

Nutritional Assessment and Abnormal Results in Tuberculosis Admitted to Hospital Patients

Josip Jones*

Department of Food Technology, University of Toronto, Canada

DESCRIPTION

Tuberculosis (TB) is an infectious disease caused by the bacterium Mycobacterium tuberculosis (MTB). Tuberculosis is most commonly associated with the respiratory system, but it can also affect other parts of the body. Most infections do not cause symptoms, in which case it is referred to as latent infectious diseases. Around 10% of latent infections progress to active disease, which kills roughly half of those affected if left untreated. Chronic cough with blood-containing mucus, fever, night sweats, and weight loss are typical symptoms of active tuberculosis. Because of the weight loss associated with the disease, it was traditionally referred to as consumption. Other organ infection can result in a variety of symptoms. For the first two months, the medical standard for active TB is a short course of Isoniazid, Rifampicin (also known as Rifampin), Pyrazinamide, and Ethambutol. Isoniazid is taken alongside Pyridoxal phosphate during this initial period to prevent peripheral neuropathy. For the remaining four months of treatment, isoniazid is taken concurrently with Rifampicin alone. After six months, a patient is considered free of all living tuberculosis bacteria. Latent tuberculosis or Latent Tuberculosis Infection (LTBI) is treated with Isoniazid alone for three to nine months; however, this long-term treatment frequently results in Hepatic injury. Treatment of LTBI is critical in preventing the spread of active TB. The acronym "RIPE" refers to the use of rifampicin (like rifampin), isoniazid, pyrazinamide, and ethambutol as first-line anti-tuberculosis drugs. In the United States, antibiotic is referred to as rifampin and is abbreviated RIF; streptomycin is abbreviated STM; and drug regimens are similarly shortened in a semi standardised manner. The drugs are identified by their single-letter abbreviations (in the order given above, which is roughly the order of introduction into clinical practice). In India, under nutrition and tuberculosis (TB) are closely linked co-epidemics. Both are issues of public health. There is a bidirectional interaction among nutritional status and active disease in tuberculosis, as in numerous other infectious diseases. Under nutrition is associated with an increased frequency, severity, and fatal accident of infections, including tuberculosis, while infections, in turn, lead to under nutrition. An estimated 40% of the Indian population is infected with latent tuberculosis. A third of the population aged is also malnourished. Under nutrition increases the risk of latent TB infection progressing to active TB. In India, under nutrition is a common comorbidity with potentially severe and even lethal consequences for TB patients. As with all medical conditions, prevention is always preferable to cure. Although there is no sure-fire way to completely prevent the spread of tuberculosis at this time, there are a number of preventive measures that may be implemented. The BCG (Bacille Calmette-Guérin) vaccine is a live tuberculosis vaccine. The vaccine is made from a weakened strain of the tuberculosis bacillus Mycobacterium bovis. The BCG vaccine is currently the only licenced TB vaccine and has been in use since 1921.

CONCLUSION

Despite being one of the most widely used vaccines in the world, we still see approximately 9 million new cases of tuberculosis each year, demonstrating the BCG's limited effectiveness. The most efficient way to stop tuberculosis spread is early detection and treatment. Each year, a person with infectious tuberculosis can afflict up to 10-15 other people. However, once diagnosed with tuberculosis and started on diagnosis, the majority of patients are no longer contagious after just two weeks.

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CONFLICTS OF INTEREST

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Correspondence to: Josip Jones, Department of Food Technology, University of Toronto, Canada, E-mail: jonesjos@hotmail.com

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