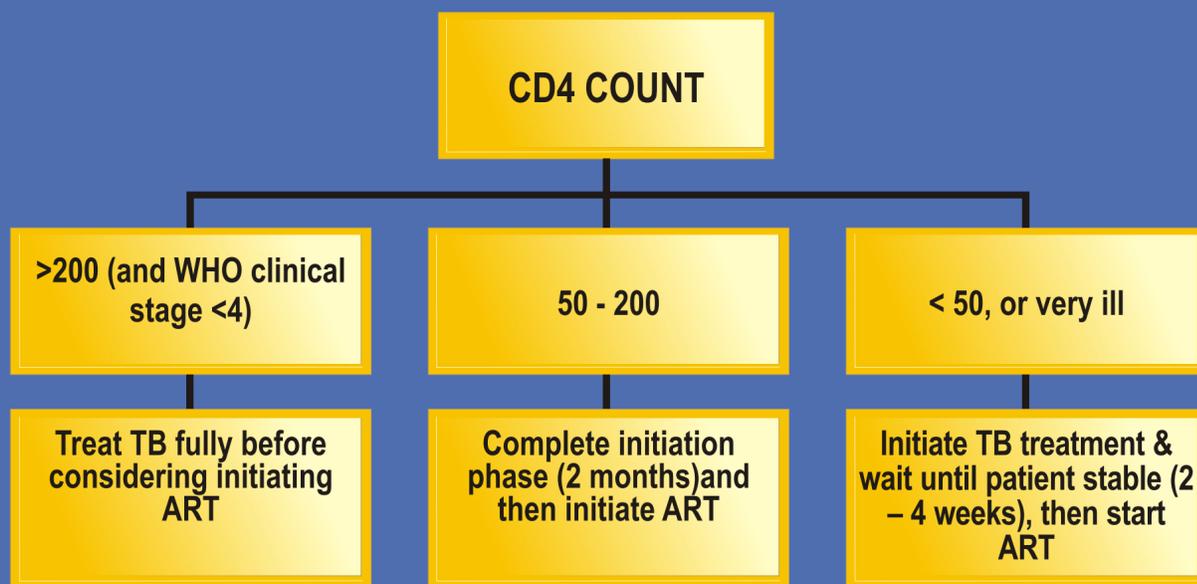


Managing TB/HIV

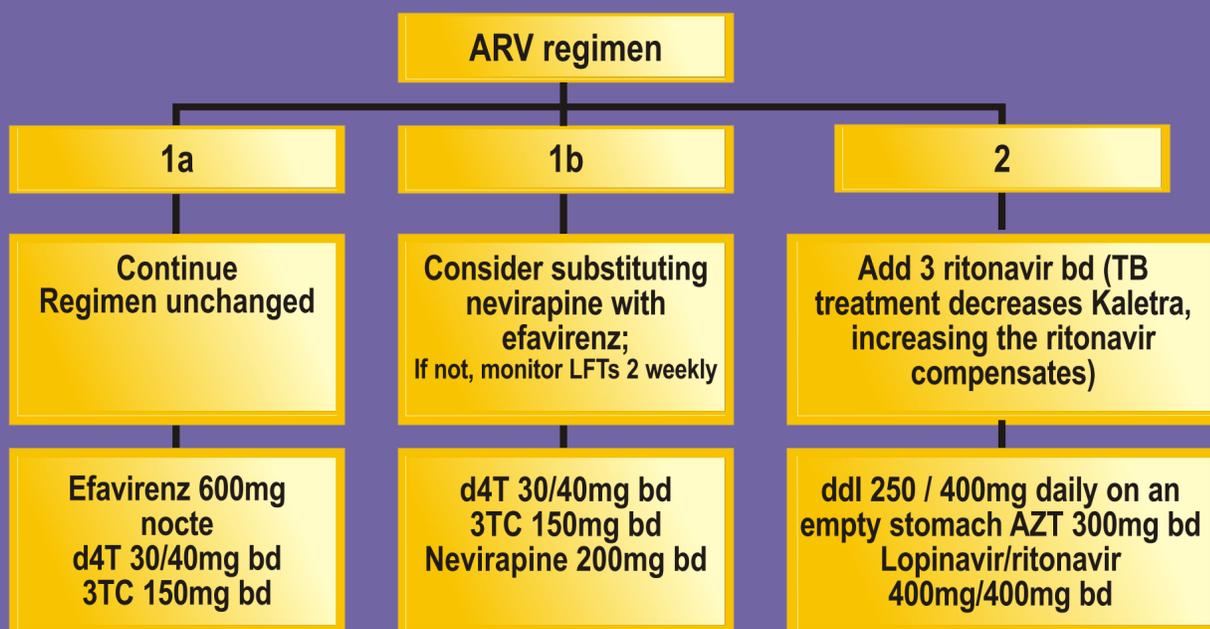
The adult patient NOT on ART with newly diagnosed TB



- Remember that patients on TB medication and ART are taking a large number of tablets, they should be counseled before therapy.

- Cotrimoxazole prophylaxis must be continued in all patients on ART until CD4 count is > 200 cells/mm³.

The adult patient on ART with newly diagnosed TB



- It is important to ensure reliable contraception in women of child-bearing age when on ART and TB treatment.

Shared side effects of TB and ART

Side effect	ARV	TB treatment	Management
Nausea + vomiting	DDI AZT Ritonavir	Pyrazinamide (PZA)	Exclude lactic acidosis if on ARV treatment >4 months, consider pancreatitis; else symptomatic treatment and consider substitution if severe
Hepatitis (Jaundice)	Nevirapine Efavirenz	Rifampicin Isoniazid PZA	If ALT / AST > 5x normal, refer for investigation to exclude other cause, if no other cause discontinue meds & reintroduce liver sparing TB regimen, then add rifampicin followed by INH if stable. Start ART once fully stable on TB regimen
Peripheral neuropathy	D4T DDI	Isoniazid	Vit B6 (Pyridoxin) 25 - 50mg daily Amitryptaline 25mg nocte up to 100mg nocte. Loosen shoes
Rash	Nevirapine Efavirenz	Rifampicin Isoniazid PZA	If involving mucous membranes or assoc with systemic symptoms discontinue all meds and refer. Else manage with creams + antihistamine