# ADVERSE DRUG REACTIONS (ADRs) DUE TO ANTI TB DRUGS

# Management of common ADRs

**Health Worker Level** 

# (Treatment Supporter, ASHA, **Community Member)**

- Counsel and reassure patients as it usually resolves with time
- Suggest on not taking all the drugs together
- Advise patients to take drugs embedded in banana
- Advise patients to take a light meal (biscuits, bread, rice) before taking drug
- If due to Eto, give with milk/after milk/at bed time
- Counsel and reassure patients as it usually resolve with time
- Suggest on taking a light meal before taking drug

#### **Sub Centre Level** (ANM)

- Ensure hydration (Oral Rehydration Solution)
- Domperidone/ Metoclopramide to be given 30 min before drug intake
- Omeprazole/Ranitidine to be given 30 min before drug intake
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#### **Medical Officer-Peripheral Health Institutes**

- Ondansetron\* to be given 30 min before drug intake
- Divide the dose
- Diazepam to be given 30 min before drug intake
- Refer if nausea persists, blood in vomit/8 moderate to severe dehydration
- \* Avoid in patients who are on BDQ/DLM
- Divide/reduce the dose
- Refer if there is severe gastritis, abdominal pain, blood in vomit



NAUSEA &

VOMITING

Suspected drugs-

P-Aminosalicylic acid,

Ethambutol, Bedaquiline

Ethionamide,

Protionamide,

Pyrazinamide,

DIARRHOEA

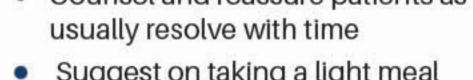
Suspected drugs-

P-Aminosalicylic acid,

Ethionamide, Protionamide

## **GASTRITIS** & PAIN IN ABDOMEN

Suspected drugs-P-Aminosalicylic acid, Ethionamide, Protionamide, Clofazimine, Fluoroquinolone, Isoniazid, **Ethambutol & Pyrazinamide** 



Counsel and reassure patients

Encourage fluid intake (water,

buttermilk, lemon water and

as it usually resolve with time

- Give Oral Rehydration Solution (ORS) and keep a watch on hydration status
- Refer, if the patient develops dehydration
- Divide/reduce the dose of Oral Rehydration Solution (ORS)
- Watch serum electrolyte & hydration
- Evaluate for other causes
- Refer, if there is blood in stool &/fever



### HEADACHE & GIDDINESS

Suspected drugs-Aminoglycosides, Ethionamide, Fluoroquinolone, Pyrazinamide, Bedaquiline, Cycloserine  Counsel and reassure patients as it usually resolve with time

coconut water)

- Encourage fluid intake
- Give Ibuprofen/ paracetamol
- Encourage hydration
- Divide/reduce the dose
- Evaluate for other causes
- Give tricyclic antidepressant (low dose) if there is refractory headache
- Refer, if the problem persists &/ severity increases



Suspected drugsany drug (Isoniazid, Rifampicin, Pyrazinamide, Ethionamide, Cycloserine, Ethambutol, P-Aminosalicylic acid, Fluoroquinolone, Kanamycin)



Counsel and reassure patients as reactions subside with time

- Rule out other causes i.e. scabies
- Prescribe moisturising cream for dry skin
- Antihistamines orally
- Hydrocortisone ointments
- Give prednisolone in low doses
- Divide/reduce the dose
- Evaluate for other causes
- Refer if there are serious allergic reactions/ no improvement in symptoms or if the symptoms worsen



## DEPRESSION & PSYCHOTIC SYMPTOMS

Suspected drugs-Cycloserine, Fluoroquinolone, Isoniazid, Ethionamide, Protionamide

- 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 frequently
- Check for any co-existing substance abuse - if so, refer
- Counsel patient on discontinuing any substance abuse such as alcohol
- Divide/reduce the dose
- Give antidepressant / antipsychotic drugs
- Give pyridoxine 200mg/day
- Refer if the symptoms are major

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



**Hearing loss** 



Blurred vision



**Fits** 



Thyroid disorder (Hypothyroidism)



Electrolyte imbalance





- 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











