

DISABILITY IN LEPROSY PATIENTS AFTER MDT

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Disabilities continue to develop and increase in severity with dapsone monotherapy. This study shows the impact of MDT on disabilities. We interviewed the patients of Chiraigaon block (population, 185,521) who had completed MDT under NLEP. There had been significant increase in number of patients with grade-II and III disability during the course of MDT. This could have been reduced if regular disability examination was done. Long lag period between the onset of disease and start of MDT was an important reason for high disability rate.

Key Words : Deformity, NLEP, Hansen's disease

Introduction

It has been confirmed that multidrug therapy (MDT) in leprosy is an effective tool in eliminating leprosy from the public health point of view. National leprosy eradication programme (NLEP) has given a major thrust on pharmacotherapy with the main objective of reducing the reservoir of infection.

We know that during era of dapsone monotherapy the patients developed disabilities even when on regular treatment. The present study aims at finding out if implementation of MDT had any impact on disability rate and severity of disability in patients on treatment.

Materials and Methods

Varanasi was the first district in Uttar Pradesh and the sixth district in India where district MDT Project was launched under NLEP as far back as 1984-85. We chose Chiraigaon block of Varanasi district for this study. It is the rural field practice area of the Department of Preventive and Social Medicine. It has a population of 1,85,521 according to census of 1991. It is distributed over 80 villages and hamlets.

The patients' records were procured from the district leprosy officer. All the cases of leprosy which have been registered and treated with MDT, right from the inception of the project, constituted the subjects for the study.

Attempts were made to contact each individual patient of leprosy. They were interviewed in detail and examined as per predesigned and pretested proforma. The information obtained was on the disability status of patient at the time of commencement of MDT and at the time of release from MDT. Disability was graded according to the WHO classification.¹

Results

A total of 2,547 cases has been released from treatment between September 1985 and September 1995. We could contact only 2019 subjects (79.1%). The others had either left the place or died. Out of 2019 cases 113 cases (5.6%) were wrongly diagnosed and 84 cases (4.2%) had not completed MDT.

The prevalence of disability before start of MDT and on completion in lower extremities is given in Table I and that of upper extremities in Table II.

The prevalence of disability in relation to duration of disease was analysed and is given in Table III.

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Table I. Prevalence of disability in lower limbs

Type of cases	Total no. of cases	Cases with disability		Disability grade I				Disability grades II&III			
				Before MDT		After MDT		Before MDT		After MDT	
		No.	%	No.	%	No.	%	No.	%	No.	%
MB	649	96	14.8	23	5.0	22	3.3	63	9.7	74	11.4
PB	1257	42	2.2	27	2.1	18	1.4	15	1.1	24	1.9
	1906	138	7.2	60	3.1	40	2.0	87	4.1	98	5.1

Table II. Prevalence of disability in upper limbs

Type of cases	Total no. of cases	Cases with disability		Disability grade I				Disability grades II&III							
				Before MDT		After MDT		Before MDT		After MDT					
		No.	%	No.	%	No.	%	Z	P	No.	%	No.	%	Z	P
MB	649	129	19.8	47	7.2	22	3.3	3.1	<0.01	82	12.6	107	16.4	1.97	<0.05
PB	1258	61	4.8	27	2.1	24	1.9	0.36	>0.05	34	2.7	37	2.9	0.30	>0.05
	1906	190	9.6	74	3.9	46	2.4	2.65	<0.02	116	6.1	144	7.6	1.83	<0.05

Table III. Prevalence of disability in relation to duration of disease and duration of disability

Duration of Disability (months)	0 - 6	6 - 12	12 - 18	18 - 24	24 - 36	36 - 60	>60	Total
Duration of disease (months)								
<12	2	14	-	-	-	-	-	16 (6.6)
12 - 36	1	1	2	5	34	-	-	43 (17.8)
36 - 60	-	7	1	4	10	37	-	59 (24.5)
>60	3	2	1	2	4	25	86	123 (51.0)
	6	24	4	11	48	62	86	241
	(2.5)	(9.9)	(1.7)	(4.6)	(19.9)	(25.7)	(35.7)	

Discussion

Generally while reporting disability grade II and above disabilities only are reported. We, however, included grade I disability also.

Tables I and II show that grade I disability rate has decreased significantly after MDT in the patients studied. In upper extremities it fell from 3.9% to 2.4% and in lower extremities from 3.1% to 2.0%. It was not because the patients reverted to normalacy with treatment but because they progressed to more severe deformities ie, grades II and III. On comparing disability rate, taking grades II and III only, there was a

definite increase in the rate from 6.1 to 7.6% in upper extremities (Table I) and from 4.1 to 5.1 in lower extremities. It may be mentioned that in NLEP protocol only grades II and III deformities are recorded. Our results also highlight that disability rate is 5 to 7 times more common in MB cases.

The deformity has progressed during treatment which could have been reduced if proper care and monthly examination of patients was done in actual practice. We had observed that most of the medical officers working under NLEP seldom examine the patients and para medical workers are not

competent enough to recognise the severity of deformity status. The drug distribution points are true to their name where only drugs are distributed. Clinical status of disease and complications, if any, are seldom looked for.

Most of the cases with disability had a long duration of disease (Table III). Half of them had disease for over 5 years before they started MDT, one fourth had the disease for 3-5 years. This observation confirms the

earlier reports² and highlights that if we pick up a patient within 6 months of development of disease the disability could practically disappear from the scene.

References

1. WHO 1960. WHO expert committee report on leprosy. 2nd Report. WHO Tech Report Series 189: 22-4.
2. Thappa DH, Kaur S, Sharma VK. Disability index of hands and feet in patients attending an urban leprosy clinic. Ind J Lepr 1990; 62: 328-37.

ANNOUNCEMENT

1st NATIONAL CONFERENCE ON WOUND CARE (WOUNDCON-96)

The 1st National Conference on Wound Care will be held at Sir Sunder Lal Hospital, Institute of Medical Sciences, Banaras Hindu University, Varanasi from **September 28-29, 1996**. A workshop on operative technique in wound management including use of newer dressing material will be held during the conference.

The Scientific programme will consist of Guest Lectures and Key Note addresses by International Faculty alongwith Symposia, panel Discussions on controversy in wound management, Video Sessions, Free papers to cover the past, present and future of every aspect of wound management.

The conference will be of interest to plastic, Orthopedic, General surgeons, Diabetologist, Leprologist, Nursing and other medical personal interested in wound management.

Those interested in participating are requested to contact at the following address:

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