













ADVERSE DRUG REACTIONS (ADRs) DUE TO ANTI TB DRUGS

Management of common ADRs

	Health Worker Level (Treatment Supporter, ASHA, Community Member)	Sub Centre Level (ANM)	Medical Officer-Peripheral Health Institutes
<div>NAUSEA & VOMITING</div> <div>Suspected drugs- Ethionamide, Protionamide, P-Aminosalicylic acid, Pyrazinamide, Ethambutol, Bedaquiline</div> <div></div>	<ul style="list-style-type: none">Counsel and reassure patients as it usually resolves with timeSuggest on not taking all the drugs togetherAdvise patients to take drugs embedded in bananaAdvise patients to take a light meal (biscuits, bread, rice) before taking drugIf due to Eto, give with milk/after milk/at bed time	<ul style="list-style-type: none">Ensure hydration (Oral Rehydration Solution)Domperidone/ Metoclopramide to be given 30 min before drug intakeOmeprazole/Ranitidine to be given 30 min before drug intake	<ul style="list-style-type: none">Ondansetron* to be given 30 min before drug intakeDivide the doseDiazepam to be given 30 min before drug intakeRefer if nausea persists, blood in vomit/& moderate to severe dehydration <div>* Avoid in patients who are on BDQ/DLM</div>
<div>GASTRITIS & PAIN IN ABDOMEN</div> <div>Suspected drugs- P-Aminosalicylic acid, Ethionamide, Protionamide, Clofazimine, Fluoroquinolone, Isoniazid, Ethambutol & Pyrazinamide</div> <div></div>	<ul style="list-style-type: none">Counsel and reassure patients as it usually resolve with timeSuggest on taking a light meal before taking drug	<ul style="list-style-type: none">Omeprazole/Ranitidine to be given 30 min before drug intake	<ul style="list-style-type: none">Divide/reduce the doseRefer if there is severe gastritis, abdominal pain, blood in vomit
<div>DIARRHOEA</div> <div>Suspected drugs- P-Aminosalicylic acid, Ethionamide, Protionamide</div> <div></div>	<ul style="list-style-type: none">Counsel and reassure patients as it usually resolve with timeEncourage fluid intake (water, buttermilk, lemon water and coconut water)	<ul style="list-style-type: none">Give Oral Rehydration Solution (ORS) and keep a watch on hydration statusRefer, if the patient develops dehydration	<ul style="list-style-type: none">Divide/reduce the dose of Oral Rehydration Solution (ORS)Watch serum electrolyte & hydrationEvaluate for other causesRefer, if there is blood in stool &/fever
<div>HEADACHE & GIDDINESS</div> <div>Suspected drugs- Aminoglycosides, Ethionamide, Fluoroquinolone, Pyrazinamide, Bedaquiline, Cycloserine</div> <div></div>	<ul style="list-style-type: none">Counsel and reassure patients as it usually resolve with timeEncourage fluid intake	<ul style="list-style-type: none">Give Ibuprofen/ paracetamolEncourage hydration	<ul style="list-style-type: none">Divide/reduce the doseEvaluate for other causesGive tricyclic antidepressant (low dose) if there is refractory headacheRefer, if the problem persists &/ severity increases
<div>SKIN RASHES, ITCHINESS AND ALLERGIC REACTIONS</div> <div>Suspected drugs- any drug (Isoniazid, Rifampicin, Pyrazinamide, Ethionamide, Cycloserine, Ethambutol, P-Aminosalicylic acid, Fluoroquinolone, Kanamycin)</div> <div></div>	<ul style="list-style-type: none">Counsel and reassure patients as reactions subside with time	<ul style="list-style-type: none">Rule out other causes i.e. scabiesPrescribe moisturising cream for dry skinAntihistamines orallyHydrocortisone ointments	<ul style="list-style-type: none">Give prednisolone in low dosesDivide/reduce the doseEvaluate for other causesRefer if there are serious allergic reactions/ no improvement in symptoms or if the symptoms worsen
<div>DEPRESSION & PSYCHOTIC SYMPTOMS</div> <div>Suspected drugs- Cycloserine, Fluoroquinolone, Isoniazid, Ethionamide, Protionamide</div> <div></div>	<ul style="list-style-type: none">Look out for suicidal tendencies and try to know the underlying reasons e.g. emotional & socio-economic conditions, if so - refer. Also, keep a check by doing follow-up visits more frequentlyCheck for any co-existing substance abuse - if so, refer	<ul style="list-style-type: none">Counsel patient on discontinuing any substance abuse such as alcohol	<ul style="list-style-type: none">Divide/reduce the doseGive antidepressant / antipsychotic drugsGive pyridoxine 200mg/dayRefer if the symptoms are major

Less common ADRs- which may occur due to Anti TB drugs

 <div>Hearing loss</div>	 <div>Blurred vision</div>	 <div>Fits</div>	 <div>Thyroid disorder (Hypothyroidism)</div>	 <div>Electrolyte imbalance</div>	 <div>Arthralgia</div>
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NOTE

- Antacids to be carefully timed to avoid interference with absorption of FQs (2 hours before or 3 hours after the drug intake)
- Explore for any simultaneous intake of alcohol, tobacco, substance abuse since it is associated with high probability of developing side effects
- Investigate for any concomitant (ayurvedic, unani, homeopathic etc.) drug use since these drugs may interfere with Anti TB drugs

1. DR-TB coordinators----- 2. DTO number----- 3. MO number----- 4. Toll free number-----



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