



MYTHS

BUSTED

MAC Lung Disease does not need to be treated.



MAC infection can cause irreversible damage to the lungs and a decline in lung function over time if not treated.^{1,2} The NTM Treatment Guidelines recommend treatment initiation over watchful waiting in patients with positive acid-fast bacterial (AFB) sputum smears and in patients with cavitory disease.³



MAC treatment is worse than the benefit.



Many patients experience side effects with standard multidrug treatment for MAC Lung Disease. However, there are strategies and techniques to help patients better tolerate their medications. These strategies may help patients complete a successful course of therapy.³



Only elderly people can get NTM Lung Disease.



Nontuberculous mycobacterial (NTM) disease is more common in older adults, but it can affect any age group.^{3,12}



A patient should not exercise with MAC Lung Disease, as it could worsen fatigue.



Nonpharmacologic treatment is important for NTM disease.^{4,5} Exercise can be started or continued in some instances. Other nonpharmacologic treatment includes airway clearance, rehabilitation, and maintaining a well-balanced diet. Any treatment recommendations should be individualized depending on patient characteristics.



Patients with a chronic cough do not need to be evaluated for NTM because this symptom is more indicative of COPD, bronchiectasis, or asthma.



NTM can be misdiagnosed for months to years, as symptoms can be vague and nonspecific.^{3,4} Symptoms of NTM can be similar to those of bronchiectasis and other pulmonary conditions.⁴ Common symptoms include cough, fatigue, weight loss, lack of appetite, recurring infections, and shortness of breath.⁴





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Patients with NTM Lung Disease often do not respond to therapy.



Approximately 60%-80% of patients achieve culture conversion on a standard multidrug regimen; however, some patients still do not respond to therapy after 6 months of treatment.⁶⁻¹⁰



Following treatment guidelines does not affect outcomes.



Although every patient requires individual assessment, a retrospective study published in 2020 demonstrated that adherence to guideline-recommended therapy was significantly more common in patients who were cured.¹⁰



If I don't hear from the patient, they haven't experienced treatment failure.



The NTM Treatment Guidelines recommend performing AFB smear and sputum cultures every 1-2 months after treatment is initiated.³ This will help determine if and when the patient may be experiencing treatment failure. The NTM Treatment Guidelines strongly recommend an alternative management approach for patients who remain culture positive after 6 months on standard therapy.³



1. Park HY et al. *Chest*. 2016;150(6):1222-1232. 2. Lee MR, et al. *PLoS One*. 2013;8:e58214. 3. Daley CL, et al. *Clin Infect Dis*. 2020;71:e1-e36. 4. Griffith DE, et al. *Am J Respir Crit Care Med*. 2007;175(4):367-416. 5. McCool FD, Rosen MJ. *Chest*. 2006;129(1 Suppl):250S-259S. 6. Koh W-J, et al. *Am J Respir Crit Care Med*. 2012;186(8):797-802. 7. Wallace RJ Jr, et al. *Chest*. 2014;146(2):276-282. 8. Griffith DE, et al. *Clin Infect Dis*. 2001;32(11):1547-1553. 9. Diel R, et al. *Chest*. 2018;153(4):888-921. 10. Abate G, et al. *Clin Infect Dis*. 2020;ciaa252. 11. Adjemian J, et al. *Ann Am Thorac Soc*. 2014;11(1):9-16. 12. CHEST Foundation. <https://foundation.chestnet.org/lung-health-a-z/nontuberculous-mycobacteria-ntm/#:~:text=People%20at%20any%20age%20can,cause%20damage%20to%20lung%20tissue>



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