

Association between prior tuberculosis infection and diabetes within an HIV-endemic rural South African population

Alison Castle^{1,2} Susanne Hoepfner², Itai M. Magodoro³, Urisha Singh¹, Yumna Moosa¹, Ingrid V. Bassett^{1,2}, Emily B. Wong^{1,4}, Mark J. Siedner^{1,2}

¹Africa Health Research Institute, KwaZulu-Natal, South Africa; ²Massachusetts General Hospital, Boston, USA; ³Emory Global Diabetes Research Center, Rollins School of Public Health, Atlanta, USA; ⁴Division of Infectious Diseases, University of Alabama Birmingham, Birmingham, USA

Background

- Tuberculosis (TB) may predispose individuals to the development of diabetes. [1,2,3]
- Such a relationship could have an outsized impact in high-prevalence tuberculosis settings.
- However, few studies have explored this relationship in populations heavily burdened by diabetes and TB.

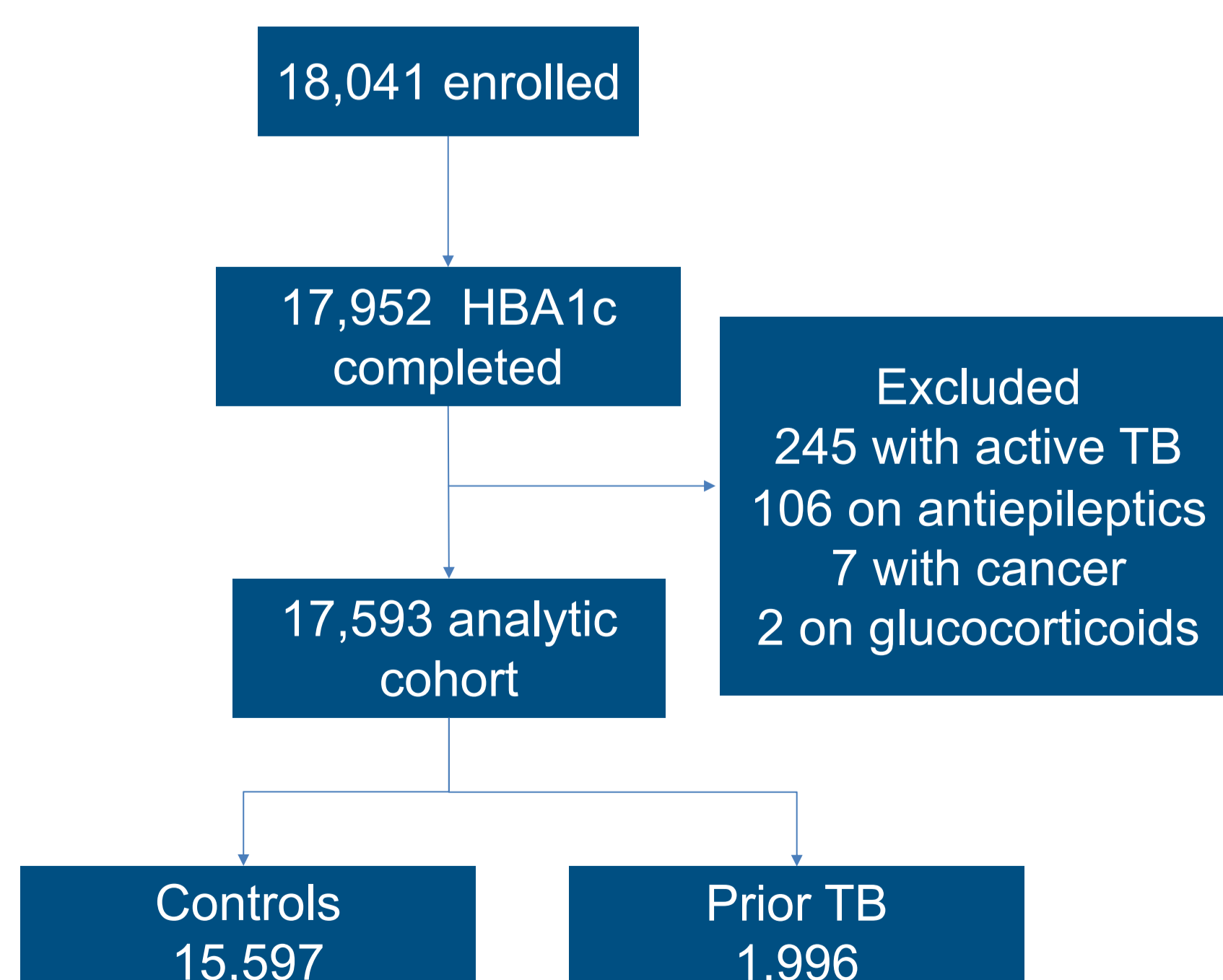
Objective

- To compare prevalence of glucose intolerance among individuals with and without prior TB
- Assess the interactions between Prior TB, HIV serostatus, and glucose intolerance

Methods

- Analysis of data from a community-based population cohort that enrolled adults (>15 years) in rural South Africa.
- Primary outcome:** Glucose intolerance defined as HBA1c \geq 6.5% or participants taking diabetic medications
- Primary exposure:** Prior TB defined as self-reported history of TB treatment
- We fitted propensity score-matched logistic regression models to estimate relationships between glucose intolerance and prior TB
- Models stratified by sex, and adjusted for age, waist circumference, HIV, smoking, alcohol use, socioeconomic status

Figure 1. Analytic Cohort



Results

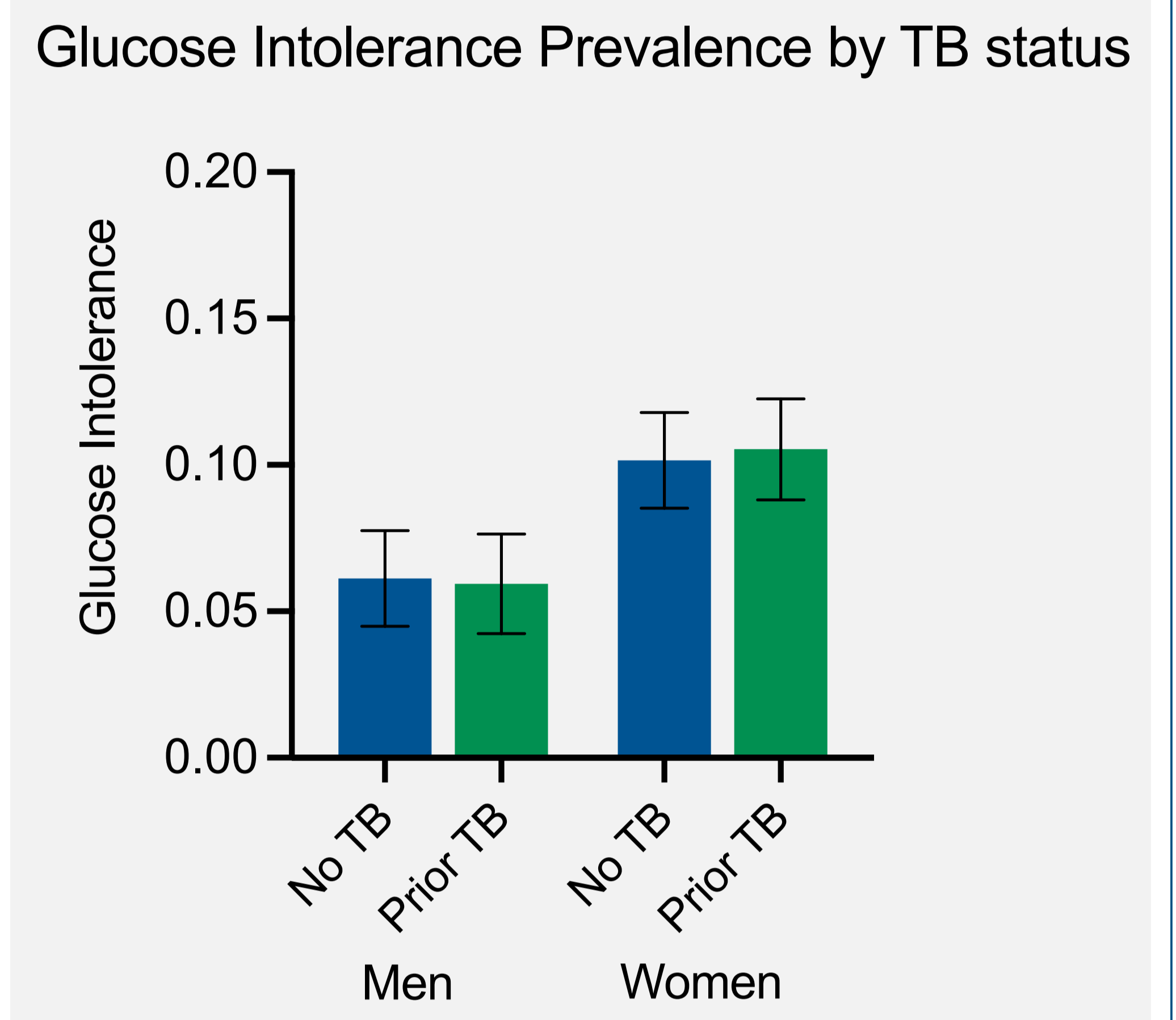
Table 1. Baseline Characteristics

Characteristic	Men (n=5,607)		Women (n=11,986)	
	Prior TB	No Prior TB	Prior TB	No Prior TB
Age (years)	47 ± 14	35 ± 19	46 ± 15	42 ± 20
Waist Circumference (cm)	82 ± 11	80 ± 12	90 ± 16	91 ± 17
HBA1c \geq 6.5 (%)	5.3	4.9	9.6	11.1
Living with HIV (%)	61	19	76	34
Past or active smoker (%)	38	20	3	1
Socio-economic score [#]	-0.04 ± 2.1	0.30 ± 2.10	0.04 ± 1.9	0.24 ± 2.0

± standard deviation

[#] socioeconomic score ranges from -7.0 to +7.0

Figure 2: Glucose Intolerance by Prior TB Status



Glucose Intolerance in Men

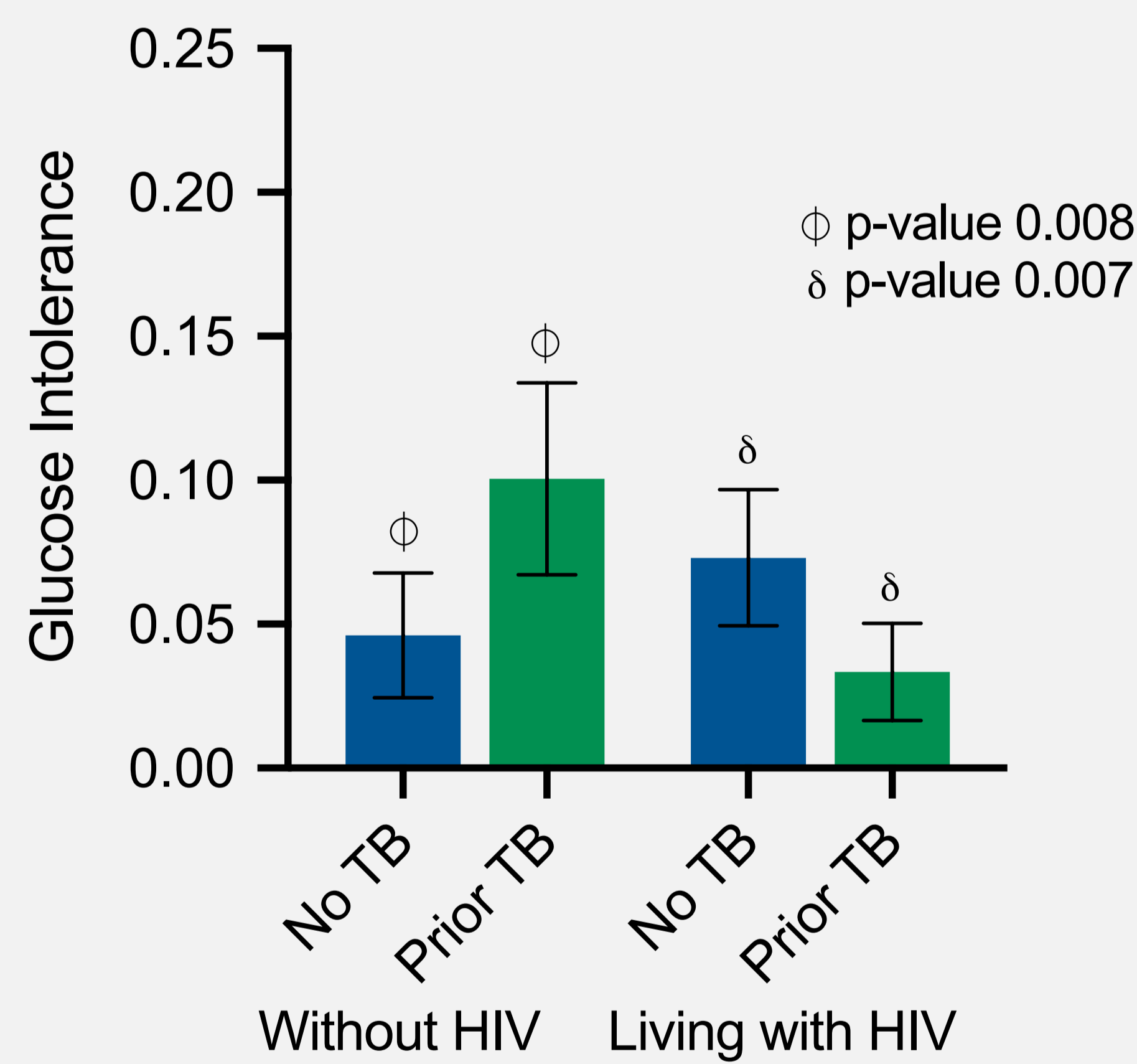


Figure 3: Prior TB and HIV Interactions in Men

Glucose Intolerance in Women

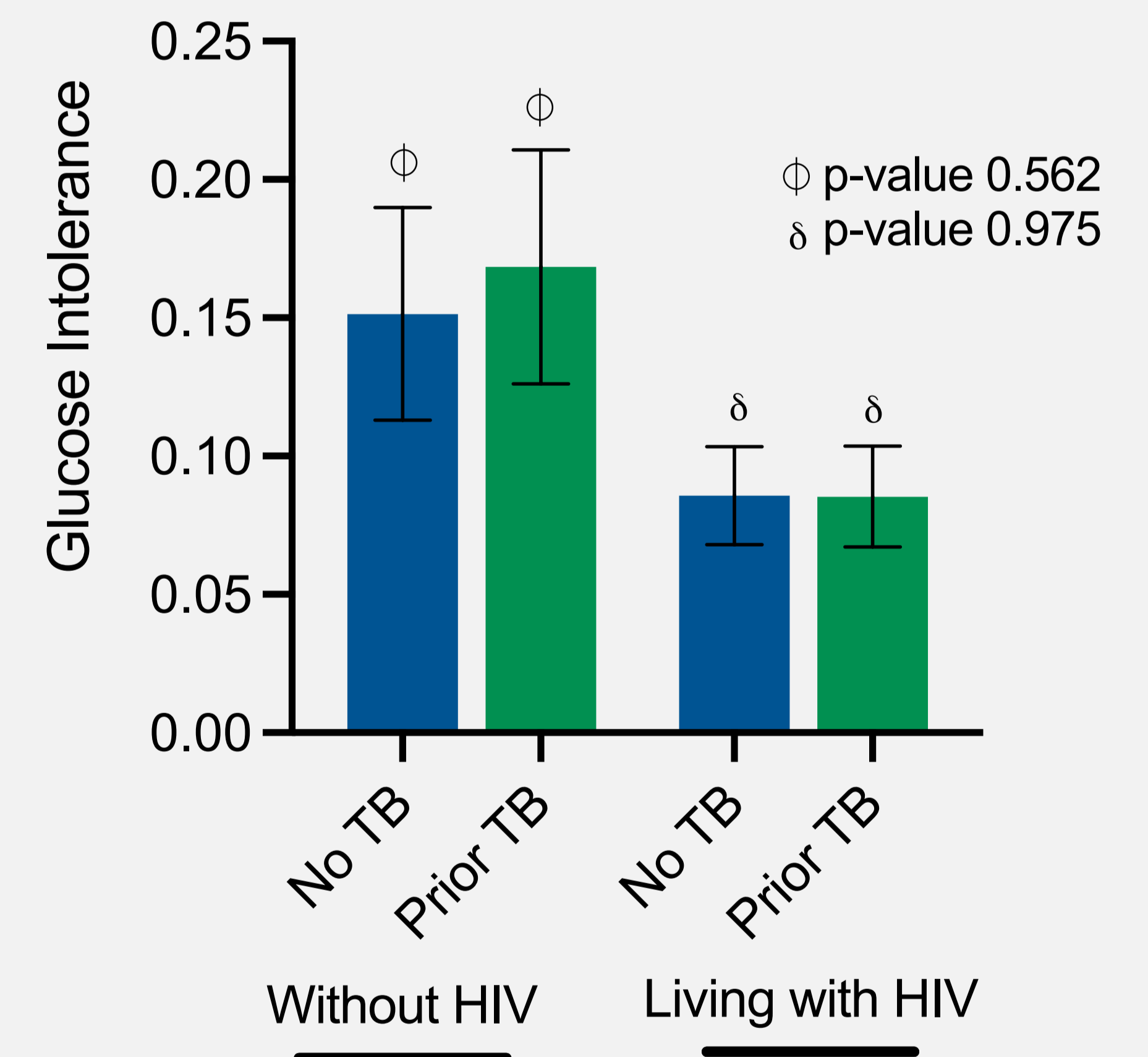


Figure 4: Prior TB and HIV Interactions in Women

Conclusions

- At a population level, prior TB infection was not associated with prevalent glucose intolerance in an HIV-endemic, rural South African population.
- However, we found a significant qualitative interaction between prior TB and HIV status. Among men without HIV, those with prior TB have greater odds of glucose intolerance compared to men without prior TB.
- Longitudinal studies are needed to establish a causal effect and underlying mechanisms that relate to resolved TB, HIV, and diabetes.

Acknowledgements

The authors would like to thank the residents of the Africa Health Research Institute demographic surveillance area.

Sources of Funding Support

This research was supported by the Fogarty International Center (D43 TW010543), National Institute of Mental Health, and the National Institute of Allergy and Infectious Diseases (T32 AI007433, K24 AI141036, K24 HL166024), of the National Institutes of Health. Additionally, this research was funded in part by the Wellcome Trust (201433/Z/16/A).

References

- Pearson F, Huangfu P, McNally R, Pearce M, Unwin N, Critchley JA. Tuberculosis and diabetes: bidirectional association in a UK primary care data set. *J Epidemiol Community Health* 2019;73(2):142-147. DOI: 10.1136/jech-2018-211231.
- Magee MJ, Khakharia A, Gandhi NR, et al. Increased Risk of Incident Diabetes Among Individuals With Latent Tuberculosis Infection. *Diabetes Care* 2022. DOI: 10.2337/dc21-1687.
- Podell BK, Ackart DF, Kirk NM, Eck SP, Bell C, Basaraba RJ. Non-diabetic hyperglycemia exacerbates disease severity in Mycobacterium tuberculosis infected guinea pigs. *PLoS One* 2012;7(10):e46824. DOI: 10.1371/journal.pone.0046824.