

Treating active tuberculosis (TB)

Department of Respiratory Medicine

Information for Patients

Produced: June 2021

Review: June 2024

Leaflet number: 897 Version: 3

Introduction

Please read this leaflet carefully and keep it to refer to during your treatment. It contains important information about your care and treatment for tuberculosis (TB).

If you need advice on any of the medicine you are taking or any other information about TB, please contact the TB Nursing Service on Tel: **0116 258 3767**.

The TB Nursing Service is a specialist service based at Glenfield Hospital. Our normal working hours are Monday to Friday, 8.30am to 4.30pm.

All tests and treatment for TB is confidential and free of charge.

Your TB Nurse/ Case Manager is:

Contact telephone number:

What is tuberculosis (TB)?

Tuberculosis (TB) is a curable, infectious disease caused by bacteria called mycobacterium tuberculosis. TB usually affects the lungs (pulmonary TB) but can also affect other parts of the body, such as the kidneys, bones, glands or brain.

TB is usually spread by tiny droplets containing the TB bacteria. These droplets are produced when an infected person coughs or sneezes. If these droplets are inhaled, the bacteria they contain may start a new infection.

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

The illness caused by TB usually develops slowly. Immediately after exposure to the infection there may be no signs or symptoms. If the immune system fails to kill or contain the infection, it can spread within the lungs or other parts of the body and symptoms will develop within a few weeks or months. This is known as active TB.

Only a person who has TB in the lungs and airways (pulmonary TB) is considered infectious. If someone has TB elsewhere in the body they are not infectious to other people.

Many people who become infected do not become ill and the infection heals itself in a few weeks or months without treatment. However, the TB bacteria remain in the body in an inactive form. This is known as latent TB. People with latent TB are not infectious to others. Latent TB can develop into an active TB disease and progress to cause illness at a later date, particularly if your immune system becomes weakened.

Can TB be treated?

TB is a serious condition, but it can usually be cured if it is treated with the right course of antibiotics. Most people do not need to be admitted to hospital during treatment.

A course of antibiotics will need to be taken for at least 6 months. Several different antibiotics are used because some forms of TB are resistant to certain antibiotics.

How will I get the help, advice and support I need?

Specialist TB nurses work in the community and in all of Leicester's Hospitals. We cover the whole of Leicester, Leicestershire and Rutland. We liaise between patients and doctors, providing advice on TB and TB screening.

Every patient having treatment for TB will have a named specialist TB nurse/ case manager, and will be told how to get in touch with them. Our role is to support you through your treatment and be your first point of contact if you have any problems.

Our first visit to you after starting treatment will be to discuss your diagnosis, provide information and answer any questions that you may have. We will usually see you within 5 working days from when you start your treatment.

We will tell you about your TB medication as detailed in this leaflet. We will make sure that you know the possible side effects of your medication and what to do if these side effects happen.

During our first visit we will agree a plan of care for you and assess any factors that might affect your treatment. This allows us to plan individual support (directly observed treatment) if needed.

We will do our best to help you with any problems that might affect your treatment, such as housing, finding a GP, issues with alcohol and/or drugs, your employment, or any problems getting to your hospital appointments.

We are responsible for finding the people you have been in contact with, and who might be at risk of infection. These people will be asked to attend our clinic so they can be tested for TB too.

We will aim to visit you at least once a month to monitor your progress and offer support to you and your family. Sometimes you may need a greater level of support. If you have any problems during your treatment your TB nurse is there to help as your first point of contact.

Further information

NHS website: www.nhs.uk/conditions/Tuberculosis

Information about TB medicine

- TB medication is usually taken once a day. It can all be taken together safely in one go. This should be half an hour before breakfast or on an empty stomach e.g. 30 minutes before food or 2 to 3 hours after a meal.
- Your tablets can cause your pee (urine) and other body fluids to become red or orange in colour. This is completely normal. It is advisable not to wear soft contact lenses as these may become stained or change colour.
- Always keep your medicine in its original container and never share it with other people.
- It is important that you attend all your outpatient appointments and please remember to take all of your medicine with you when you go.
- You are advised not to become pregnant during your treatment for TB. Tell your doctor or TB nurse if you are breastfeeding.
- You must tell your doctor or TB nurse about any other medicine that you are taking. This is because medication for tuberculosis can effect other medicines. This includes birth control pills and medicine for diabetes and epilepsy.
- If you are using birth control pills, you should use a different method of contraception such as condoms or the coil, during your treatment for TB. You will not be able to rely on contraception that contain hormones e.g. contraceptive pill, contraceptive patches, implants, vaginal rings and some contraceptive injections. Get advice from your GP or family planning clinic for other methods of contraception for the whole duration of your TB treatment and for 28 days after it has finished.
- It is advisable that you do not drink alcohol during your treatment. You can discuss this with your doctor, TB nurse or pharmacist.
- If you have problems swallowing your tablets, liquid medicine is sometimes available or if you have difficulty opening bottles, plain caps can be used. You can discuss this with your TB nurse or pharmacist.

- All treatment for TB is free of charge for everyone.
- Don't stop taking your medicine unless your doctor, TB nurse or pharmacist tells you to.
- Tell your TB nurse immediately if you feel unwell while taking your medicine.
- Many patients suffer from tiredness whilst taking their medication. Most people do not have any other problems, but if you suffer from any of the side effects mentioned in this leaflet please discuss them with your TB nurse as soon as possible.

Being aware of possible effects on your liver during treatment

Most people have no problems with their liver whilst on treatment but in a few cases the liver can react to TB medicines. All adult patients will have their liver function tested before they start treatment for TB and each time they attend a clinic appointment. This involves a routine blood test.

We will tell you how to recognise any signs of liver problems. If you have any of these symptoms you must contact your TB nurse as soon as possible, as you may be advised to stop taking your medicine.

Symptoms include:

- often feeling sick (nausea)
- being sick (vomiting)
- yellowing in the eyes or skin (jaundice)
- pain down the right side of your tummy (abdomen)

If these symptoms happen outside of our normal working hours or at weekends/ bank holidays, it is OK to stop taking the tablets until you can contact someone at the TB service for advice.

If treatment for TB has to be stopped you will be closely monitored, but the liver will usually return to normal function.

Will I need to follow a special diet during treatment?

You should avoid alcohol during treatment as it can change how effective the medicine is.

It is rare that your medicine will affect your liver but if you drink alcohol whilst taking your medicine it can also increase the risk of liver problems.

In general, try to eat a normal healthy diet and maintain a good calorie intake. If you have special dietary needs or have lost a lot of weight, your TB nurse can arrange for you to see a dietitian if needed.

Occasionally, some people can develop an allergic reaction to certain foods whilst taking TB medicine. In particular, cheese, tropical fish (tuna) and red wine, may trigger a rash, itching or hot flushes. If you have these symptoms tell your TB nurse and try to remove cheese, tropical fish and alcohol from your diet.

All other food and drink is safe to have during treatment. A healthy diet is important as part of your recovery from TB. Your weight will be monitored throughout your treatment.

Which medicines will I need to take as part of my treatment?

If you are diagnosed with active TB you will be prescribed at least a 6 month course of a combination of antibiotics.

Pyridoxine (also known as vitamin B6):

Small white tablet (10mg or 50mg).

This is used to help prevent pins and needles or numbness that can sometimes be a side effect from antibiotic drugs used to treat TB.

There are not usually any side effects when pyridoxine is taken in small doses.

Ethambutol:

100mg - small, round, yellow, film coated tablets.

400mg - large, round, grey, film coated tablets.

Ethambutol is an antibacterial used in combination with other medicines to treat TB. It is usually only taken in the first 2 to 3 months of treatment.

Rare side effects:

- In rare cases, this can cause problems with vision including colour blindness or blurred vision, which can be serious. If you experience this, stop taking ethambutol and contact your TB nurse or doctor as soon as possible. You should have had an eye test before starting to take ethambutol.

Other side effects may include:

- pins and needles or numbness in your hands and feet
- feeling sick (nausea)
- being sick (vomiting)
- rash
- itching
- yellowing in the eyes or skin (jaundice)

Pyrazinamide:

Medicines that contain pyrazinamide are:

Rifater (with rifampicin and isoniazid)

Round, pale pink, sugar coated tablets.

Pyrazinamide is an antibacterial used in combination with other medicines to treat TB. It is usually only taken in the first 2 to 3 months of treatment.

Side effects are rare, but can include:

- feeling sick (nausea)
- being sick (vomiting)
- pain in joints
- pain when you pee (urinate)
- high temperature (fever)
- yellowing in the eyes or skin (jaundice)

Isoniazid:

Medicines that contain isoniazid are:

- **Rifater** (with rifampicin and pyrazinamide)
Round, light pink, sugar coated tablets.

- **Rifinah** (with rifampicin)
300 - oval, orange, sugar coated tablets.
150 - round, bright pink, sugar coated tablets.

An antibiotic used to treat all forms of TB. It is usually taken for the whole of your treatment. It should be taken 30 minutes before breakfast or on an empty stomach (30 minutes before a meal or 2 hours after a meal).

Side effects are rare but can include:

- pins and needles or numbness in your hands and feet
- often feeling sick (nausea)
- being sick (vomiting)
- diarrhoea
- rash
- itching
- yellowing in the eyes or skin (jaundice)
- flu-like symptoms (aches and pains/ chills)

www.leicestershospitals.nhs.uk

TB Nursing Service: 0116 258 3767

[illegible]

Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email equality@uhl-tr.nhs.uk