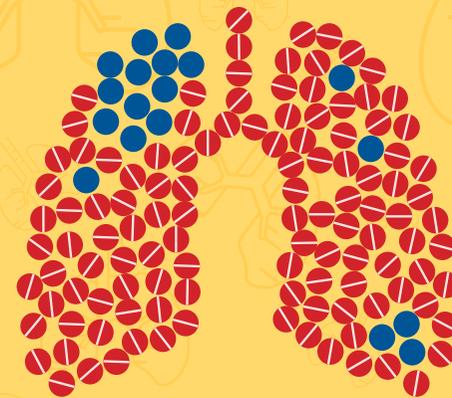




Training Guide

for Peripheral Health Workers on **ADVERSE DRUG REACTIONS**



USAID
FROM THE AMERICAN PEOPLE



The Union

International Union Against
Tuberculosis and Lung Disease
Health solutions for the poor

CHALLENGE TB



What are the most common reasons for **patients being irregular or not completing their anti TB treatment?**

- ➔ Development of side effects i.e. vomiting, pain in the abdomen, diarrhoea/loose stools, headache, giddiness, skin rashes, etc.
- ➔ Ineffective management of side effects if the patient develops ADR
- ➔ Prolonged duration of treatment
- ➔ Large number of tablets to be consumed
- ➔ Other social or psychological reasons

What are the consequences of irregular and incomplete TB treatment?

Irregular and incomplete TB treatment can cause:

- ✓ Spread of disease to other parts of the body
- ✓ Reappearance of TB symptoms
- ✓ Development of drug resistant TB
- ✓ Increased risk of transmission of TB to close contacts
- ✓ Treatment failure

What are the most common reasons for patients being irregular or not completing their anti TB treatment?



Vomiting



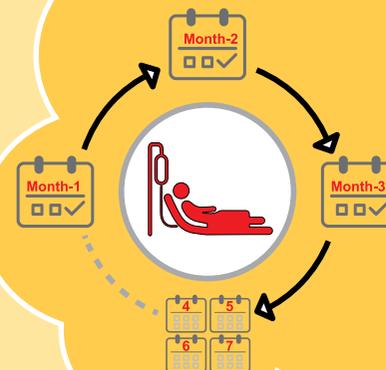
Diarrhoea



Pain in abdomen



Skin rashes



Prolonged duration of treatment



Large number of tablets to be consumed



What is an **Adverse Drug Reaction (ADR)?**

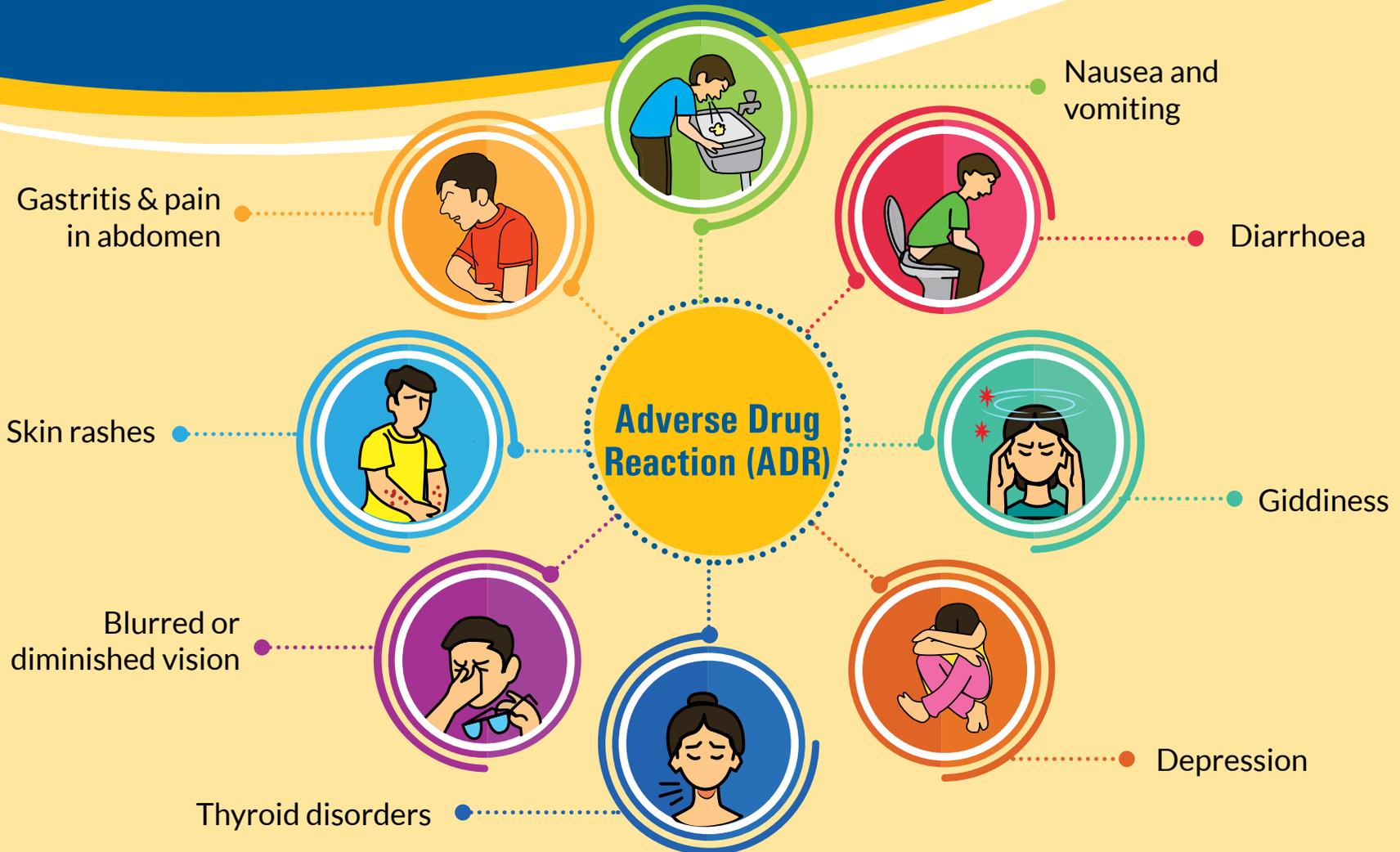
ADR is an unwanted or harmful reaction experienced following the use of a drug or combination of drugs and is suspected to be related to the drug.

Severity of adverse effect varies from tolerable and mild ADRs to serious and life threatening ADRs.

Points to remember

- ✓ Every TB patient on anti TB treatment should be monitored closely for adverse drug reaction so that he/she does not stop the treatment.
- ✓ Early detection and adequate management of ADRs is necessary for a good TB treatment outcome.

What is an Adverse Drug Reaction (ADR)?



Common ADRs

ADR Symptoms

Nausea (uneasy feeling with inclination to vomit) and vomiting after having the drug

Loose stools/diarrhoea (2-3 in a day)

Burning sensation in lower chest region, bloating sensation, sourness in mouth

Pain in upper abdominal area, loss of appetite



Management

- ➔ Counsel and reassure the patient as the common occurring adverse effects usually resolve with time
- ➔ Advise the patients not to take all the drugs together
- ➔ Advise them to take a light meal (biscuits, bread, rice, etc.) before taking drugs
- ➔ Inform patients that they may take drugs embedded in banana or at bed time to reduce their associated adverse effects
- ➔ Encourage patients to keep themselves hydrated by increasing fluid intake
- ➔ Provide ORS (Oral Rehydration Solution) to counter dehydration due to loose motions & vomiting
- ➔ If acidity persists, the patient may be given Ranitidine or Omeprazole

In case increased vomiting or loose motions are associated with dry skin & mouth, increased thirst, sunken eyes, weakness, decreased urine output

If acidity and upper abdominal pain do not improve with time or there is loss of appetite

Refer to
PHI

Common ADRs



Vomiting



Pain in abdomen



Gastritis



Diarrhoea



Common ADRs

which can be easily managed at field level but may require referral to PHI



Skin rashes with or without itching

Management

Reassure patients, give moisturizing cream. If there is still no improvement, give a anti-histaminic drug (Chlorpheniramine or Cetirizine) before giving anti TB drugs



In case there is no relief or increase in severity, symptoms worsen

Feeling of sadness and unhappiness, hearing & seeing unpleasant sounds & things, etc.

Management

Firstly assess if emotional & socio-economic conditions are causing feeling of sadness and depression



Counsel the patients and also ensure frequent and regular follow up of these patients



Refer to PHI

Common ADRs

which can be easily managed at field level
but may require referral to PHI



Skin rashes



Depression



Common ADRs which require referral



Headache, giddiness,
tiredness, paleness

Symptoms of overall weakness and
anaemia

Ringing & buzzing
sounds in ears, at times,
loss of balance

Indicate impact of drugs on ear

Tiredness, drowsiness,
weight gain, swelling
in front part of neck,
swelling of face

Indicate impact of drugs on
thyroid gland

Refer to
PHI

Common ADRs which require referral



Thyroid disorders



Ringing & buzzing sounds in ears



Giddiness

Less Common ADRs

- ➔ Fits
- ➔ Knee and ankle joint swelling & pain
- ➔ Numbness and weakness in hands and feet
- ➔ Yellow discoloration of skin with dark colored urine
- ➔ Diminished vision
- ➔ Palpitation (irregular heartbeats)



If patients
complain of
these symptoms



Immediately refer to higher health
centre i.e. DDR-TBC, NDR-TBC,
tertiary health care facility, etc.

Less Common ADRs



Which patients are more prone to develop these ADRs?

- ➔ Those who consume alcohol while on anti TB treatment
- ➔ Those who are simultaneously taking other medicines (homeopathic, ayurvedic, unani, etc.) for TB
- ➔ Those who are suffering from other diseases i.e., diabetes, increased BP (hypertension), thyroid disorder, liver & renal diseases, etc.
- ➔ TB patients living with HIV infection
- ➔ Elderly TB patients
- ➔ Those who are anaemic and malnourished
- ➔ Those who are not taking their medicines regularly



Which patients are more prone to develop these ADRs?



Steps for Early Identification of ADRs



Make sure that:

- ➔ Pre-treatment evaluation along with baseline investigations are done for every patient prior to starting TB treatment
- ➔ All TB patients are counseled in detail before starting treatment and counseling must be repeated frequently
- ➔ Patients and their family members are educated about symptoms related to common ADRs and encouraged to contact treatment supporter if needed

Steps for Early Identification of ADRs





Role of Peripheral Health Workers

(ASHA, ANM, Health Supervisor etc.)



Visit the house of patients within one week of diagnosis



Be accessible to your patients



Counsel patients to take TB medicines regularly without any interruption



Advise patients to have nutritious diet (rice, chapati, dal, vegetable, green salad, milk, butter milk, curd, eggs, fish, meat, etc.) and avoid skipping any meal



Advise patients to follow cough hygiene (cover nose & mouth with mask/tissue paper when cough & sneeze, wash hands after coughing & sneezing, wear face mask to decrease contamination of surrounding environment)



Counsel patients to avoid alcohol & tobacco while on TB treatment



Educate TB patients on ADR and when and where to approach for help if they develop these ADRs



If patients develop ADRs, counsel and reassure them that these common side effects will resolve with time



Refer patients to the appropriate health facility for common ADRs that may persist after initial treatment, or become severe, or the patient develops danger signs (fits, blurred vision, loss of hearing, etc.)



Facilitate transportation for patients to visit higher health facility whenever required (i.e. management of ADR, investigation, etc.)



Always be equipped with medical kit (for ASHA & ANMs) to manage ADRs efficiently and timely, also always carry the contact number of the respective MO-PHI for immediate referral if needed

Role of Peripheral Health Workers

(ASHA, ANM, Health Supervisor etc.)



RNTCP PMDT Treatment Card

- ➔ A key tool for 'Treatment Supporter' administering drugs daily to the patient
- ➔ The card is to be prepared at Nodal/District DR -TB Centre at the time of the starting of the treatment
- ➔ The original treatment card is to be maintained at the respective District DR-TBC
- ➔ The copy of the Treatment Card is to be kept by the treatment supporter
- ➔ The card is to be updated daily by the treatment supporter, documenting the administration of drugs
- ➔ On page 8 of the card, mention details of the *side effects/unpleasant sufferings (adverse drug events) and 'action taken'* in the relevant sections

RNTCP PMDT Treatment Card

Annexure 15 E

Patient's name:

Age:yrs Gender: M F TG

Address:

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Marital status:

Occupation:

Contact No:

Aadhar ID:

Date of adverse drug reaction	Details of symptoms	Action taken

Comment

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RNTCP PMDT Treatment Book

- ➔ A key tool for 'Patient' which is to be carried by patient whenever he/she visits any doctor
- ➔ The book is to be prepared at Nodal/District DR-TB Centre at the time of the starting of the treatment
- ➔ The book is to be updated daily, documenting the administration of drugs under direct observation of 'Treatment Supporter'
- ➔ Details of side effects i.e. date of occurrence, symptoms and action taken, to be mentioned at the appropriate place of the annexure (before clinical notes)

RNTCP PMDT Treatment Book

Annexure 15 M

Patient's name: _____ Address: _____ Contact No: _____ Episode ID: _____ Type of Case: _____ (H mono/poly TB, MDR/RR TB, XDR TB) Treatment initiation date _____	Reason for Testing <input type="checkbox"/> New <input type="checkbox"/> Previously Treated <input type="checkbox"/> Presumptive TB <input type="checkbox"/> Private Referral <input type="checkbox"/> Presumptive NTM Presumptive MDR TB <input type="checkbox"/> At diagnosis <input type="checkbox"/> Contact of MDR/RR TB <input type="checkbox"/> Follow up Sm+ve <input type="checkbox"/> Private referral <input type="checkbox"/> Presumptive H mono/poly Presumptive XDR TB <input type="checkbox"/> MDR/RR TB at diagnosis follow <input type="checkbox"/> up culture positive <input type="checkbox"/> Failure or recurrent case of MDR/RR-TB regimen
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Date of retrieval action	By whom	Who contacted	Reason for missed doses	Outcome of retrieval action

Date of adverse drug reaction	Details of symptoms	Action taken

Drug Susceptibility Test (DST) results																							
Date of sample collection	R	H (inhA)	H (katG)	Z	E	S	Km	Cm	Am	Lfx	Mfx (o.5)	Mfx (1)	FQ class	SLID class	SLID (eis)	Eto*	PAS*	Lzd	Cfz*	Clr*	Azi*	Bda*	Dlm*
Name of the lab														Date of report									

R: Resistant; S: Susceptible; C: Contaminated; -- Not done *whenever available

