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CHALLENGE TB

DRUG RESISTANT TUBERCULOSIS SELF-REPORTING OF DRUG- RELATED ADVERSE EVENTS DURING TREATMENT

INTRODUCTION

This information has been prepared for people with tuberculosis (TB) that is resistant to the commonly used drugs (known as “drug-resistant TB” or DR-TB) to help them to understand any drug-related problems and actions that they should take.

WHAT IS DRUG-RESISTANT TUBERCULOSIS?

Drug-resistant tuberculosis is caused by poor treatment - it can be that the wrong TB drugs were prescribed or that the person with TB didn't take all their TB drugs medicines as prescribed by the health care worker. It is also possible that a person who already has DR-TB, spreads the disease to others.

WHAT ARE THE SIGNS AND SYMPTOMS OF DRUG-RESISTANT TUBERCULOSIS?

The general symptoms are the same as TB which is sensitive to the commonly used TB drugs (known as “drug-susceptible TB” or “DS-TB”): productive cough (brings up sputum) for 2 weeks or more, weight loss, fever, night sweats, chest pain, and a feeling of weakness.

WHY IS IMPORTANT FOR A PERSON SUFFERING FROM DRUG-RESISTANT TB TO AVOID CONTACT WITH OTHERS?

It is important that someone suffering from drug-resistant TB stays separate from others (at hospital or at home) whilst they can spread the TB bacteria to others (are infectious to others). Once they stops being infectious (become non-infectious), separation is no longer needed.

WHY TAKE YOUR TB DRUGS FOR DRUG-RESISTANT TUBERCULOSIS AS DIRECTED?

It is vital that you take your TB drugs each day and continue treatment until your assigned health care worker tells you to stop. You must continue your treatment even if you feel better. Your treatment can be set up at health facility, at home, or another location. The total treatment time for drug-resistant TB can take anywhere between 9 and 20 months and will be prescribed according to your test results and individual requirements. The health care worker will know and inform you when to stop taking your medicines.

WHAT ARE ADVERSE EVENTS?

People can react differently to TB drugs, but all TB drugs can have harmful effects – commonly known as “adverse events”. During your treatment, you may experience new physical or mental sensations. If you think that any of these reactions could be related to the TB drugs you are taking, you should call your health care worker immediately.

MONITORING AND MANAGEMENT OF ADVERSE EVENTS

Although not common with so-called first-line TB drugs used for treating DS-TB, serious adverse events of TB drugs, do happen with so-called second-line drugs used in the treatment of drug-resistant TB. When serious adverse events occur, they sometimes can be dangerous.

Many TB drugs can be toxic to the liver, it is therefore important to immediately inform your health care worker or treatment supporter if you have nausea or vomiting, loss of appetite, your skin turns a yellow color (“jaundice”), you have dark urine, or a fever for more than three days without an obvious cause such as a chest infection.

Furthermore, health care workers need to be informed if you get a skin rash, an upset stomach, headaches, have trouble remembering things, feel anxious, depressed, irritable, or experience changes in your behavior. You also need to immediately inform the health care worker if you start to lose your balance, control of bodily movements, or hearing, experience numbness and/or and muscle cramping, or fast and/or irregular beating of your heart (“palpitations”).

All adverse events will be monitored during your meetings with a health care worker or treatment supporter, as they will ask you about symptoms of common adverse events. For minor adverse events, you can continue your prescribed treatment. For adverse events that need additional investigation, tests will be done. If needed, you will be given other drugs to treat the adverse event.

Once an adverse event is identified, and which happened after you started taking your TB drugs, it is important that you rate the degree of concern from the adverse event on a scale ranging from 1 (no concern) to 3 (a lot of concern) as a measure of how bad you think the adverse event is.

WHAT SHOULD YOU DO?

Each time you feel different than your normal self, it is necessary to:

1. Write down your observations on any possible drug-related adverse events and rate them from 1 to 3 as explained above (see Table 1 on the next page - Self-reporting form: Drug-related Adverse Events during DR-TB treatment).
2. Immediately report your observations to a health care worker by phone if the score is 2 or 3, or during the next appointment if the score is 1.
3. Carefully follow the health care worker’s instructions to either continue, change, or stop your TB drugs.

TABLE 1: SELF-REPORTING FORM: DRUG-RELATED ADVERSE EVENTS DURING DR-TB TREATMENT

Rate how worried you are about the observed adverse event on a scale ranging from 1 (no concern) to 3 (a lot of concern) as a measure of how bad you think the adverse event is.

ONSET DATE	END DATE	ADVERSE EVENTS	DESCRIPTION	NO CONCERN 1	MODERATE CONCERN 2	A LOT OF CONCERN 3
		Anemia	Weakness or fatigue, looking pale			
		Anorexia	Loss of appetite or change in the taste of the food			
		Anxiety	Feeling nervous or anxious			
		Arthralgia	Joint pain			
		Depression	Feeling sad, down, or depressed			
		Change in vision	Change in vision			
		Confusion	Trouble remembering or confusion			
		Diarrhea	Diarrhoea or “running stomach”			
		Dizziness	Feeling dizzy or light-headed			
		Fatigue	Fatigue or loss of appetite			
		Gastritis	Bloating, pain or gas in your stomach			
		Headache	Headache			
		Hearing loss	Loss of hearing			
		Insomnia	Difficulty falling or staying asleep			
		Jaundice	Yellow color of the skin and whites of the eyes			
		Myalgia	Muscle pain			
		Nausea or vomiting	Nausea or vomiting			
		Pancreatitis	Upper abdominal pain that goes through to your back, fever, nausea, and vomiting			
		Peripheral Neuropathy	Pain, numbness, or tingling in the hands or feet			
		Rash	Skin problems such as rash, dryness, or itching			
		Tinnitus	Ringling in the ears			

ADDITIONAL CONCERNS

The treatment for DR-TB can be difficult and long to complete, and you may require social support or support from your family members or other friends. It is important to discuss any concerns you may have with your health care worker(s), they can help organize any support that you need.

ADDITIONAL INFORMATION

For any additional information, please contact your health care worker or the treatment supporter who is directly involved in your treatment and care, or any health staff at the facility _____,
Address _____, Phone number _____

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