

# Non-Tuberculous Mycobacteria

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## UHD TB Service Patient information

TB Nurse Specialists: **0300 019 4570** Website: **www.uhd.nhs.uk**

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Name of Infection: .....

### What is a Non-Tuberculous Mycobacteria (NTM)?

They are a group of bacteria that are widely distributed in nature.

- They can be found in water, soil, unpasteurised milk, dust and animals.
- They may cause disease in humans.

### Are these the same bacteria that cause Tuberculosis?

- No, an NTM does not cause tuberculosis.
- There are many different types of NTM's, some common ones are M. Avium, M Kansasii, M. Xenopi, and M. Chelonae.

### Do these bacteria cause disease?

- Many people can carry environmental mycobacteria without any symptoms or evidence of disease (colonisation).
- In some people they can cause disease. Those at risk include those with a weakened immune system, lung diseases, such as bronchiectasis, heavy smoking and alcohol abuse.

### What are the signs and symptoms of disease?

- They commonly cause respiratory symptoms, such as cough, increased sputum production and an abnormal chest x-ray.
- People may also experience fever, tiredness and weight loss

### Can I infect others?

- With the exception of skin lesions, there is little evidence of person-to-person spread from Non-Tuberculous Mycobacteria.
- People with the bacteria in their lungs DO NOT need to be isolated from others.

### Do I need any tests before starting treatment?

Before starting any treatment, it is likely you will need some additional tests. These may include:

- blood tests
- further sputum tests

- basic eyesight tests,
- a tracing of your heart (ECG),
- hearing tests (audiology)
- an up to date chest x-ray or CT scan.

Your blood test and ECG will need to be repeated after two weeks of treatment

Your Respiratory Consultant or TB Nurse Specialist will advise you what tests are needed.

## Your Treatment is as follows

### Rifampicin

You need to take ..... 300mg tablets once a day

You need to take ..... 150mg tablets once a day

### Ethambutol

You need to take ..... 400mg tablets once a day

You need to take ..... 100mg tablets once a day

### Azithromycin

You need to take ..... 250mg tablet once a day

### Clarithromycin

You need to take ..... 500mg tablet twice a day 12 hours apart

You need to one 500mg tablet twice a day 12 hours apart.

## Other treatment that may be prescribed

Name: ..... Dose: ..... When: .....

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Treatment should be taken on an empty stomach at least 30 minutes before food or 2 hours after food at approximately the same time each day.

The medicine needs to be taken every day. If you forget to take your medicine, then take it as soon as you remember or the next day if it is more than 6 hours after you usually take your tablets.

You will be looked after as an outpatient by a chest consultant and a specialist nurse

## Side effects

NTM treatment can cause some side effects which you need to be aware of:

### Orange coloured urine

One of the tablets you are taking can discolour urine and other bodily fluids. This is normal, not harmful and is simply a dye in one of the drugs. Please inform your nurse if you wear contact lenses.

### Nausea/vomiting

This can occur during the first few weeks of starting treatment and should clear by itself. If you experience severe nausea and/or vomiting, you can ask your TB Nurse or GP to prescribe an anti-sickness tablet, usually Metoclopramide or Cyclizine. Take 1 tablet 30 minutes before you take your NTM treatment and then try to eat your breakfast 30 minutes after that. You can usually take these anti-sickness tablets up to 3 times a day. It may be helpful if nausea continues through the day to take one tablet 30 minutes before lunch and dinner so that you are able to eat. Please note if you are prescribed metoclopramide this can only be used for a maximum of 5 days. If you are still experiencing nausea after this time, your TB nurse or GP will need to provide you with an alternative drug.

### Itching/rash

If a rash appears and/or itching, please can you contact your TB specialist nurse to discuss how to manage it. We may ask you to have a blood test. An antihistamine tablet may be needed. Loratidine 10mg is available quite cheaply at supermarkets. There are many other types of this drug and you can discuss an alternative with your GP or local pharmacist if needed.

### Liver problems

Should you develop stomach pain, especially in the right side, jaundice (a yellowing of the skin or whites of the eyes), severe nausea and vomiting, please contact your TB Specialist Nurse or GP as soon as possible. Out of hours please contact 111. It is likely that you will need a blood test to check your liver function

### Visual problems

If you develop problems with your sight i.e.: a reduced ability to focus, altered colour vision or pain in your eyes, please stop taking the Ethambutol tablets straight away and contact your TB Specialist Nurse or your GP. You will need to have an urgent review of your eyesight and this can be arranged at the Bournemouth Eye Unit.

### Hearing problems

If you develop problems with your hearing, such as a feeling that you cannot hear so well (hearing loss) or ringing or other noises in one or both ears (tinnitus), then please contact your TB Nurse Specialist or GP who can arrange hearing tests for you.

### Changes in heart rhythm

Rarely treatment can cause palpitations (fluttering sensation in your chest), shortness of breath, chest pain, lightheadedness and fainting. If you develop any of these symptoms, particularly if they occur more than once or become continuous, then it is very important that you speak to your GP, TB Nurse Specialist or call 111 for urgent advice. If you feel that the symptoms are very serious, then you should call 999.

## Flu-like symptoms

Some patients experience flu like symptoms such as aching joints and feeling very tired. As with flu we would recommend using regular paracetamol (maximum of 2 x 500mg tablet 4 times a day), resting and drinking plenty of fluids.

## Drug interactions

If you are taking other medications for other conditions, it is possible that treatment can affect these. Please let your TB specialist nurse know of any medications you are taking before having NTM treatment (including herbal preparations and non-prescription drugs) and any new medicines started during your NTM treatment. They will make sure these combinations are safe to take together.

## Contraception (if applicable)

Rifampicin used in NTM treatment, can stop hormonal contraception, including tablets (the Pill), long lasting injection and emergency contraception from working. Barrier forms of contraception such as condoms (alongside your usual contraception) will be needed for additional protection. You should continue using barrier forms of contraception for 28 days after you finish your NTM treatment. We advise that pregnancy should be avoided if you are on NTM treatment. Please speak to your TB nurse for further advice.

## Important reminders

- All medication must be taken according to the instructions on the box.
- Avoid excessive alcohol.
- Try to make sure you do not run out of your medication but if you do get in contact with your Specialist Nurse as soon as possible.
- Remember to attend all of your hospital appointments so we can monitor your progress.
- Store medicines in a cool dark place out of reach of children.
- Please get in touch at any time if you want to discuss any part of your treatment.
- If you are unable to attend a hospital appointment, please alert your TB Nurse Specialist, who can arrange another appointment or if required come and see you at home.

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