### **TOPIC OF THE PRACTICAL LESSON № 3:**

Treatment of tuberculosis: basic principles. Anti-TB drugs. Standart drug regimens.

Actuality of theme. Introduction of etiotropic into medical practice anti-tuberculosis drugs changed the prognosis in patients with tuberculosis, led to a significant reduction in mortality, made it possible to cure severe forms of tuberculosis. Cessation of bacterial excretion in most patients reduces their epidemiological danger and becomes an important factor prevention of new cases of infection and tuberculosis.

<u>The purpose of the lesson</u>: to teach students the methods of treatment of patients with tuberculosis.

## The student must know:

- classification of anti-TB drugs, their properties, dosage, side effects;
- general principles of treatment of patients with tuberculosis;
- modern schemes of etiotropic chemotherapy of tuberculosis;
- criteria for clinical treatment of patients with tuberculosis.

## The student must be able to:

- prescribe treatment to different categories of patients with tuberculosis;
- diagnose side effects of anti-TB drugs and determine measures for their prevention.

### Interdisciplinary integration.

<u> </u>		
Subject	Know	Be able
<b>Previous:</b>		
Anatomy	Respiratory anatomy.	
Physiology	Respiratory physiology.	
Pathological physiology	Pathophysiology of diseases respiratory system.	
Microbiology	Morphological structure, properties, pathogenicity and virulence of MBT, their methods detection in sputum and others pathological materials, methods determination of resistance of MBT to anti-TB drugs.	bacteriological research. Evaluate
Pharmacology	Classification and mechanisms of action anti-TB drugs.	Assign Antimycobacterial preparations.
Propaedeutics	Methods of objective review.	Make objective

Internal diseases		examination of the	
		patient, evaluate	
		the results obtained.	
Radiology	X-ray features chest organs are normal and	Identify and inter-	
	in pathology, radiological syndromes.	pret radiological	
		changes in the	
		lungs.	
The following:			
Internal medicine	Clinical manifestations, radiosemiotics of	Carry out diffe-	
	diseases respiratory system.	rential diagnosis lung diseases.	
Intra-subject	Different treatment methods clinical forms	Prescribe treatment	
integration:	of tuberculosis respiratory system.	patients with	
		various clinical	
		forms tuberculosis	
		of the organs	
		breath.	

# Content of the lesson topic:

General principles of antimycobacterial therapy: complexity, combination, controllability, two-phase treatment, duration and continuity, stage sequence, individual approach, free of charge. Antimycobacterial (anti-TB) drugs: classification, mechanisms of their action, properties (bacteriostatic or bactericidal activity, ability to penetrate cell membranes), dosage, pathways and multiplicity introduction into the patient's body. Adverse reactions to antimycobacterial drugs, their prevention and methods of elimination.

Classification of antimycobacterial drugs

The most active: isoniazid (H), rifampicin (R);

Secondary activity: ethambutol (E), pyrazinamide (Z).

Standardized treatment regimen recommended for patient categories for sensitive tuberculosis: 2HRZE and 4HR.

# Groups of drugs recommended for use in individualized long-term treatment regimens for drug-resistant tuberculosis

Groups of drugs and their purpose	Preparation	
Group A	levofloxacin or	Lfx
	moxifloxacin	Mfx
Inclusion of all three drugs	bedaquiline	Bdq

	linezolid	Lzd
Group B	clofazimine	Cfz
Addition of one or both drugs	cycloserine or	Cs
	terizidone	Trd
Group C	ethambutol	Е
	delamanid	Dlm
	pyrazinamide	Z
	imipenem-cilastatin or	Ipm-CIn
	meropenem	Mpm
Addition to complete the composition of the	amikacin	Am
scheme and if it is impossible to use drugs of	(or streptomycin)	(S)
groups A and B	ethionamide or	Eto
	prothionamide	Pto
	paraaminosalicylic acid	PAS

# Short-term oral treatment of multidrug-resistant tuberculosis: 4–6 Bdq-Lfx/Mfx-Cfz-Z-E-H<sub>h</sub>-Eto / 5 Lfx/Mfx-Cfz-Z-E

# Plan and organizational structure of the lesson:

*Preparatory stage* (10-20% of working time): organization of classes, goal setting, control of the initial level of knowledge.

The main stage (60-90% of working time): the formation of professional skills and abilities. Students independently and under the supervision of the teacher carry out supervision of patients: collect anamnesis, master the skills of the objective examination, interpret radiological and laboratory data, substantiate clinical diagnosis, prescribe a comprehensive antimycobacterial, pathogenetic and symptomatic therapy.

The final stage (10-20% of working time): level control and correction professional skills and abilities, summarizing, homework.

# Materials of methodical providing of employment.

Test control.

- 1. What is the optimal duration of the main course of antimycobacterial therapy of a patient with FDTB (23.05.2019) of the upper lobe of the left lung (focal, infiltration phase), Destr- MBT-M-C-, Hist0, Cat3 Coh2 (2019)?
- A. 2 months
- B. 4 months
- S. 6 months

- D. 8 months
- E. 10 months
- 2. What is the optimal scheme of antimycobacterial therapy in the initial phase a patient with FDTB (July 3, 2018) of the upper lobe of the left lung (tuberculoma), Destr-, MBT-M-,C-, Hist0, Cat1?
- A. Isoniazid + rifampicin + ethambutol + pyrazinamide
- B. Isoniazid + rifampicin + pyrazinamide + prothionamide
- C. Isoniazid + streptomycin + pyrazinamide + ethionamide
- D. Rifampicin + streptomycin + ethambutol + ofloxacin
- E. Pyrazinamide + kanamycin + ethambutol + isoniazid
- 3. What drug is prescribed to prevent neurotoxic effects isoniazid?
- A. Vitamin C
- B. Vitamin A
- C. Vitamin B6
- D. Vitamin E
- E. Diazolin
- 4. In what form and complication of pulmonary tuberculosis is most appropriate to prescribe prednisolone?
- A. Infiltrative pulmonary tuberculosis complicated by exudative pleurisy
- B. Chronic disseminated pulmonary tuberculosis, chronic pulmonary heart disease
- C. Fibrous-cavernous pulmonary tuberculosis, amyloidosis of internal organs
- D. Tuberculoma of the upper lobe of the right lung
- E. Cirrhotic pulmonary tuberculosis
- 5. A 50-year-old patient was being treated for anti-tuberculosis hospitals. Clinical diagnosis: FDTB (13.04.2018) of the upper lobe of the left lung (caseous pneumonia), Destr +, MBT + M + C + Resist + (H) Hist0, Cat1 Coh2 (2018). Prior to obtaining the results of MBT sensitivity, the patient underwent the following treatment: Isoniazid + Rifampicin + Streptomycin + Pyrazinamide. Which is it better to prescribe the drug instead of isoniazid?
- A. Rifabutin
- B. Ftivazid
- C. Ofloxacin
- D. PASK
- E. Kanamycin

- 6. What criterion determines the purpose of a particular scheme anti-tuberculosis therapy for a patient with chronic pulmonary tuberculosis?
- A. Duration of therapy
- B. The results of the study of the function of external respiration
- C. The results of the study of the sensitivity of the pathogen
- D. Presence or absence of bacterial excretion
- E. Presence or absence of bronchial damage

Materials of methodical maintenance of self-preparation of students

Approximate map for the organization of independent work of students with educational literature:

Educational tasks	Instructions for the task	Answer
Examine:	Classification. Antimycobacterial drugs, their	
Classification	properties, doses, methods and multiplicity of	
antimycobacterial	introduction in organism. Side effects, their	
drugs	prevention and elimination methods.	
General principles	Complexity, combination, controllability, two-	
antimycobacterial	phase treatment, duration and continuity,	
therapy	individual approach, stage consistency, free.	
Basic chemotherapy	Categories of treatment of patients with	
regimens	tuberculosis. Treatment regimens for sensitive	
	and chemoresistant tuberculosis. Monitoring the	
	condition of patients with tuberculosis in the	
	treatment process. Criteria for cure of	
	tuberculosis.	

### **REFERENCES:**

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