

# Tuberculosis medication and side effects

Information for clinicians and health workers

## Treatment for active TB disease

SA TB Services oversee the treatment and medication regimes for each tuberculosis (TB) patient.

Treatment for active disease is long and intensive and can vary from person to person. Due to the complex nature of TB disease, good adherence to medications is critical and daily direct observed therapy (DOT) is required. Most people will be able to complete their DOT treatment for active TB from home, via virtual direct observed therapy (VDOT) using a smart phone or tablet.

## Challenges

Due to the prolonged medication regimes (six month or longer) and the amount of medication required (up to 15 tablets daily), medication adherence can be challenging. This can be further compounded, as people often start to feel better within a few weeks of starting treatment.

As healthcare workers, it is important to develop healthy daily routines and relationships with your patients on TB treatment. Talk about how to balance TB treatment with everyday life – for example have a plan in place if a patient needs to travel.

It is critical that health workers support patients to complete their full course of treatment. Without this people may become sick or infectious again and may develop drug-resistant TB.

## Treatment for latent TB

Latent TB treatment is less intensive but still involves several daily or weekly medications. Treatment length for latent cases is usually several months, depending on the patient's age and immune status.

As people with latent TB are not symptomatic, do not feel sick and do not spread the disease, people may need extra support to understand why they need to complete a full course of treatment.

## Drug-resistant TB

Developing drug-resistant strains of TB bacteria is real and could be catastrophic. TB can become drug-resistant if treatment is commenced but not taken as prescribed.

Multidrug-resistant TB (MDR-TB) is considered a global public health crisis by the World Health Organisation. Treatment for MDR-TB is complex, lengthy and expensive.

## Types of medication

The most common antibiotics used for TB treatments include:

- > Rifampicin / Rifapentine

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- > Isoniazid
- > Ethambutol
- > Pyrazinamide
- > Levofloxacin

A combination of these antibiotics is needed for at least six months to kill TB bacteria.

Pyridoxine (vitamin B6) is also often advised to prevent the development of peripheral neuropathy.

## Management of medication

SA TB Services will prescribe medications after the development of a treatment plan. They will dispense the medications from the Royal Adelaide Hospital pharmacy and post out to regional clinics as required at no cost.

If your patient is diagnosed as having active or latent TB, please do not prescribe treatment – this must be done through SA TB Services.

SA TB Services will also advise on any medication interaction considerations for each individual.

## Notes on specific medications

Patients should avoid drinking alcohol while taking TB medication to avoid liver toxicity. Patients should be encouraged to be open about their alcohol intake if they are a regular drinker to manage any risk of withdrawal.

TB medications can also interact with other medications, including those used for diabetes and epilepsy. SA TB Services will provide advice on interactions for each patient.

It is common for patients taking Rifampicin / Rifapentine to notice a red-orange discolouration in urine, bowel movements, saliva, sweat and tears.

## More information

If a patient experiences any unusual symptoms or if you require further advice, contact:

- > SA TB Services (business hours) on (08) 7074 1089
- > the Royal Adelaide Hospital (after hours) on (08) 7074 0000 to speak to the on-call thoracic registrar or consultant.

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## Common TB medication side effects

Medication	Side effect	Common/less common
Ethambutol	Nausea, vomiting, diarrhoea	Common
	Stomach pain	Common
	Mild headache	Common
	Joint or muscle pain	Less common
	Skin rash	Less common
	Dizziness	Less common
	Changes to vision	Less common
	Fever	Less common
Pyridoxine	Nausea, vomiting, diarrhoea	Common
	Mild headache	Common
	Drowsiness	Common
	Numbness/'pins & needles' in arms or legs	Less common
Isoniazid	Nausea, vomiting, diarrhoea	Common (mild)
	Stomach pain	Common (mild)
	Dry Mouth	Common
	Skin rash	Common
	Menstrual cycle changes	Less common
	Changes to vision	Less common
	Fever	Less common
	Dark urines, yellow of skin or eyes (jaundice)	Less common
	Convulsions/seizures	Less common
	Memory loss	Less common
	Numbness/'pins & needles' in arms or legs	Less common
	Rifampicin/ Rifapentine	Nausea, vomiting, diarrhoea
Stomach pain		Common (mild)
Mild headache		Common
Skin rash		Common
Hot flushes		Common
Oral contraception will be ineffective		Common
Menstrual cycle changes		Common
Joint or muscle pain		Less common
Fever		Less common
Dark urines, yellow of skin or eyes (jaundice)		Less common
Bruising		Less common
Shortness of breath, wheezing		Less common
Confusion, loss of concentration		Less common
Muscle weakness, pain or loss of coordination		Less common
Sores on skin or mouth		Less common
Pyrazinamide	Nausea, vomiting, diarrhoea	Common (mild)
	Joint or muscle pain	Common
	Sensitivity to sunlight	Less common

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Levofloxacin	Swollen joints (gout)	Less common
	Dark urines, yellow of skin or eyes (jaundice)	Less common
	Nausea, vomiting, diarrhoea	Common
	Mild headache	Common
	Dizziness	Common
	Insomnia	Common
	Sensitivity to sunlight	Less common

Please contact SA TB Services if your patient reports any concerning symptoms.

**For more information:**

Royal Adelaide Hospital, SA TB Services

Telephone: (08) 7074 1089 (business hours)

[www.sahealth.sa.gov.au](http://www.sahealth.sa.gov.au)

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