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Multidrug-Resistant Tuberculosis

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TO THE EDITOR

The study by Gler et al. (June 7 issue)[1] provides a needed reminder regarding the development pipeline for drugs for tuberculosis and multidrug-resistant (MDR) tuberculosis.[2] Delamanid with bedaquiline is increasing the potential for improving current regimens for tuberculosis. In their editorial in the same issue, Chaisson and Nuermberger[3] go one step further, posing the question of how these drugs should be used and highlighting the need for combination trials to maximize effectiveness and minimize negative drug interactions among new drugs for tuberculosis.

These issues are of key importance. Knowing the complexity of tuberculosis control and the difficulty of limiting dangerous misuse of drugs in the community, it is imperative that those of us who are involved in public health, health policy, and the treatment of patients with tuberculosis face the issue of the rational use of drugs for tuberculosis. The mistakes we committed with rifampin and the fluoroquinolones[4,5] are readily evident. The reality is that single new drugs will inevitably be used in the community regardless of who develops them and the regulatory indications for them. The only solution is to anticipate the challenges of the misuse of new drugs well before any combination regimen is conceived and developed.

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