

WBC: 3.8 – 10.8

Lymph: 18-48 % (decreases with progressive malnutrition)



Body Mass Index (BMI)

CHART 1. BODY MASS INDEX (BMI)

		Height (feet and inches)																		
		5'0"	5'1"	5'2"	5'3"	5'4"	5'5"	5'6"	5'7"	5'8"	5'9"	5'10"	5'11"	6'0"	6'1"	6'2"	6'3"	6'4"		
Weight (pounds)	100	20	19	18	18	17	17	16	16	15	15	14	14	14	13	13	12	12	45	Weight (kilograms)
	105	21	20	19	19	18	17	17	16	16	15	15	15	14	14	13	13	13	47	
	110	21	21	20	19	19	18	18	17	17	16	16	15	15	15	14	14	13	50	
	115	22	22	21	20	20	19	19	18	17	17	17	16	16	15	15	14	14	52	
	120	23	23	22	21	21	20	19	19	18	18	17	17	16	16	15	15	15	54	
	125	24	24	23	22	21	21	20	20	19	18	18	17	17	16	16	15	15	57	
	130	25	25	24	23	22	22	21	20	20	19	19	18	18	17	17	16	16	59	
	135	26	26	25	24	23	22	22	21	21	20	19	19	18	18	17	17	16	61	
	140	27	26	26	25	24	23	23	22	21	21	20	20	19	18	17	17	17	63	
	145	28	27	27	26	25	24	23	23	22	21	21	20	20	19	19	18	18	66	
	150	29	28	27	27	26	25	24	23	23	22	22	21	20	20	19	19	18	68	
	155	30	29	28	27	27	26	25	24	24	23	22	22	21	20	20	19	19	70	
	160	31	30	29	28	27	27	26	25	24	24	23	22	22	21	21	20	19	72	
	165	32	31	30	29	28	27	27	26	25	24	24	23	22	22	21	21	20	75	
	170	33	32	31	30	29	28	27	27	26	25	24	24	23	22	22	21	21	77	
	175	34	33	32	31	30	29	28	27	27	26	25	24	24	23	22	22	21	79	
180	35	34	33	32	31	30	29	28	27	27	26	24	24	24	23	22	22	82		
185	36	35	34	33	32	31	30	29	28	27	27	26	25	24	24	23	23	84		
190	37	36	35	34	33	32	31	30	29	28	27	26	26	25	24	24	23	86		
195	38	37	36	35	33	32	31	31	30	29	28	27	26	26	25	24	24	88		
200	39	38	37	35	34	33	32	31	30	30	29	28	27	26	25	24	24	91		
		150	153	155	158	160	163	165	166	170	173	175	178	180	183	185	188	190	Height (centimeters)	



Underweight



Weight Appropriate



Overweight



Obese



Ideal Body Weight Table

METROPOLITAN LIFE TABLE FOR MEDIUM FRAME ADULT

Ideal Weight For Women

Height in Shoes	Medium Frame
6'	148 to 162 lb
5'11"	145 to 159 lb
5'10"	142 to 156 lb
5'9"	139 to 153 lb
5'8"	136 to 150 lb
5'7"	133 to 147 lb
5'6"	130 to 144 lb
5'5"	127 to 141 lb
5'4"	124 to 138 lb
5'3"	121 to 135 lb
5'2"	118 to 132 lb
5'1"	115 to 129 lb
5'	113 to 126 lb
4'11"	111 to 123 lb
4'10"	109 to 121 lb

Ideal Weight For Men

Height in Shoes	Medium Frame
6'4"	171 to 187 lb
6'3"	167 to 182 lb
6'2"	164 to 178 lb
6'1"	160 to 174 lb
6'	157 to 170 lb
5'11"	154 to 166 lb
5'10"	151 to 163 lb
5'9"	148 to 160 lb
5'8"	145 to 157 lb
5'7"	142 to 154 lb
5'6"	139 to 151 lb
5'5"	137 to 148 lb
5'4"	135 to 145 lb
5'3"	133 to 143 lb
5'2"	131 to 141 lb

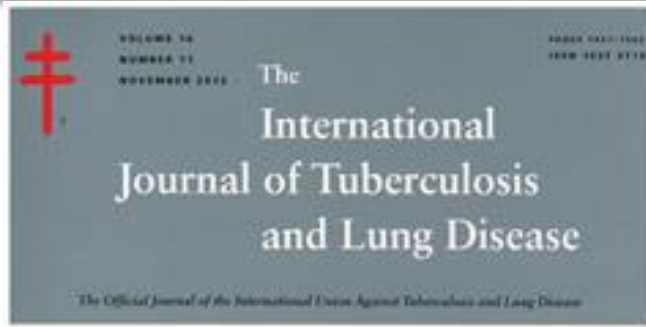
From height and weight tables of the Metropolitan Life Insurance Company, 1983. The ideal weights given in these tables are for ages 25 to 59. The weights assume you are wearing shoes with 1-inch heels and indoor clothing weighing 3 pounds.



Nutritional Teaching TIPS!

- ✓ Considerer Prolonging therapy for patients >10% underweight.
- ✓ Calculate BMI and IBW %
- ✓ Monitor weight weekly in underweight patients.
- ✓ Once stable, monitor monthly
- ✓ Ideally patients should gain 1lb/week
- ✓ Provide food resources
- ✓ Recommend iron-rich food intake if client is anemic
- ✓ Recommend intake of food sources of vit A, C, Vit D (fish, butter, milk etc)
- ✓ Encourage the patient to monitor his/her weight.





More Studies!

Int J Tuberc. Lung Dis. 2014 May;18(5):564-70. doi: 10.5588/ijtld.13.0602.

Body mass index predictive of sputum culture conversion among MDR-TB patients in Indonesia.

Compared to patients with **normal weight (BMI ≥ 18.5)**, **severely underweight patients (BMI < 16)** had longer time to initial conversion and a lower probability of sputum culture conversion within 4 months.

Conclusion:

Severe underweight was associated with **longer time to initial sputum culture conversion** among MDR-TB patients.





Case Study # 1

Case Study



42 year old Hispanic male admitted to TCID

- Chronic diarrhea, severe undernutrition, difficulty walking, generalized weakness
- **60Lb weight loss**
- Disseminated TB involving lungs and bowel



Nutritional Status:

Weight at admission: **77.8 Lb**

Height: **5'7'**

IBW (Ideal Body Weight): **142 Lb**

BMI : **12.2** **Severely underweight**

How to calculate the % IBW?

$$\% \text{ IBW} = \frac{\text{Current Body Weight}}{\text{Ideal Body Weight}} \times 100$$

$$\% \text{ IBW} = \frac{77.8}{142 \text{ lb.}} \times 100 = 54.7 \%$$

45.3 %



Below of the IBW



Nutritional Update

Diet advance slowly
Patient refuses to eat meals on regular basis
After 1 year of treatment

Weight at d/c: 114 Lb

Height: 5'7"

IBW (Ideal Body Weight): 142 Lb

BMI : 18 Underweight

$$\% \text{ IBW} = \frac{114 \text{ lb}}{142 \text{ lb.}} \times 100 = 80\%$$





Father: highly infectious pulmonary TB



32 year old female
Wife/Mother

- Coughing
- Lost Voice
- Weight Loss



17 mo old Male

- Chronic cough
- < 10% on growth curve



3-year-old Male

- Well
- 40% on growth curve



4-year-old Female

- Chronic cough
- 50% growth curve



13-year-old Female

- < 3% on growth
- Cough x 1 month
- BMI 16.5



15-year-old Male

- < 3% on growth
- BMI 17



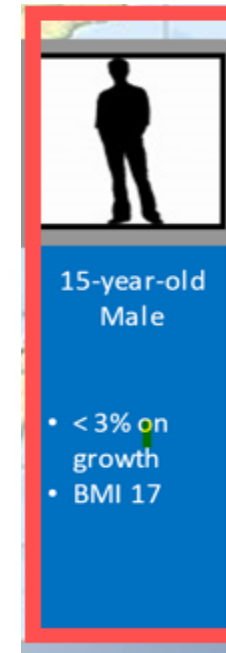
Nutritional Status:

Weight at diagnosis: **91 Lb**

Height: **5'2"**

IBW (Ideal Body Weight): **123 Lb**

BMI : **17 - Underweight**



How to calculate the % IBW?

$$\% \text{ IBW} = \frac{\text{Current Body Weight}}{\text{Ideal Body Weight}} \times 100$$

$$\% \text{ IBW} = \frac{91\text{lb}}{123 \text{ lb.}} \times 100 = 73.9\%$$

26.2%



Below of the IBW

Nutritional Update

- Patient was treated for PTB for 6 months (non-cavitary)
- Episode of neutropenia
- Clinical improvement Increase energy, appetite and
- **Gained 15 lb.**



Weight at en of Rx: 106 Lb

Height: 5'2'

IBW (Ideal Body Weight): 123 Lb

BMI : 19.2 Normal weight

$$\% \text{ IBW} = \frac{105}{123 \text{ lb.}} \times 100 = 85\%$$



**"Giving people medicine for TB
and not giving them food is like
washing your hands and drying
them in the dirt"**

Quote by a Haitian public health worker
Book: Mountains Beyond Mountains





THANK YOU!