

TB & Your Client: Diabetes

A Resource for Healthcare Providers in Primary Care Setting



What I Need to Know

Clients with Diabetes:

- Have 3X higher risk for progression to active TB if they have Latent TB Infection (LTBI)
- The risk is higher when client's don't keep their diabetes in good control
- Active TB may make their Diabetes worse



I didn't know that my Diabetes increased my risk for Tuberculosis

What My Client Needs to Know

Latent TB Infection status



*Tuberculin skin testing is not recommended for screening in this population

Having Diabetes means their risk of TB is 3X higher



Poor Blood Sugar Control increases risk



Signs and symptoms of TB



Importance of seeing health care provider early



Consider screening your Client for active TB if:

- You are an RN (AAP), NP or Physician
- You are in a community with a high incidence of TB



1

Inquire re : symptoms

2

Collect Sputum

3

CXR and Refer



NITHA TB Program



306-953-5034

Who should use this resource:

Any health care provider who works with people with Diabetes including, home care nurses, community health representatives/ developers, TB program workers, community/public health nurses, primary care nurses , nurse practitioners and physicians.

What I should know about people with Diabetes and TB:

Diabetics have 3 X higher risk to progression from Latent TB Infection (LTBI) to Active TB disease. This is mainly because diabetes weakens a person's immune system. The risk is higher if a person doesn't take care of their diabetes and maintain good blood sugars. If a person has had Active TB in the past they are also more at risk for relapse (for their TB to come back) if they have Diabetes.

At this time, tuberculin skin testing of diabetics with a previously negative TST is not recommended. Instead, screening for TB signs and symptoms on an annual basis is encouraged.

Diabetics risk for progression to Active TB may be increased if they are over age 65, have renal failure, are on dialysis, have cancer or are taking cancer treatments, have fibrotic scarring on chest x-ray, take medications that suppress their immune system such as steroids, smoke tobacco or use alcohol or marijuana heavily.

What I need to teach my Client with Diabetes about TB:

Clients with Diabetes need to know whether they have had a positive TB skin test (TST)in the past. If they have positive TST that means they have latent TB infection and are at risk for Active TB disease.

Diabetics risk for Active disease increases if they don't keep their blood sugars under control. Their risk may also be increased by other health conditions they have. Review other health conditions from the list above as appropriate.

It is very important for them to know the signs and symptoms of TB:

Cough that lasts more than 2 weeks, coughing blood, unexplained fever, night sweats, weight loss and loss of appetite, feeling tired or lazy.

They need to understand that they should see their healthcare providers as soon as they have symptoms and to remind the healthcare provider if they have a history of TB or a past positive TB skin test. They can ask the health care provider to check them for TB.

Consider Screening for Active TB:

If you are in a primary care setting and you are concerned your client is at risk for TB consider screening for Active TB. Ask your Diabetic client about symptoms and collect sputum if coughing (3 specimens 8 hrs apart, one in early a.m.). Refer to Nurse Practitioner or Physician if you are an RN (AAP)for further testing such as Chest x-ray and consultation with TB Prevention and Control as indicated. Consider extra-pulmonary TB in non-pulmonary presentations.

Routine screening with TST for Latent TB infection is currently not recommended in Diabetic populations.

ADDITIONAL INFORMATION



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