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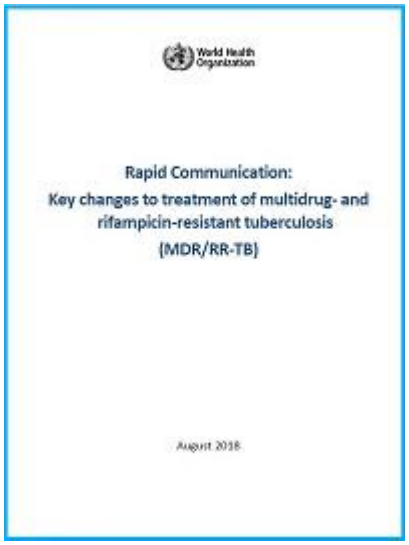
International Council of Nurses supports WHO revised DR-TB treatment guidelines

23 August 2018; Geneva, Switzerland – The International Council of Nurses (ICN) is supporting the dissemination of World Health Organization's (WHO) changes to drug-resistant tuberculosis (DR-TB treatment recommendations to more than 20 million nurses. WHO announced the need to use of newer and less toxic medications in their Rapid Communication.


World Health Organization

Rapid Communication:
Key changes to treatment of multidrug- and rifampicin-resistant tuberculosis (MDR/RR-TB)

August 2018

"ICN supports these new recommendations and encourages nurses working with DR-TB to read and adopt the new guidelines so that patients with DR-TB will benefit from the newer ,less toxic medications; experience fewer adverse effects and be successfully treated and cured. Dr Carrie Tudor, Director of ICN's TB/MDR-TB project said. "These recommendations will really make a big difference to those affected by DR-TB as we move closer to an injectable free regimen."

The WHO Global TB Programme recently convened a Guideline Development Group panel to revise the current DR-TB treatment guidelines. The expert panel reviewed outcomes and side effects of medications used to treat DR-TB and made recommendations based on the evidence. The results of this review have led WHO to announce that the medications have been regrouped into three groups with later generation fluoroquinolones (levofloxacin and moxifloxacin) and other newer medications, linezolid and bedaquiline, being prioritized. Injectable medications, kanamycin and capreomycin, are no longer recommended due to an increased risk of treatment failure and high rates of adverse events such as permanent hearing loss.

ICN commends WHO for making these recommendations; recognises the need to make new medications available to all who need them; and supports the introduction and implementation of these developments in treatment and to improve the lives of those affected by DR-TB.

According to Dr Isabelle Skinner, ICN CEO, "Nurses continue to play a critical role in the care and treatment of those affected by DR-TB. The ICN TB/MDR-TB Project has trained more than 2,200 nurses around the world on TB/MDR-TB and those nurses trained have gone on to train another 173,000 other nurses, allied health workers and members of the community".

ICN has developed a "job aid" for nurses working with DR-TB patients to assist them recognise potential adverse events early and to address them to minimize and alleviate patient discomfort. This job aid (ICN *Nursing Guide for Managing Side Effects to Drug-resistant TB Treatment)* will be available soon in English, Russian and Chinese with additional languages to follow.

Drug-resistant TB remains a major global health problem. It is estimated that 600,000 people were diagnosed with DR-TB in 2016; an estimated 240,000 of them have died (WHO 2017 Global TB Report). Additionally, DR-TB accounts for nearly one-third of all deaths due to antimicrobial resistance. DR-TB is difficult and expensive to treat with many unpleasant and some severe adverse effects. Those diagnosed with DR-TB often endure up to 24 months of toxic treatment with old medications including six to eight months of daily painful injections.

Patients on treatment for DR-TB face many challenges, most notably difficult side effects such as nausea, permanent hearing loss, muscle and joint pain, psychosis and fatigue that may impact the patient's quality of life, capacity to work and ability to continue activities of daily living. Recent studies have identified medication side effects as a major factor for patients stopping treatment prematurely. The 2017 WHO Global TB Report noted a continued crisis related to treatment outcomes for drug-resistant TB with only 54% of patients successfully completing treatment in 2014.

References:

WHO Global TB Report 2017
http://apps.who.int/iris/bitstream/handle/10665/259366/9789241565516-eng.pdf?sequence=1

WHO MDR-TB fact sheet
http://www.who.int/tb/challenges/mdr/MDR-RR_TB_factsheet_2017.pdf?ua=1

Note for Editors

ICN's TB/MDR-TB project aims to build global nursing capacity in the prevention, care and treatment of TB. This is achieved by training experienced nurses to cascade information to nursing colleagues and other health workers with the purpose of making improvements to patient care delivery. The practice-oriented nature of our training programme enables nurses to improve the implementation of policies and guidelines relating to TB and MDR-TB using a patient-centred approach. The project has been part of the Eli Lilly MDR-TB Partnership since 2005. The training courses are run in countries

with a high burden of TB and MDR-TB where ICN has a strong working relationship with the national nurses association.

The **International Council of Nurses** (ICN) is a federation of more than 130 national nurses associations representing the millions of nurses worldwide. Operated by nurses and leading nursing internationally, ICN works to ensure quality care for all and sound health policies globally.

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