Time for men to count, too

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In a recent issue of the Journal, Kosgei et al. report gender differences in treatment outcomes among 15-49 year olds with smear-positive pulmonary tuberculosis (TB) in Kenya. We applaud the formal analysis of routine programme data to examine treatment outcomes and appreciate the authors’ interest in assessing these outcomes by gender. These analyses are important since the World Health Organization does not currently collect or report data on treatment outcomes by gender.

However, we question the interpretation of some of the study’s findings. Although women were slightly more likely to experience poor treatment outcomes (treatment failure or death) than men (12% vs. 10%), women were considerably more likely than men to be infected with HIV (41% vs. 25%). Analyses stratified by human immunodeficiency virus (HIV) or antiretroviral therapy (ART) status show that the odds ratios of poor treatment outcomes in women compared men ranged from 0.89 to 1.16. In all stratified analyses confidence intervals include zero (the null value) and so should be interpreted as showing no significant difference (or similar risk) of poor treatment outcomes in men and women once differences in HIV/ART status have been taken into account.

Also notable is the restriction to patients with a definitive treatment outcome, thus excluding an unspecified number of registered patients who were lost to follow-up or interrupted treatment. Studies have consistently shown that a high proportion of patients lost to follow-up are in fact dead. Moreover, men are more likely than women to be lost to follow-up during treatment. We wonder if this may have contributed to the unusually low relative risk of death among male patients in this study, since reported treatment outcomes tend to be worse for men than women in other settings, as referenced by the authors [1-3]. As such, it would be of special interest to know the number and gender distribution of individuals excluded due to loss to follow-up in order to assess the potential for underestimation of male deaths in this patient group.

Gender is a significant issue that needs to be addressed in TB prevention and care, and it is important to monitor gender differences in treatment outcomes and throughout the TB care pathway. However, in evaluating gender differences, we feel it is important to break with the convention that focuses
almost entirely on women. Globally, 65% of adult TB deaths occur among men [4], and we must be mindful that this half of the population is not marginalised from our analyses, discussions and intervention strategies.

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References


