

Tuberculosis (TB) and your treatment

UHD TB Service Patient information

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

Your TB Nurse is:

What is Tuberculosis (TB)

- TB is an infection caused by bacteria.
- TB can affect many parts of the body, but mostly affects the lungs and can be infectious.
- TB can be cured in almost all cases by taking a 6 month course of antibiotics.

What is pulmonary TB?

- Pulmonary TB is an infection in your lungs
- TB is spread through the air when people who have infectious TB in their lungs, cough. If you have this form of TB, people who have had prolonged contact with you, could breathe in the bacteria and become infected. Those thought to be at risk will be tested for TB.
- You may be asked to stay away from work and away from individuals with weaker immune systems, to prevent spreading the infection to others. After taking treatment for two weeks, you should no longer be infectious and can return to normal activities. Your consultant and TB Nurse will discuss this with you in more detail.

What is non-pulmonary TB?

- This is an infection outside of your lungs, as TB can affect any part of your body.
- If you have this form of TB, the chance of passing it onto others is very low. The TB bacteria can cause pain and swelling in the affected site, but the bacteria cannot usually escape and so cannot be passed on to others.
- Certain precautions need to be taken with an open wound. Your TB Nurse will discuss this with you.
- We may need to screen close contacts to see if they are infected with TB. You will be informed if this is needed.

How will I be treated?

- You will be looked after as an outpatient by a respiratory consultant and / or one of the TB nurses, unless you are very unwell and need to be admitted to hospital.
- Treatment for TB is for 6 months but this may need to be longer depending on your case.
- If you have pulmonary TB, you should start to feel better within a few weeks of starting your treatment. If you have TB outside of your lungs, it could take a few months before you start to feel better.
- It is vital that you take the full course of your treatment in order to be cured. Failure to do so can lead to your condition deteriorating, drug resistance developing and if you have TB in your lungs spreading disease to others, particularly those that are close to you.

Your medication

For the first eight weeks:

You will receive antibiotics and vitamin B6 in tablet form using the following medications:

Rifater

This consists of 3 antibiotics in one tablet. This includes Rifampicin, Isoniazid and Pyrazinamide. How many tablets you take depends on your weight.

You need to take tablets once a day.

Ethambutol

This is a separate antibiotic. The dose you take depends upon your weight. To make up the dose you will be supplied with 400mg and 100mg tablets.

You need to take 400mg tablet(s) and 100mg tablet(s) once a day.

Pyridoxine

This is a vitamin B6 tablet. This is needed as one of your antibiotics can lead to a reduction of this in the body and it will need to be replaced.

You need to take tablet once a day at the same time as your TB treatment.

If after 8 weeks you are getting better and there are no signs that you are resistant to any of the antibiotics we are giving you, Rifater and Ethambutol will stop and you will be given just 2 antibiotics (Rifampicin and Isoniazid in a combination tablet called Rifinah) along with pyridoxine for at least 16 weeks

For the next 16 weeks:

Rifinah

This consists of two antibiotics in one tablet and contains Rifampicin and Isoniazid.

You need to take tablets once a day along with your Pyridoxine.

Other treatment that may be prescribed

Name: _____ Dose: _____ When: _____

Name: _____ Dose: _____ When: _____

Name: _____ Dose: _____ When: _____

Name: _____ Dose: _____ When: _____

All the TB treatment needs to be taken by mouth on an empty stomach (at least 30 minutes before breakfast and other medications) with plenty of water.

Before you complete your TB treatment you will be seen by your Respiratory Consultant and/or your TB Nurse to ensure that you have made a good recovery and can stop your treatment.

Side Effects

TB 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 TB 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 TB 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 Nurse to discuss how to manage it. We may ask you to have a blood test and an antihistamine tablet may be needed. Loratidine 10mg is an antihistamine and 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.

Problems with liver function

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 or a severe rash; please contact your TB 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 if your liver is working properly.

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 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.

Flu-like symptoms

If you 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.

Food and drink

Food and drink containing substances called tyramine and histamine might interact with your TB treatment and cause headaches, dizziness, palpitations, skin flushing and sweating. Foods to avoid are:

Matured cheese: such as cheddar, parmesan, blue cheese, camembert, brie.

Fish: skipjack tuna, mackerel, salmon.

Alcohol: red wine, beer

Other foods: sauerkraut, soy sauce, flava beans, Bovril, Marmite, cured meats.

Contraception (if applicable)

TB treatment can stop the contraceptive pill including implants from working and barrier forms of contraception such as condoms or a diaphragm (alongside your usual contraception) will be needed for additional protection. You should continue this for four weeks after you finish your TB treatment. We advise that pregnancy should be avoided if you are on TB treatment. Please speak to your TB nurse for further advice.

Drug interactions

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

Outpatient Appointments and Home Visits

If you are unable to attend a hospital appointment, please alert your TB Nurse, who can arrange another appointment or if required come and see you at home.

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