

## **References**

- 1) Dye C, Scheele S, Dolin P, Pathania V, Raviglione MC. Consensus statement. Global burden of tuberculosis: estimated incidence, prevalence, and mortality by country. WHO Global Surveillance and Monitoring Project. Journal of the American Medical Association 1999; 282: 677-86
- 2) Raviglione MC, Harries AD, Msiska R, Wilkinson D, Nunn P. Tuberculosis and HIV: current status in Africa. AIDS 1997; 11 (supplement B): S115-23
- 3) Mann JM. AIDS-the second decade: a global perspective. Journal of Infectious Diseases 1992; 165: 245-50
- 4) Corbett EL, Watt CJ, Walker N, Maher D, Williams BG, Raviglione MC, Dye C. The growing burden of tuberculosis: global trends and interactions with the HIV epidemic. Archives of Internal Medicine. 2003; 163:1009-21
- 5) World Health Organization. Global Tuberculosis Control: Surveillance, Planning, Financing. WHO Report 2003. Geneva: WHO; 2002,  
<http://www.who.int/gtb/publications/globrep/>
- 6) South African Department of Health. The South African tuberculosis control programme: practical guidelines. Pretoria: Department of Health, 1996
- 7) Aziz MA, Wright A, De Muynck A, Laszlo A. Anti-Tuberculosis Drug, Resistance in the World Report no. 3: The WHO/IUATLD Global Project on Anti-Tuberculosis Drug Resistance Surveillance 1999-2002, Geneva: WHO; 2004,  
<http://www.who.int/gtb/publications/drugresistance/2004/>

- 8) Medium Term Development Plan, 2002- 2005, National Tuberculosis Control Programme Of South Africa, December 2001, Pretoria: Department of Health, <http://www.caa.gov.za/doh/tb/index.html>
- 9) Kenyon TA, Mwasekaga MJ, Huebner R, Rumisha D, Binkin N, Maganu E. Low levels of drug resistance amidst rapidly increasing tuberculosis and human immunodeficiency virus co-epidemics in Botswana. International Journal of Tuberculosis and Lung Disease 1999; 3:4-11
- 10) Bamford L, Loveday M, Verkuijl S. Tuberculosis In: Ijumba P, Day C, Ntuli A, South African Health Review 2003/2004, 9th edition Health Systems Trust, July 2004, Durban: 213-8
- 11) Harries AD, Hargreaves NJ, Gausi F, Kwanjana JH, Salaniponi FM. High early death rate in tuberculosis patients in Malawi. International Journal of Tuberculosis and Lung Disease 2001; 5: 1000-5
- 12) Kang'ombe CT, Harries AD, Ito K, Clark T, Nyirenda TE, Aldis W, Nunn PP, Semba RD, Salaniponi FM, Long-term outcome in patients registered with tuberculosis in Zomba, Malawi: mortality at 7 years according to initial HIV status and type of TB. International Journal of Tuberculosis and Lung Disease 2004; 8:829-36
- 13) Elliot AM, Halwiindi B, Hayes RJ, Luo N, Mwinga AG, Tembo G et al. The impact of human immunodeficiency virus on mortality of patients treated for tuberculosis in a cohort study in Zambia. Transcripts of the Royal Society of Tropical Medicine and Hygiene 1996; 89: 78-82

- 14) Dheda K, Lampe FC, Johnson MA, Lipman MC. Outcome of HIV-associated tuberculosis in the era of highly active antiretroviral therapy. *Journal of Infectious Diseases* 2004; 190: 1670-76
- 15) Alvarez GG, Thembela BL, Muller FJ, Clinch J, Singhal N, Cameron DW. Tuberculosis at Edendale Hospital in Pietermaritzburg, Kwazulu Natal, South Africa. *International Journal of Tuberculosis and Lung Disease* 2004; 8: 1472-8
- 16) Chan CH, Arnold M, Mak TW, Chan RC, Hoheisel GB, Chow CC, Cockram C. Adrenocortical function and involvement in high risk cases of pulmonary tuberculosis. *Tubercle and Lung Disease* 1993; 74: 395-8
- 17) Davis CE Jr, Carpenter JL, McAllister CK, Matthews J, Bush BA, Ognibene AJ. Tuberculosis. Cause of death in antibiotic era. *Chest* 1985; 88: 726-9
- 18) Harries AD, Hargreaves NJ, Kemp J, Jindani A, Enarson DA, Maher D, Salaniponi FM. Deaths from tuberculosis in sub-Saharan African countries with a high prevalence of HIV-1. *Lancet* 2001; 357: 1519-23
- 19) Soule S. Addison's disease in Africa—a teaching hospital experience. *Clinical Endocrinology (Oxf)* 1999; 50: 115-2
- 20) Vita J, Silverberg SJ, Goland RS, Austin JH, Knowlton AI. Clinical clues to the cause of Addison's disease. *American Journal of Medicine* 1985; 75: 461-466
- 21) Guttman PH. Addison's disease – a statistical analysis of 566 cases and a study of the pathology. *Archives of Pathology* 1930; 10: 742-85, 896-935
- 22) Nerap J. Addison's disease – clinical studies, A report of 108 cases. *Acta Endocrinology* 1974; 76: 127-141

- 23) Lam KY, Lo CY. A critical examination of adrenal tuberculosis and a 28-year autopsy experience of active tuberculosis. *Clinical Endocrinology (Oxf)* 2001; 54: 633-9
- 24) Oelkers W. Adrenal insufficiency. *New England Journal of Medicine* 1996; 335: 1206-12
- 25) Cooper MS, Stewart PM. Corticosteroid insufficiency in acutely ill patients, *New England Journal of Medicine* 2003; 348: 727-34
- 26) Abdu TAM, Elhadd TA, Neary R, Clayton RN. Comparison of the low dose short synacthen test (1 µg), the conventional dose short synacthen test (250 µg) and the insulin tolerance test for assessment of the hypothalamo-pituitary-adrenal axis in patients with pituitary disease. *Journal of Clinical Endocrinology and Metabolism* 1999; 84: 838-43
- 27) Miller WL, Blake-Tyrrel J. The adrenal cortex. In: Felig P, Baxter JD, Frohman LA, editors. *Endocrinology and Metabolism*, 3rd edition, 1995, New York: McGraw Hill: 555–711
- 28) Kelly EC, Medical Classics series, Vol. 2. The Williams and Wilkins Company, Baltimore, Maryland, U.S.A. Wellcome Library, London, 1938
- 29) Chew SL. Addison's disease. In: Pounder R, Hamilton M, editors. *Handbook of Current Diagnosis and treatment*. Churchill Livingstone, London; 1995: 10-11
- 30) May ME, Vaughn ED, Carey RM. Adrenocortical insufficiency — clinical aspects. In: Vaughan ED Jr, Carey RM, editors. *Adrenal disorders*. New York: Thieme Medical, 1989: 171-89

- 31) Arit W, Allolio B. Adrenal insufficiency. *Lancet* 2003; 31: 1881-9
- 32) Hasinski S. Assessment of adrenal glucocorticoid function. Which tests are appropriate for screening? *Postgraduate Medicine* 1998; 104 : 61-4, 69-72
- 33) Hurel SJ, Thomson CJ, Watson MJ, Harris MM, Baylis PH, Kendall-Taylor P. The short Synacthen and insulin stress tests in the assessment of the HPA axis. *Clinical Endocrinology* 1996; 44: 141-146
- 34) Tyrrell JB, Aron DC, Forsham PH. Glucocorticoids & adrenal androgens. In: Greenspan FS, editor. *Basic and clinical endocrinology*. 3rd ed. East Norwalk: Appleton and Lange; 1991: 338
- 35) Dorin RI, Qualls CR, Crapo LM. Diagnosis of adrenal insufficiency. *Annals of Internal Medicine* 2003; 5: 194-204
- 36) Orth DN, Kovacs WJ, DeBold CR. The adrenal cortex. In: Wilson JD, DW Foster, editors. *Williams Textbook of Endocrinology* 8th edition, Philadelphia: WB Saunders, 1992: 489–619
- 37) Grinspoon SK, Biller BMK. Laboratory assessment of adrenal insufficiency. *Journal of Clinical Endocrinology and Metabolism* 1994; 79: 923–31
- 38) Mugusi F, Swai AB, Turner SJ, Alberti KG, McLarty DG. Hypoadrenalinism in patients with pulmonary tuberculosis in Tanzania: an undiagnosed complication? *Transcripts of the Royal Society of Tropical Medicine and Hygiene* 1990; 84: 849-51
- 39) Speckart PF, Nicoloff JT, Bethune JE. Screening for adrenocortical insufficiency with cosyntropin (synthetic ACTH). *Archives of Internal Medicine* 1971; 128: 761-763.

- 40) Aron DC, Blake-Tyrrel J. Glucocorticoid and adrenal androgens. In: Greenspan FS, Baxter JD, editors. Basic and Clinical Endocrinology 4th edition, Norwalk, Connecticut: Appleton & Langhman 1994: 307–46
- 41) Ellis ME, Tayoub F. Adrenal function in tuberculosis. British Journal of Diseases of the Chest 1986; 80: 7-12
- 42) Talwar V, Lodha S, Dash RJ. Assessing the hypothalamo-pituitary-adrenocortical axis using physiological doses of adrenocorticotrophic hormone. Quarterly Journal of Medicine 1998; 91: 285-90
- 43) Rasmuson S, Olsson T, Hagg E. A low dose ACTH test to assess the function of the hypothalamic pituitary-adrenal axis. Clinical Endocrinology 1996; 44: 151-6
- 44) Daidoh H, Morita H, Mune T, Murayama M, Hanafusa J, Ni H, et al. Responses of plasma adrenocortical steroids to low dose ACTH in normal subjects. Clinical Endocrinology 1995; 43: 311-5
- 45) Crowley S, Hindmarsh PC, Holownia P, Honour JW, Brook CG. The use of low doses of ACTH in the investigation of adrenal function in man. Journal of Endocrinology 1991; 130: 475-9.
- 46) Gonzalez-Gonzalez JG, De la Garza-Hernandez NE, Mancillas-Adame LG, Montes-Villarreal J, Villarreal-Perez JZ. A high-sensitivity test in the assessment of adrenocortical insufficiency: 10 microg vs 250 microg cosyntropin dose assessment of adrenocortical insufficiency. Journal of Endocrinology 1998; 159: 275-80.
- 47) Dickstein G, Arad E, Schechner C. Low-dose ACTH stimulation test. The Endocrinologist 1997; 7: 285-93.

- 48) Findling JW, Waters VO, Raff H. The dissociation of renin and aldosterone during critical illness. *Journal of Clinical Endocrinology and Metabolism* 1987; 64: 592-5
- 49) Boscaro M, Betterle C, Sonino N, Volpato M, Paoletta A, Fallo F. Early adrenal hypofunction in patients with organ-specific autoantibodies and no clinical adrenal insufficiency, *Journal of Clinical Endocrinology and Metabolism* 1994; 79: 452-5.
- 50) el-Deiry SS, Naidu S, Blevins LS, Ladenson PW, Assessment of adrenal function in women heterozygous for adrenoleukodystrophy. *Journal of Clinical Endocrinology and Metabolism* 1997; 82: 856-60
- 51) Murphy H, Livesey J, Espiner EA, Donald RA. The low dose ACTH test – a further word of caution. *Journal of Clinical Endocrinology and Metabolism* 1998; 83: 712-3
- 52) Kaplan FJ, Levitt NS, Soule SG. Primary hypoadrenalism assessed by the 1 microg ACTH test in hospitalized patients with active pulmonary tuberculosis. *Quarterly Journal of Medicine* 2000; 93: 603-9
- 53) Wass JAH, Shalet MS. *Oxford Textbook of Endocrinology and Diabetes*, Oxford University Press, 2002, Oxford, United Kingdom
- 54) Warrell DA, Cox TM, Firth JD, Benz EJ Jr. *Oxford textbook of medicine*, 4th edition, Oxford University Press, 2003, Oxford, United Kingdom
- 55) Agapeeva NE, Afanas'ev IV. On tuberculosis as a possible cause of chronic adrenal cortex insufficiency. *Problemy Endokrinologii Gormonoterapii* 1965; 11: 38-42

- 56) Frenkel JK, Hinshaw CT jr, Ruth W, Brown R, Bakke JL. Pituitary-adrenal function in chronic pulmonary tuberculosis. American Review of Respiratory Disease 1964; 89: 835-41
- 57) Post FA, Soule SG, Willcox PA, Levitt NS. The spectrum of endocrine dysfunction in active pulmonary tuberculosis. Clinical Endocrinology 1994; 40: 367-71
- 58) Barnes DJ, Naraqi S, Temu P, Turtle JR. Adrenal function in patients with active tuberculosis. Thorax 1989; 44: 422-4
- 59) Kelestimur F, Unlu Y, Ozesmi M, Tolu I. A hormonal and radiological evaluation of adrenal glands in patients with acute or chronic pulmonary tuberculosis. Clinical Endocrinology 1994, 41: 53-6
- 60) Sarma GR, Immanuel C, Ramachandran G, Krishnamurthy PV, Kumaraswami V, Prabhakar R. Adrenocortical function in patients with pulmonary tuberculosis. Tubercl 1990; 71: 277-82
- 61) Keven K, Uysal AR, Erdogan G. Adrenal function during tuberculous infection and effects of antituberculous treatment on endogenous and exogenous steroids. International Journal of Tuberculosis and Lung Disease 1998; 2: 419-24
- 62) Hawken MP, Ojoo JC, Morris JS, Kariuki EW, Githui WA, Juma ES, Gathua SN, et al. No increased prevalence of adrenocortical insufficiency in human immunodeficiency virus-associated tuberculosis. Tuberculosis and Lung Disease 1996, 77: 444-8
- 63) Cupp MJ, Tracy TS. Cytochrome P450: new nomenclature and clinical implications. American Family Physician 1998 1; 57: 107-16

- 64) Edwards OM, Courtenay-Evans RJ, Hunter J, Galley JM, Tait AD. Changes in cortisol metabolism following rifampicin therapy. *Lancet* 1974; 7: 548-51
- 65) Hendrickse W, McKiernan J, Pickup M, Lowe J. Rifampicin-induced non-responsiveness to corticosteroid treatment in nephrotic syndrome. *British Medical Journal* 1979; 3: 306
- 66) McAllister WA, Thompson PJ, Al-Habet SM, Rogers HJ. Rifampicin reduces effectiveness and bioavailability of prednisolone. *British Medical Journal (Clin Res Ed)* 1983; 19: 923-5
- 67) Yamada S, Iwai K. Letter: Induction of hepatic cortisol-6-hydroxylase by rifampicin. *Lancet* 1976; 14: 366-7
- 68) Brodie MJ, Boobis AR, Hillyard CJ, Abeysekera G, Stevenson JC, MacIntyre I, Park BK. Effect of rifampicin and isoniazid on vitamin D metabolism. *Clinical Pharmacology and Therapeutics* 1982; 32: 525-30
- 69) Bergrem H, Refvem OK. Altered prednisolone pharmacokinetics in patients treated with rifampicin. *Acta Medica Scandinavica* 1983; 213: 339-43
- 70) Kawai S, A comparative study of the accelerated metabolism of cortisol, prednisolone and dexamethasone in patients under rifampicin therapy. *Nippon Naibunpi Gakkai Zasshi* 1985;61(3):145-61
- 71) Kyriazopoulou V, Vagenakis AG. Abnormal overnight dexamethasone suppression test in subjects receiving rifampicin therapy. *Journal of Clinical Endocrinology and Metabolism* 1992; 75: 315-7
- 72) van Marle W, Woods KL, Beeley L. Concurrent steroid and rifampicin therapy. *British Medical Journal* 1979; 14: 1020

- 73) Weis SE, Slocum PC, Blais FX, King B, Nunn M, Matney GB, Gomez E, Foresman BH. The effect of directly observed therapy on the rates of drug resistance and relapse in tuberculosis. *New England Journal of Medicine* 1994; 330: 1179-84
- 74) Joint Tuberculosis Committee of the British Thoracic Society, Control and prevention of tuberculosis in the United Kingdom: code of practice 1994. *Thorax* 1994; 49: 1193-200
- 75) American Thoracic Society/Centers for Disease Control and Prevention/Infectious Diseases Society of America: controlling tuberculosis in the United States, *American Journal of Respiratory and Critical Care Medicine*. 2005; 1; 172:1169-227
- 76) Treatment of tuberculosis: Guidelines for National Programmes, World Health Organisation, Geneva, 2003.
- [http://whqlibdoc.who.int/hq/2003/WHO\\_CDS\\_TB\\_2003.313\\_eng.pdf](http://whqlibdoc.who.int/hq/2003/WHO_CDS_TB_2003.313_eng.pdf)
- 77) Okwera A, Whalen C, Byekwaso F, Vjecha M, Johnson J, Huebner R, et al. Randomised trial of thiacetazone and rifampicin-containing regimens for pulmonary tuberculosis in HIV-infected Ugandans. *Lancet* 1994; 344: 1323-8
- 78) Jindani A, Aber VR, Edwards EA, Mitchison DA. The early bactericidal activity of drugs in patients with pulmonary tuberculosis. *American Review of Respiratory Disease* 1980; 121: 939 – 49
- 79) McLean M.A., Maves S.A., Weiss K.E., Krepich S., Sligar S.G. Characterization of a cytochrome P450 from the acidothermophilic archaea *Sulfolobus solfataricus*. *Biochemical and Biophysical Research Communications* 1998; 252: 166

- 80) Zuber R, Anzenbacherová E, Anzenbacher P. Cytochromes P450 and experimental models of drug metabolism. *Journal of Cellular and Molecular Medicine* 2002; 6: 189-98
- 81) Ortiz de Montellano PR. *Cytochromes P450*, Plenum Press, New York 1995
- 82) Mandelbaum A, Pertzbom F, Martin-Facklam M, Wiesel M, Unexplained decrease of cyclosporine trough levels in a compliant renal transplant patient. *Nephrology Dialysis Transplantation* 2000; 15: 1473
- 83) Mai I, Krüger H, Budde K, Johne A, Brockmöller J, Neumayer HH, Roots I, Hazardous pharmacokinetic interaction of Saint John's wort (*Hypericum perforatum*) with the immunosuppressant cyclosporine. *International Journal of Clinical Pharmacology and Therapeutics* 2000; 38: 500-2
- 84) Kennedy N, Fox R, Kisyombe GM, Saruni AOS, Uiso LO, Ramsay ARC, et al. Early bactericidal and sterilising activities of ciprofloxacin in pulmonary tuberculosis. *American Review of Respiratory Disease* 1993; 148: 1547 – 51
- 85) Young LS, Berlin OG, Inderlied CB, Activity of ciprofloxacin and other fluorinated quinolones against mycobacteria. *American Journal of Medicine* 1987; 82: 23-6
- 86) Nuki G, Shepherd J, Downie WW, Dick WC, Hainsworth IR. Adrenocorticotropic responses to a single injection of tetracosactrin depot and to a standard tetracosactrin infusion. *Lancet* 1969; 1: 188-9
- 87) Grant JK, Response to tetracosactrin. *Lancet* 1969; 1: 371

- 88) Sharma SK, Tandan SM, Saha PK, Gupta N, Kochupillai N, Misra NK. Reversal of subclinical adrenal insufficiency through antituberculosis treatment in TB patients: a longitudinal follow up. Indian Journal of Medical Research 2005; 122: 127-31
- 89) Dessein PH, Shipton EA, Stanwix AE, Joffe BI. Neuroendocrine deficiency-mediated development and persistence of pain in fibromyalgia – a promising paradigm. Pain 2000; 86: 213-5.
- 89) Rook GA, Hernandez-Pando R. Pathogenic role, in human and murine tuberculosis, of changes in the peripheral metabolism of glucocorticoids and antiglucocorticoids. Psychoneuroendocrinology 1997; 22 (Suppl 1): 109-13.
- 90) Hernandez-Pando R, de la Luz Streber M, Orozco H, Arriaga K, Pavon L, Marti O, et al. Emergent immunoregulatory properties of combined glucocorticoid and anti-glucocorticoid steroids in a model of tuberculosis. Quarterly Journal of Medicine 1998; 91: 755-66.