
ART related to TB & DILI

Lauren Richards
ID specialist
Helen Joseph Hospital
Wits University



✦

Outline

01 ART & TB

02 ART DILI

03 Prophylaxis for OI



Drug-drug interactions: Rifampicin



NNRTI

Rilpivirine **X**
Etravirine **X**



PI

LPV/r ↑ dose



Other PIs **X**



INSTI

DTG ↑ BD
RAL ↑ dose



Rifabutin instead of RIF with PI?

→ No change in PI

BUT

- Less evidence than RIF
- Not co-formulated
- Optimum dose is uncertain



Overlapping Side Effects

Side Effect	ART	TB treatment
Nausea	PI	Pyrazinamide
Hepatitis	EFV, PIs NRTIs → steatohepatitis	RIF, RFB, INH, pyrazinamide, FLQ
Renal dysfxn	TDF	RIF (rare)
Rash	EFV, DTG	RIF, RFB, INH, PZA, ETB, FLQ
Neuropsychiatric	EFV, DTG	INH, FLQ



ART Drug induced liver injury

Who should get an LFT?

Jaundice



Symptoms of a hepatitis

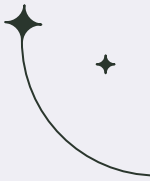


A new rash



DILI Definition

- ALT >120 IU/L with:
Symptoms of hepatitis OR
Jaundice OR
Bili >40 μ mol/L
- ALT >200 IU/L regardless of symptoms/Bilirubin
- ALT >2 x baseline in chronic liver dx/dysfxn



What is **not** a DILI?

- Isolated ↑ bilirubin
- Cholestatic pattern (↑ ALP/GGT)
- ALT 120 - 200 IU/L with no symptoms



Management



- Stop the offending drug
- Avoid re-challenge
- Exclude other causes
- If severe/requiring hospital admission → Specialist opinion

ART DILI

EFV DILI

Novel pattern: Submassive necrosis on bx with severe jaundice & ↑ INR

- 3-6 months after starting EFV
- No features of hypersensitivity & jaundice often 1st symptom
- Prolonged period before LFT normalises

Prophylaxis for OI

- CD4 <200
Co-trimoxazole prophylaxis 2 SS dly
- TB prophylaxis
12H: INH 300mg + pyridoxine 25mg dly x 1 year
3HP: Rifapentine 900mg + INH 900mg weekly x 3 months*
- Serum CrAg +
Fluconazole 1200mg¹ x 2wks
→ 800mg¹ x 2/12
→ 200mg¹ until CD4 >200

Thanks!

Any questions?

