

# TUBERCULOSIS (TB)

## TO YOUR HEALTH - PATIENT EDUCATION HANDOUT

5.7

### DESCRIPTION

An acute or chronic contagious, bacterial infection. Involves lungs primarily, but may spread to other organs. Childhood tuberculosis is usually confined to the middle of the lungs, but it may spread to cause meningitis. TB in adults usually affects the top of the lungs. TB was once under control, but has resurfaced mainly due to AIDS, poverty, homelessness, and abuse of alcohol and other drugs.

### FREQUENT SIGNS AND SYMPTOMS

Early stages:

- No symptoms (often).
- Symptoms that resemble those of influenza.

Second stages:

- Low fever.
- Weight loss.
- Chronic fatigue.
- Heavy sweating, especially at night.

Later stages:

- Cough with sputum that becomes progressively bloody, yellow, thick, or gray.
- Chest pain.
- Shortness of breath.
- Reddish or cloudy urine (sometimes).

### CAUSES

Infection by the bacteria, *Mycobacterium tuberculosis*. It is transmitted from one person to another by droplets that are expelled when you cough or sneeze. Cattle are also susceptible and can transmit TB through non-pasteurized milk.

### RISK INCREASES WITH

- Adults over 60.
- Newborns and infants.
- Chronic illness that has lowered resistance.
- Use of cortisone or immunosuppressive drugs may reactivate inactive TB.
- Crowded or unsanitary living conditions.
- Alcohol and drug abuse.
- AIDS.
- Homeless people.
- Foreign born or refugees.

### PREVENTIVE MEASURES

The diagnosis of infection with Tuberculosis is made with a Tuberculin skin test. If it is positive, you will be asked to have laboratory tests, a chest x-ray, and an appointment to see a physician. Fortunately, there is preventive therapy for persons who have a positive tuberculin skin test. A nine month course of isoniazid (INH) is effective in destroying *M. tuberculosis* and is recommended for all individuals age 35 and under. Those in high-risk groups, regardless of their age, should be given high priority for preventive therapy if they have a positive skin test result.

### EXPECTED OUTCOME

Usually curable with treatment. Without treatment, it can be fatal. However, recurrent strains have resistance to usual antibiotics.

### POSSIBLE COMPLICATIONS

Lung abscess. Bronchiectasis (chronic overproduction of mucus in the small bronchi). Chronic obstructive pulmonary disease. Spread of infection to other organs (brain, bone, spine, and kidneys). Respiratory failure.

### GENERAL MEASURES

Diagnostic tests may include tuberculin skin test, laboratory blood studies, sputum study and chest X-ray. If other disorders are suspected, a lumbar puncture, bronchoscopy and/or bone marrow biopsy may be done. It may not be necessary to isolate or hospitalize a person with TB. The disease is usually spread before diagnosis. Patients are probably not infectious after 10 days to 2 weeks of treatment. Occasionally you will need to collect a 24-hour sputum specimen for laboratory analysis to see if TB is still active. Regular follow-up X-rays. Stop smoking and avoid second-hand smoke.

### MEDICATION

Antitubercular drugs, usually for 9-12 months. Several types are given at the same time to avoid bacterial resistance to the drugs.

### ACTIVITY & DIET

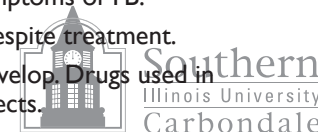
Rest in bed until symptoms disappear and tests show TB germs are gone. You may need to restrict activities for 6 months. No special diet

### NOTIFY OUR OFFICE IF...

- You or a family member has symptoms of TB.
- Symptoms persist or worsen, despite treatment.
- New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

Student Health Center

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