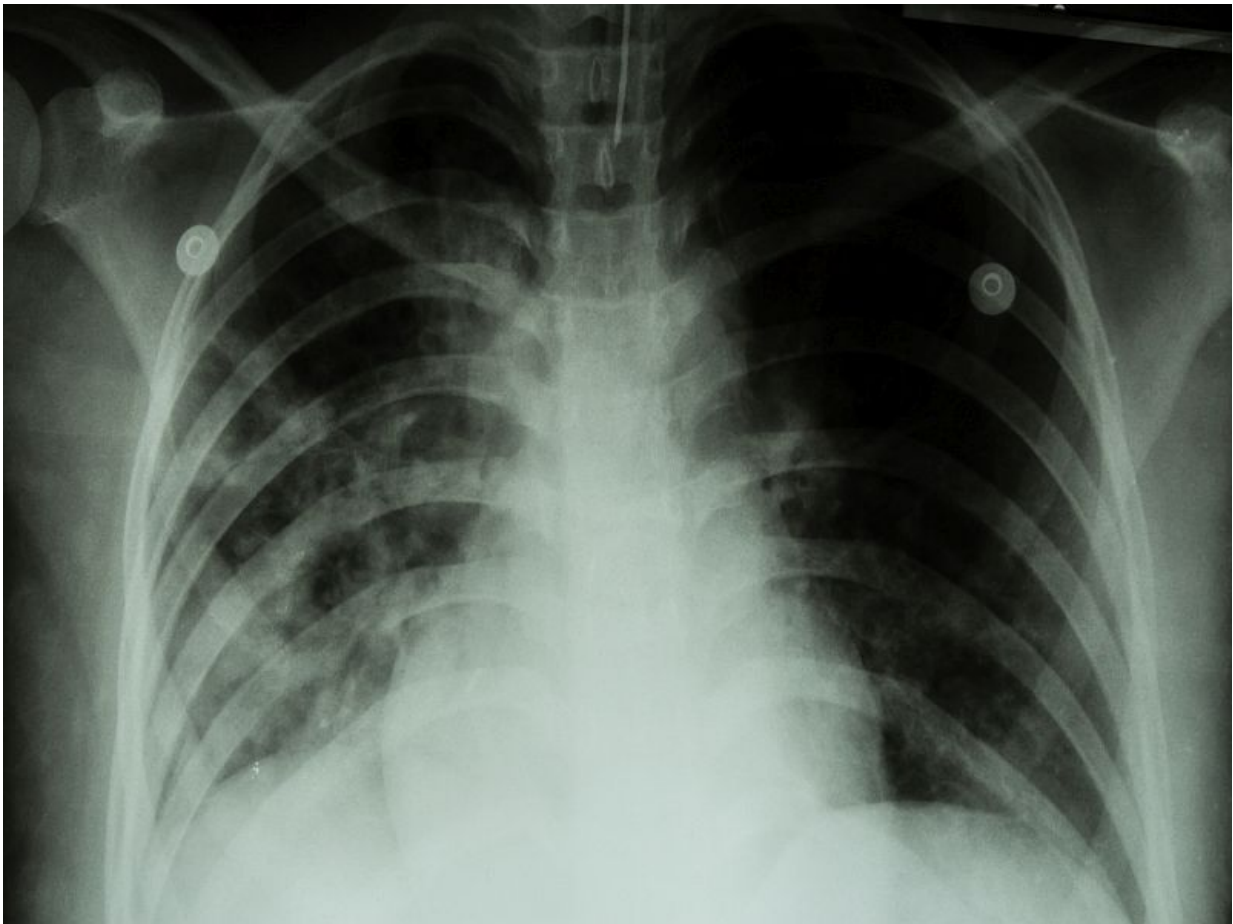


Intensified Tx doesn't up survival in tuberculous meningitis

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(HealthDay)—For patients with tuberculous meningitis, intensified

antituberculosis treatment is not associated with higher survival than standard treatment, according to a study published in the Jan. 14 issue of the *New England Journal of Medicine*.

A. Dorothee Heemskerk, M.D., from the Oxford University Clinical Research Unit in the United Kingdom, and colleagues performed a randomized placebo-controlled trial involving HIV-infected adults and uninfected adults with a clinical diagnosis of tuberculous meningitis. A standard nine-month antituberculosis regimen (including 10 mg/kg body weight of rifampin/day) was compared with an intensified regimen that included higher-dose rifampin and levofloxacin. A total of 817 [patients](#) were enrolled (349 HIV-infected); 409 and 408 were randomized to the standard regimen and intensified [treatment](#), respectively.

The researchers found that 113 patients in the intensified-treatment group and 114 in the standard-treatment group died during the nine months after follow-up (hazard ratio, 0.94; 95 percent confidence interval, 0.73 to 1.22). No evidence of a significant differential effect of intensified treatment was seen in the overall population, or in any subgroups, except possibly for patients infected with isoniazid-resistant *Mycobacterium tuberculosis*. Secondary outcomes did not differ significantly between the treatment groups. There was no significant between-group difference in the overall number of adverse events leading to treatment interruption ($P = 0.08$).

"Intensified antituberculosis treatment was not associated with a higher rate of survival among patients with tuberculous meningitis than standard treatment," the authors write.

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