ASSESSING AND MANAGING THE RISK OF LIVER DISEASE IN THE TREATMENT OF LTBI

**Baseline labs should be drawn if patients are HIV infected, pregnant or post-partum (with 3 months of delivery), has a history of liver disease, regular alcohol use or taking hepatotoxic medications. LFTs should include serum ALT, AST, and total bilirubin.**

**Consider treatment with daily rifampin x4 month especially if at high risk for progression to active disease. Draw a CBC with platelet count prior to initiation of rifampin. Adverse effects of treating LTBI serious enough to require hospital admission or death should be reported to the CDC through local public health authorities or by calling 404-639-8401.**

**If significant risk of underlying liver disease continue monthly monitoring of LFTs.**

**Clinical indicators of hepatotoxicity: flu-like symptoms, abdominal pain, N/V, jaundice, anorexia, dyspepsia, and fatigue.**

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None Needed

- **Need for baseline labs?**
  - **Yes**
    - LFTs WNL***
    - LFTs abnormal (<3X normal) patient well
      - Start INH
      - Repeat LFTs every 2 wks x 1 month and then monthly
      - LFTs WNL
      - LFTs >3X normal; symptoms of hepatotoxicity
        - Continue INH; LFTs monthly
        - If LFTs stable, complete Rx
        - Continue INH and monthly clinical assessment
      - Continue INH; LFTs monthly
      - If LFTs stable, complete Rx
      - If symptoms of hepatotoxicity or LFTs increase further STOP INH!!**
    - LFTs >3X normal; DO NOT START until clinical assessment by physician
      - Educate patient on signs & symptoms of TB and need to report them to provider
      - LFTs <5X upper limit; patient well, but at high risk for progression to active TB**
      - Rifampin 600 mgs. daily x4 months
      - LFTs every 2 weeks x2 months
      - Patient remains asymptomatic
      - Monthly LFTs

**STOP INH!!**

**STOP INH!!**