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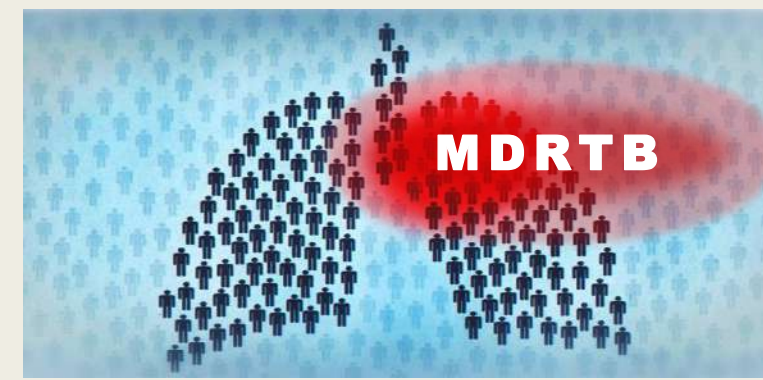
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PREVENTION OF THE DEVELOPMENT OF ADVERSE REACTIONS IN THE TREATMENT OF TUBERCULOSIS IN COMBINATION WITH DIABETES MELLITUS

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RELEVANCE OF THE TOPIC

MDRTB

- STATISTICS OF TB IN THE WORLD

- Tuberculosis (TB) is one of the top 10 causes of death worldwide.

- In 2017, 10 million people fell ill with TB, and 1.6 million died from the disease (including 0.3 million among people with HIV).

  TB is a leading killer of HIV-positive people.

  - By 2030, the number of people with diabetes is expected to rise to 171 million, to 366-440 million, with three-quarters of people living with diabetes living in low-income countries.

  - Diabetes is a major financial burden in countries with limited resources. In many countries, insulin is expensive or poorly available. Thus, social and economic conditions strongly influence the treatment of diabetes.

# TB is one of top 10 causes of death worldwide ranks 9th, top infectious disease killer
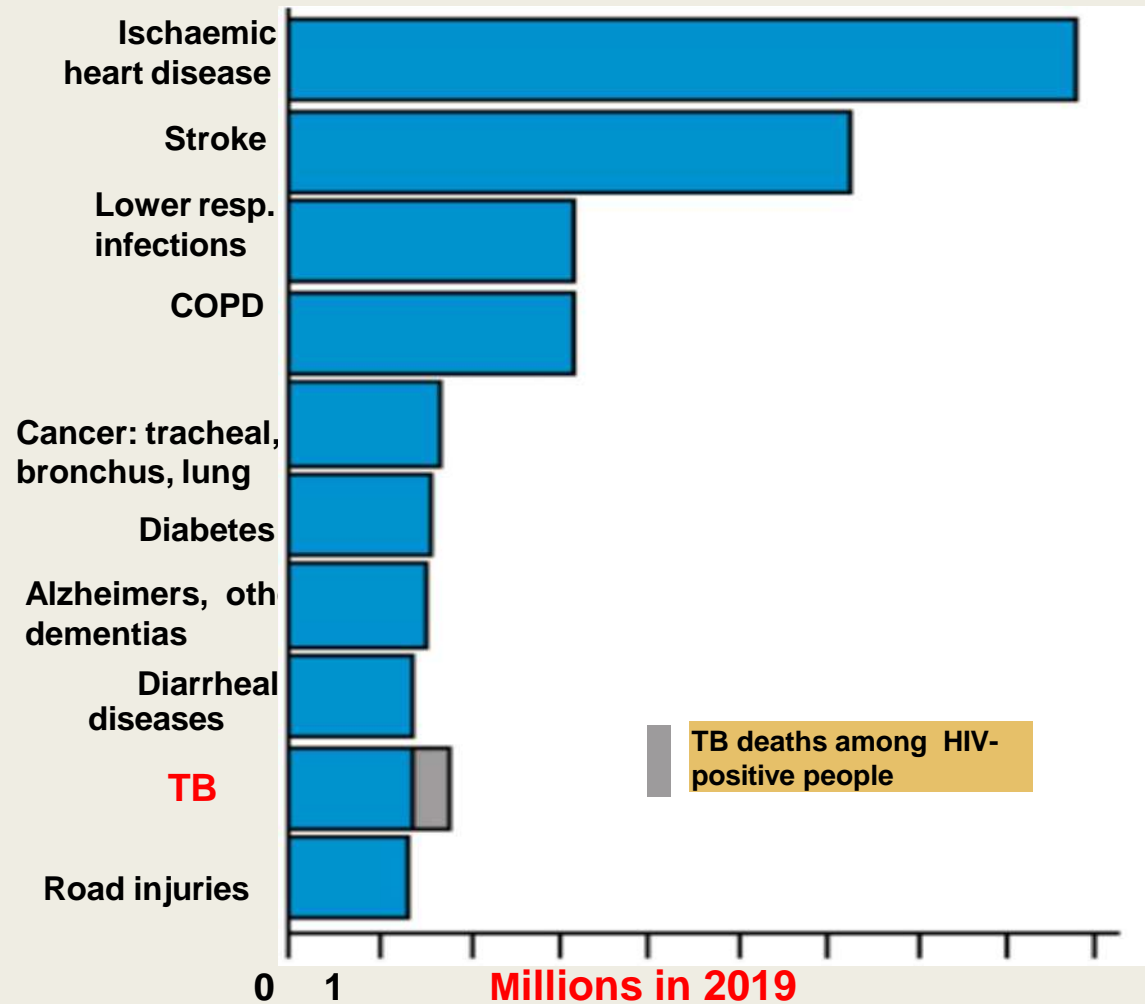
India: high TB, high MDR-TB, high TB-HIV burden country
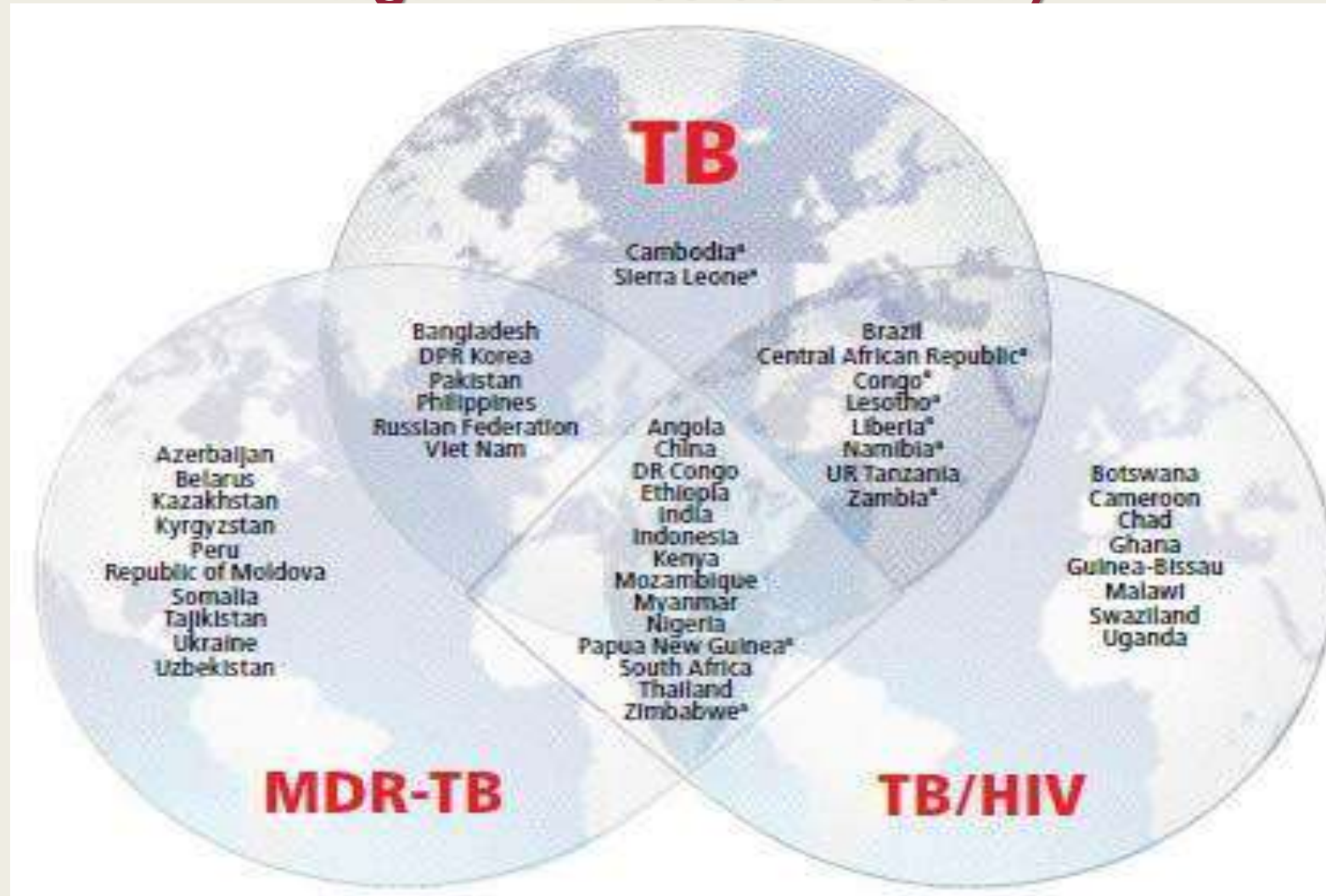
56% of TB incidence occurs in five countries:
India, Indonesia, China, the Philippines and Pakistan.

Materials and methods

■ Research methods: clinical, laboratory (microscopic, microbiological, general analysis of blood and urine, biochemical (liver function tests, carbohydrate metabolism), enzyme-linked immunosorbent assay, immunocytochemical, molecular genetic, instrumental research methods.

■ All clinical laboratory examinations were conducted on the basis of the Educational and Scientific Laboratory of BSMU. Bacterioscopic, microbiological and molecular genetic.

■ A comprehensive analysis of statistical data obtained in the process of a retrospective study of 762 case histories and cases of TB in the register of patients with tuberculosis for 2015-2019.

■ The analysis will be performed using computer packages "Statistica 8" and Excel XP for Windows on a PC.

■ All patients were diagnosed with destructive forms of TB: disseminated in 61.3% of patients and infiltrative in 38.7% of cases.

Destructive form %

Infiltrative 39%

Disseminated 61%

■ Disseminated
■ Infiltrative
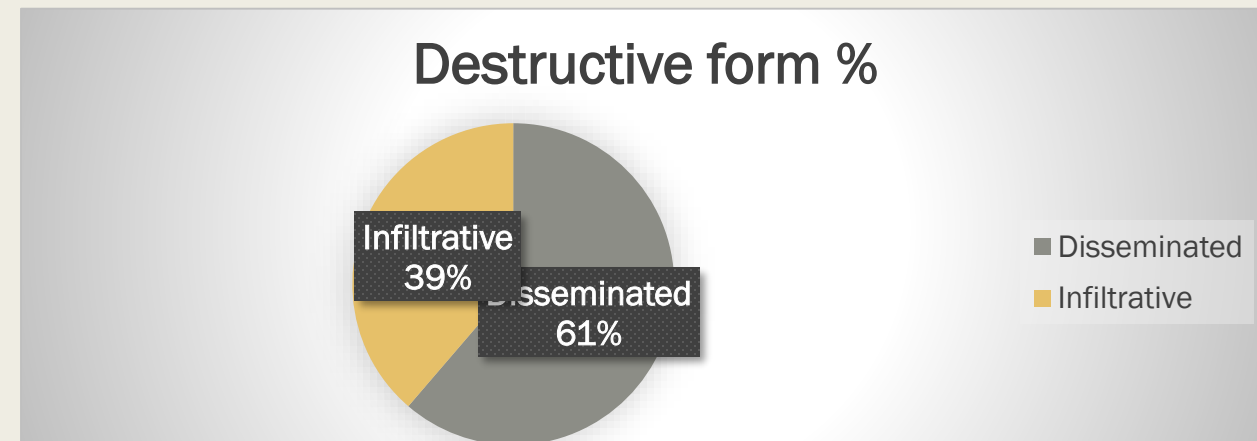
Results

- All adverse reactions reported in clinical reports are predictable since the likelihood of their occurrence is indicated in the instructions for the medical use of anti-tuberculosis drugs. In general, 91.1% reported cases of non-serious adverse reactions, 8.9% - cases of serious adverse reactions.

- Adverse reactions from the gastrointestinal tract were observed in 50.9% of which nausea was registered in 19.3% of patients, abdominal pain in 14.2%, vomiting in 5.0%, loss of appetite in 8.3%, diarrhea at 4.1%. Accordingly, adverse reactions from the hepatobiliary system were registered in 10.6% of patients, of which: jaundice was 2.3%, an increase in the level of liver enzymes was 8.3%. Dermatological manifestations of adverse reactions were registered in 7.8% of patients, including acute dermatitis - 1.4%, pruritus - 3.2%, skin rashes - 3.2%. Neurological adverse reactions were observed in 10.7% of patients, where insomnia in 1.4%, headache in 2.3%, dizziness in 2.8%, ringing in the ears in 1.8%, anxiety in 1.4%, paresthesia and polyneuropathy 1%. Hearing impairment was diagnosed in 2.8% of patients, pain, and inflammation of the joints by 6.9%.

- Prevention of development and early diagnosis of unwanted adverse reactions with subsequent prescription of corrective agents can increase patient adherence to treatment.

Results

- We have proposed a method of preventing adverse reactions in the treatment of tuberculosis in combination with diabetes by prescribing anti-tuberculosis drugs and insulin, characterized in that it additionally prescribes pathogenetic therapy according to the scheme:

- neuromax 2 ml intravenously intramuscularly once a day for 7 days, with the administration of the drug 2 times a week for 3 weeks, and with the subsequent transition to the tablet form - 1 tablet per day - until the end of the intensive phase of treatment; then prescribe dialipon 3% solution of 20 ml intravenously for 7 days, followed by a transition to a tablet form of 300 mg - 2 tablets once a day for a month.

Conclusion

■ Therefore, the results of treatment showed that the proposed pathogenetic treatment regimen is aimed at reducing the symptoms of peripheral polyneuropathy and their prevention in patients with TB / diabetes.

■ This method allows to effectively prevent side effects in the treatment of tuberculosis in combination with diabetes, reduce the manifestations of peripheral polyneuropathy, provides better tolerability of anti-TB drugs, normalizes clinical blood parameters, accelerates the rate of normalization of individual pro- anti-inflammatory: IL-10 cytokines in the blood plasma of patients, which, in turn, reduces the percentage of refusals to treat comorbid pathology.