

Side effect	Drugs	Management
Hepatitis	INH, PZA, RIF	<p>Clinical (symptoms: fever, anorexia, nausea, vomiting, jaundice) and laboratory (AST level) monitoring of liver function before and during treatment, especially in patients with a HIV infection, history of liver disease (alcoholic hepatitis, cirrhosis) or hepatitis B and C coinfections, renal dysfunction, women who are pregnant or in immediate postpartum period.</p> <p>CDC recommends to discontinue treatment if (ref):</p> <ul style="list-style-type: none"> -AST levels are more than 5 times the upper limit of normal (with or without symptoms) or, -AST levels are more than 3 times normal in the presence of symptoms -Limit alcohol consumption <p>Of Note: of all first-line TB drugs, INH most commonly causes liver toxicity. However, if there is an elevation of bilirubin and alkaline phosphatase together with AST, than the most likely reason for liver damage is RIF</p>
Rash	All drugs	<ul style="list-style-type: none"> ▪ Mild rash, within a limited area or if itching can be managed by antihistamines ▪ In case of generalised erythematous rash, especially together with fever and mucous involvement, all drugs should be discontinued <p>Of Note: Petechial rash can be caused by RIF. In this case be aware of thrombocytopenia and check platelet count. If low, RIF should be stopped until platelet count returns to normal/baseline</p>
GI upset	All drugs	<ul style="list-style-type: none"> ▪ Most common at the beginning of treatment and usually mild ▪ Administer drugs together with (or very close to) food intake and/or change hour of drug administration <p>Of note: Be aware of symptoms suggestive of liver toxicity, then measure AST and bilirubin levels (see also above)</p>
Drug fever	All drugs	<p>Of note: TB patients can have persistent fever due to TB up to 2 months after treatment is started despite TB improvement</p> <ul style="list-style-type: none"> ▪ Make sure that there is no: <ul style="list-style-type: none"> -worsening of TB -immune reconstitution syndrome (IRIS) or paradoxical reaction -other infections or conditions that might cause fever ▪ If all these conditions are excluded, then all TB drugs should be stopped and re-started again once the fever has been resolved
Flulike syndrome	RIF, Rifabutin	<ul style="list-style-type: none"> ▪ May rarely occur in patients with intermittent administration of the drug (not recommended in HIV patients). ▪ Not likely to occur with daily administration
Orange discoloration of bodily fluids (sputum, urine, feces, sweat, tears):	RIF	<p>This is a universal effect of the drug.</p> <p>Inform patient at the beginning of the treatment that this may occur and that it is normal.</p>
Peripheral neuropathy:	IHN	<p>A rare side effect, but risk increases in persons with other conditions: HIV infection, diabetes, malnutrition, renal failure, alcoholism, pregnancy and breastfeeding</p> <ul style="list-style-type: none"> ▪ Consider prescription of Pyridoxine (vitamin B6) 25-50mg/ daily
Polyarthralgia	PZA, Rifabutin	<ul style="list-style-type: none"> ▪ Usually mild, not requiring drug discontinuation ▪ NSAIDs or Aspirin can be prescribe to relieve the pain
Visual disturbances	EMB	<p>Decrease of visual acuity or decrease in red/green colour discrimination can be observed, but rarely if daily dose does not exceed 15mg/kg</p> <p>Visual testing and testing for colour discrimination prior to treatment initiation, and then monthly, if patient is taking EMB for more than 2 months or at high dose (> 15-25 mg/kg)</p> <p>If visual toxicity was noticed, EMB should be discontinued immediately and permanently</p>