

Journal Article

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Journal tags:

[tuberculosis](#) [1], [diabetes](#) [2], [HIV & AIDS](#) [3], [integrated health care](#) [4], [HIV-TB co-infection](#) [5], [TB-HIV co-infection](#) [6], [Ethiopia](#) [7]

Link:

[The Yield and Feasibility of Integrated Screening for TB, Diabetes and HIV in Four Public Hospitals in Ethiopia](#) [8]

Abstract

Background

Our objective was to demonstrate the feasibility of integrated care for TB, HIV and diabetes mellitus (DM) in a pilot project in Ethiopia.

Methods

Healthcare workers in four hospitals screened patients with TB for HIV and DM; patients with HIV for DM and TB; and patients with DM for TB. Fasting and random plasma glucose (RPG) tests were used to confirm the diagnosis of DM. We used screening checklists for TB and DM, and additional risk scoring criteria to identify patients at risk of DM.

Results

Of 3439 study participants, 888 were patients with DM, 439 patients with TB and 2112 from HIV clinics. Six of the patients with DM had TB of whom five were already on treatment; and 141 (32.4%) patients with TB had DM, of whom only five were previously diagnosed with DM. Symptomatic patients and those with a risk score of 5 or more were about three times more

likely to have abnormal blood glucose level. Of 2075 HIV patients with RPG determined, only 31 (1.5%) had abnormal RPG.

Conclusions

Tri-directional screening was feasible for detecting and managing previously undiagnosed TB and DM. More work is needed to better understand the interaction between HIV and DM.

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