

# PHYSICIANS' PRACTICES REGARDING MANAGEMENT OF ANTITUBERCULOSIS DRUG-INDUCED HEPATOTOXICITY

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**Abstract.** To investigate the practices of physicians regarding the diagnosis and management of antituberculosis drug-induced hepatotoxicity (ATH), a cross sectional descriptive survey using a self-administered questionnaire with multiple choice questions was conducted among physicians who treated adult tuberculosis (TB) patients at 74 public hospitals in southern Thailand. Of the 272 questionnaires mailed, 204 (75%) were returned. Sixty-two physicians (31.0%) said they used alanine aminotransferase (ALT), aspartate aminotransferase (AST) and bilirubin concurrently to diagnose ATH. Only 9.0% of physicians adhered to the American Thoracic Society (ATS) guidelines of using either an ALT or AST level. Nearly all physicians (96.6%) withheld suspected antituberculosis (anti-TB) drugs in their management of ATH patients. While waiting for normalization of liver enzyme, the alternative combination regimen of ethambutol, ofloxacin, and streptomycin (EOS) was used by most physicians (99/197). Of the 197 physicians who withheld anti-TB drugs, 175 (88.8%) decided to reintroduce them. Among these, 169 (96.6%) used a sequential rechallenge method (16.6% prescribed a full dosage, 71.4% prescribed an increasing dosage) and 1 (0.6%) used a simultaneous rechallenge method. Isoniazid was prescribed as the first drug for rechallenge in 77.5% of physicians. Only 6.5% of physicians complied with the ATS guidelines by prescribing rifampicin as the first agent. The reported practices of physicians in the diagnosis and management of ATH noticeably diverged from ATS guidelines. However, alternative regimen selection and rechallenge method complied with ATS guidelines.

**Keywords:** antituberculous drug, hepatotoxicity, management, physician compliance

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