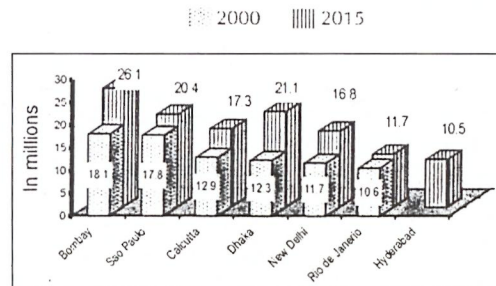


rosy is not coming down due to urban pockets, especially those in the slums, with hidden leprosy. Due to rapid industrialization and migration of population into the slums, especially of metropolitan cities of the endemic world, special challenges are posed to reach the target set for elimination of leprosy. The population in major cities in the Indian sub-continent is expected to increase by nearly 40% by 2015.

The slum population (about 6 million) in Bombay itself reaches the dimension of the entire population of some countries in the developed world.

Though the lesser cities also face the problem in varying degrees, the exact magnitude is not known. The anomaly of using P.R to judge the effectiveness of leprosy elimination is classically exemplified by the unrealistic statistics relating to the megalopolis of Bombay, where the P.R is reported to be just 2 per

10,000 in the face of about 5000 new cases (10% skin smear +ve) being detected every year.



It is strongly urged that the recommendations already made by a series of Seminars, Workshops, Congresses etc., especially in the Indian subcontinent be implemented meticulously

POD & REHABILITATION

OPOD 1

A GRASS ROOT PERSPECTIVE ON REHABILITATION EFFORTS

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In 1975, the International Nepal Fellowship (INF), a Christian medical mission, was assigned the responsibility for the National Leprosy Control Programme in the western part of the Kingdom of Nepal. In the same year, INF founded the Socio Economic Services Programme (SES). The aims were to assess the needs of patients and where called for, to undo adverse social and economic consequences of leprosy. In 1997, SES became the Partnership for Rehabilitation Programme (PFR).

The decision to carry out an impact evaluation was taken in 1998. The objective was to investigate the outcome of the socio-economic rehabilitation interventions with emphasis upon how the clients and their communities viewed the assistance given. Starting in mid-1999, for a year and an half, two thirds of the clients from the cohort of new clients of 1995 were followed up in the field.

The study was essentially a retrospective observational, before and after, evaluation which sought to determine if the interventions were relevant and appropriate for the client needs, if they were properly carried out, and their short and long term effects on the target population.

In all instances clear cases of need were demonstrated, in the great majority of cases the interven-

tions were implemented in a way acceptable to the clients and their communities, and in almost every instance, the immediate results were positive. However, for most of the clients the input of SES/PFR only changed their life for the better for a time, but did not drastically change their situation long term. Perceived reasons as to why will be presented.

The project based within the Statistics and Research Department of RELEASE, ran over a year and an half.

OPOD 2

A HARD LOOK AT THE PROBLEM OF REHABILITATION IN LEPROSY

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At present, rehabilitation activities are carried out by different organisations as *ad hoc* provision of some help to some of those who demand it. Such programmes do not inform us about the non-users of the services and the reasons for their not using them. By and large, the approach to rehabilitation, especially in the context of leprosy, has been governed more by emotion than reason and this has led to some distortions in our perceptions, attitudes and activities. First, any help provided to leprosy-affected persons (even providing MDT!) is equated with rehabilitation. Second, rehabilitation is still considered as charity towards the affected. Third, all persons with leprosy-related deformities are considered as needing rehabilitation. Fourth, correction of deformities is considered essential for rehabilitation. Fifth, voca-

tional rehabilitation is considered as the solution to the problem of dehabilitation. Sixth, interventions for rehabilitation are considered as one-time activities. Limited amount of available demographic and socio-economic information shows that every assumption of ours is fallacious. These are brought out and suggestions are made for decentralising the mechanism of rehabilitation and for developing programmes based on ground realities.

OPOD 3

A HOLISTIC APPROACH TO PREVENTION OF DISABILITY IN LEPROSY

Mannam Ebenezer and Premeaj Isaac

PAMIC (Prevention and Management of Impairments and Consequences) is a multidisciplinary, multiprofessional approach to disability prevention in leprosy. WHO International Classification of Impairments, Activities and Participation (1998) for diseases classifies human functioning at the level of body, the whole person and the person within the complete social and physical environment. In the context of leprosy physical impairments lead to social, economical and psychological problems. Often physical impairments are relegated to a secondary role to psycho socio economic issues. This programme addresses disability prevention in leprosy holistically.

A questionnaire modeled along the lines of WHO's ICIDH-2 for diseases has been used to identify patient's issues under the headings of impairment, activity limitation and participatory restriction. The questionnaire is semi structured with a degree of open endedness to enable patients to describe the problems in their own words.

About 200 patients have been through this programme. After identifying the issues in a multidisciplinary approach patients are involved in drawing up of interventions and their implementation. The patients are followed up to assess the impact of this programme in preventing and managing disability. The effectiveness of this questionnaire in identifying disability issues and in arriving at interventions with the patient's input is discussed.

OPOD 4

A METHODOLOGY FOR THE EVALUATION OF REHABILITATION PROJECTS

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A comprehensive evaluation should consider both the rehabilitation project and the project environment. Assessment of the environment includes questions about the causes and types of disability, the number and status of persons with disabilities (PWDs), and the resources available to them. Status of PWDs refers for example to access to education and employment and local attitudes and practices towards disabled persons. This should establish the needs to be met and the relevance of the project. Evaluators should always begin by asking what the project set out to achieve and what approaches were used. Project performance should be assessed in these terms. Only then can they give their opinion about the project and suggest changes for the future.

It is important to ask what services are offered, who is eligible for these services (comparing written criteria to profiles of actual clients) and how many utilize them. Whether physical or psychological or socio-economic rehabilitation is the aim, it must be possible to demonstrate improvement of clients on relevant outcome measures. Where appropriate, the role of relatives or other community members may be assessed both in the client's rehabilitation process and in the running of the project.

The degree of control of clients over their own rehabilitation process will be evident from efforts by the provider to explain the choices involved and from the negotiation that goes on between provider and client, possibly with involvement from relatives or community members. Participation of clients in decision making for the project will lead to a sharing of vision and a sense of ownership.

Advocacy projects strive to change the project environment. Besides consideration of activities and output, evaluation should therefore look for changes in the social environment that favour PWDs.

Projects should have ways and means of growing and developing in response to own experiences, changing needs of clients and changing professional views. These include a sound information system, availability of literature, mechanisms for feed back of evaluation findings, availability of literature and contact with colleagues in the field of rehabilitation.

OPOD 5

AVALIAÇÃO DA FORÇA DE PREENSÃO PALMAR COM O USO DO DINAMÔMETRO JAMAR® EM PACIENTES PORTADORES DE HANSENÍASE ATENDIDOS EM NÍVEL AMBULATORIAL NO DISTRITO FEDERAL

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As funções básicas dos membros superiores nos pacientes portadores de hanseníase, depende basicamente da integridade sensitiva e motora da mão. A mão tem papel primordial na atividade humana, através de suas funções básicas de apreensão e sensibilidade, sendo inclusive considerada como a extensão efetora do córtex cerebral. A capacidade manual (apreensão), desenvolve-se gradativamente através dos sistemas sensorio-motor até atingir a acuidade necessária para que o indivíduo se adapte às atividades de vida diária. Nos indivíduos portadores de hanseníase, a capacidade de realizar a apreensão manual pode se apresentar com limitações que podem variar de acordo com a forma clínica e grau de incapacidade da mão. O objetivo do presente estudo foi avaliar o comprometimento do mecanismo de apreensão palmar em indivíduos portadores de hanseníase atendidos em nível ambulatorial no Distrito Federal. O presente trabalho compreende um estudo de delineamento transversal comparativo, onde avaliou-se a apreensão palmar de um grupo de 50 pacientes portadores de hanseníase inscritos no Programa de Controle da Hanseníase do Distrito Federal e comparou-se com um grupo de 50 indivíduos normais. Após a determinação do grau de incapacidade dos pacientes hansenianos foi realizado a avaliação da apreensão palmar com o uso do dinamômetro Jamar®. Durante a avaliação da força de apreensão palmar, os participantes do estudo foram orientados a permanecerem sentados, com o ombro na posição neutra, cotovelos a 90° e punho na posição neutra (intermediária entre pronação e supinação) sem que houvesse desvio radial ou ulnar, enquanto o examinador sustentava o dinamômetro. Os pacientes realizaram três tentativas para cada mão (com duração de 5 segundos para cada tentativa) na posição de pegada dois, preconizada no aparelho, alternado a movimentação para o teste, sendo inicialmente testada a mão direita e logo em seguida a mão esquerda, seguindo criteriosamente a instrumentação do aparelho; o intervalo entre uma tentativa e outra foi de 1 minuto. Todos os participantes do estudo foram informados através de um Termo de Consentimento Livre e Esclarecido, sobre os procedimentos e objetivos da pesquisa.

OPOD 6

COMMUNITY BASED REHABILITATION IN RURAL AREA

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Gandhi Memorial Leprosy; German Leprosy Relief Association-India

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This study is based on an action programme undertaken at the Balarampur Control unit of Gandhi

Memorial Leprosy Foundation in purulia district of west Bengal. The unit covers a rural population of 300,000 in 341 villages. A list of beneficiaries was prepared for financial rehabilitation. From 1998 to 2001, total 124 persons were supported with interest free loans, which ranged from Rs.500/- to Rs. 2000/- (US\$12 to 50). The loans were distributed in presence of the social leadership. The criteria for selection were financial condition, visible deformity and helpless women. While selecting the trades, traditional and familial trades like bamboo craft, shop keeping (stationary and Grocery), shoe making, goatery, selling rice and paddy, selling of vegetables, piggery and mechanical shop were given priority. Total Rs.100,000/- was disbursed. The beneficiaries were guided and supported by the leprosy workers including initial collection of raw materials and marketing of products. Social acceptance was ensured through community awareness programme. It was observed that except three persons all beneficiaries were paying the installments regularly. Average monthly income of each person was Rs.1,000/- - Rs.2,000/-. Some of the beneficiaries have developed their own capital. Involvement of the grass-root level workers and the social leadership is mandatory to run the programme. It is suggested that small trades are worthy enough in the rural area for solution of the financial rehabilitation problem keeping the persons in the community.

OPOD 7

DETECTION OF EARLY SENSORY NERVE FUNCTION IMPAIRMENT IN THE FEET OF LEPROSY PATIENTS USING 2GM SÉMMES WEINSTEIN (SW) MONOFILAMENTS.

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The SW monofilaments are important tools in leprosy for the detection of early sensory nerve function impairment. Its use in the hand has been largely standardised but experiences of its use in the feet are few. The aim of the study was to detect early nerve function impairment in the feet comparing different grades of SW monofilaments. This study was carried out between Jan. 1997—Dec. 2000.

Sensory assessment was carried out by a single examiner using the 0.2gm, 2gm, 4gm and the 300gm SW monofilaments. 8 sites were tested on each foot, 4 in the forefoot, 2 in the mid foot, 1 in the heel and 1 on the dorsum of the great toe.

A total of 418 leprosy patients (M 293 F 125) were

registered during this period (TT 24(5.74%); BT 168(40.19%); BL 162(38.75%); LL 54(12.91%) and PNL 10 (2.39%).

It was found that 0.2gm monofilament was felt by 11(2.6%) patients; 2gm felt by 223 (53.34%); 4gm by 66 (15.78%) and 300gm by 118(28.22%). More than half the patients were able to feel the 2gm monofilament and about 16% the 4gm monofilament. A small proportion (2.6%) mainly children could feel the 0.2gm monofilament.

This study shows that to detect early sensory changes in the feet we can use the 2 and 4gm monofilaments in adults and the 0.2gm filaments in children. It helps to detect early changes in sensation, thereby preventing the complication of nerve damage through early initiation of steroids.

OPOD 8

DEVELOPMENT OF AN ACTIVITY LIMITATION SCALE FOR PERSONS WITH SENSORY LOSS

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An international collaboration of occupational therapists and people skilled in research methods aims to develop two instruments for the assessment of activity limitation and risk of increasing impairments in people affected by leprosy or other peripheral neuropathies. One will be a screening tool for use at the primary care level, while the second will examine activity limitation in more depth.

Collaborators in five countries interviewed persons affected and unaffected by leprosy or diabetes to generate lists of activities of daily living. Over 1250 activities were identified which were commonly practiced by at least 30% of the people at risk of leprosy or diabetes. These were pooled, duplications removed and a unified format of asking and recording

developed. The resulting questionnaire included 348 items covering all domains of the ICF. It was administered to 779 persons aged 15-65 affected by leprosy or diabetes; approximately 40% were also assessed for activity limitation by an occupational therapist who was blinded to the content of the questionnaire.

Data collected in February 2002 / ALS collaborative study group

	# interviewed with leprosy (# disabled)	# assessed by OT	# interviewed with diabetes (# sensory loss)	# assessed by OT	# healthy people interviewed
Brasil	95 (50)	19	30	12	
China	120 (80)	50	-		10
India	150 (122)	75	-		14
Israel	30 (23)	4	75 (51)	24	3
Nigeria	159 (129)	50	-		10

¹ i.e. WHO sum grade > 0

Based on the data collected, the questionnaire will be reduced to a minimal set of items giving the best discrimination between individuals with different degrees of activity limitation, the best reliability in comparison with expert opinion and the best applicability in the different cultural settings. Other considerations will be the duration of the interviews, the ability of the scale to identify areas requiring further intervention and the calculation of summary scores. The resulting draft scale will be presented. Further testing is planned in each centre, for test-retest and inter-rater reliability.

The draft screening tool will be a subset of items from the draft scale, aiming for maximum sensitivity to identify patients in need of referral.

OPOD 9

DISABILITY, SOCIAL AND ECONOMIC SITUATION OF THE PEOPLE AFFECTED BY LEPROSY IN SHANDONG PROVINCE, THE PEOPLE'S REPUBLIC OF CHINA

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As the decline in prevalence of leprosy, social and economic rehabilitation (SER) has become a major priority in leprosy control programme in Shandong Province. In the preparative phase of a SER programme, a province-wide survey was conducted with a semi-structured questionnaire in order to provide policy makers and programme managers with some basic information on the disability, and social and economic situation of the people affected by leprosy. In this paper the results of the study for the people affected by leprosy living in the communities were presented.

OPOD 10

EFFICACY OF SURGICAL NEURAL DECOMPRESSION WITHOUT NEUROLYSIS IN LEPROSY PATIENTS WITH PERSISTENT POST-TREATMENT NEURITIS

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Background: Surgical neural decompression in patients with leprosy has been increasingly recommended for the treatment of neuritis that persists after multidrug therapy and fails to respond to steroid therapy.

Patients and Methods: Forty-six patients (mean age 44.3 years; 34 males) previously treated for leprosy and with persistent post-treatment neuritis who were referred to our service from December 1999 to July 2001 were submitted to surgical decompression without neurolysis of the ulnar (44 cases), tibial (14), median (12) and lateral popliteal (4) nerves. The surgical procedure included anterior transposition in the cases of ulnar nerve decompression. These patients had their pain, motricity and sensitivity associated with nerve involvement assessed with standard scores before and six months or over after surgical decompression was undertaken. The dose of prednisone that was necessary to alleviate their symptoms was also assessed.

Results: Daily prednisone (mean decrease of 34.9 mg), ulnar nerve pain, motricity and sensitivity, and tibial, median and lateral popliteal nerves pain improved significantly ($p < 0.05$, paired *t* test) after the surgical decompression.

Conclusion: Surgical decompression without neurolysis was successful for the treatment of post-multidrug therapy neuritis that was unresponsive to high-dose steroid therapy in this series. Failure to improvement of motricity and sensitivity of the involved nerves was probably due to the late referral of these patients and consequent delay of the surgical intervention

OPOD 11

IMPORTANCE AND TIMINGS OF NERVE DECOMPRESSION IN LEPROSY

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Leprosy is a disease of the peripheral nerves. The earliest pathology is oedema, which, in theory, can be controlled by steroids. However oedema can perpetuate itself by compressing the venous return.

Repeated reactions cause fibrosis of the peri-neural structures leading to adhesion and mechanical compression. More than 5 thousand cases of neuritis have been referred to us; of these, **1217 cases** were operated (mostly done under microscope). A brief analysis of the operated cases:

a) Almost all cases had been treated, unsuccessfully, with steroids for various periods of time, therefore surgery was considered. Surgery helped in relieving pain and preventing further damage.

b) In 76.8% (935) there was evidence of mechanical compression (photodocumented): thick paraneurium, bands, muscles (normal and anomalous), abscesses, lymph nodes. Twelve patients (1%) with complete neural loss had nerves that –under microscope and naked eye vision- looked normal and felt normal.

c) Among 648 long-term follow-up cases, we noticed improved sensory modalities in about 34.7% of patients within 6-2 months, and motor function in about 7 % after 9-24 months.

d) Circa 32% of patients had total neural loss before surgery. None of the operated patients had worsening of neural function following surgery.

e) Eight BT patients had a new granuloma at the same operated site 1-2 years after surgery.

f) Two LL patients reported with small abscesses on the same site, 10 years after large abscess had been excised.

g) 106 patients had abscesses in only sensory nerves, no motor trunks involved.

h) In the presence of motor damage, sensory nerve damage too was observed in all cases except two, where there was motor damage but no sensory loss.

The authors believe that more importance has to be paid to early surgery; and surgery should not be considered as the last recourse, more so when mechanic compression is suspected. Statistics will be presented to prove the superiority of surgery over steroids in dealing with chronic/ repeated neuritis.

OPOD 12

INCREASED RISK FOR DISABILITY IN MULTIBACILLARY LEPROSY PATIENTS WITH NEURITIS

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Introduction: The elimination of infection through MDT is the main objective of the program of leprosy. However prevention and management of impairments and disabilities have long been recognized as essential components in order to avoid sequels and stigmatization.

Objective: To evaluate the degree of disability in our patients from the moment they start the treatment up to five years of follow-up after discharge from treatment.

Material and Methods: A retrospective study involving 190 multibacillary patients selected submitted to the routine in our service. Patients were evaluated both the beginning, and at the end of treatment, during the five years of follow-up as well as whenever it was necessary because of the occurrence of reactional states. The evaluation of the degree of disability followed the criteria recommended by the Brazilian Ministry of Health.

Results: At the beginning of treatment the degree of disability was equal to zero in 99 patients (52.1%), equal to 1 in 47 patients (24.7%), and equal to 2 in 44 patients (23.3%). At the end of treatment 123 patients (64.7%) maintained the initial degree, 49 patients (25.8%) improved and 18 patients (9.5%) got worse. In general, the relative risk (RR) for worsening the degree of disability among reactional patients was 3.01 (95% CI 2.03 – 4.46) for those with neuritis when compared to those without neuritis. Noteworthy, patients with initial degree of incapacity equal to zero that exhibited reactional states with neuritis had an increased risk (RR = 7.62; 95% CI 1.87–31.02) of worsening the degree of disability at the end of the treatment, when compared to those that did not exhibit reactional states. Of those 91 patients with some physical disability established at the beginning of treatment, 39 patients (42.9%) remained stable and 49 patients (53.8%) improved. After 5 years of follow-up, 7 patients (21.2%) with degree 1 at the end of treatment improved their disability degree and 7 patients (20.6%) of those with degree 2 did the same.

Conclusion: Reactional states with neuritis seems to be responsible for worsening the degree of disability, mainly in those with initial degree equal to zero. There has been a highly significant improvement of the disability degrees both at the end of treatment, as well as 5 years after therapy discharge.

OPOD 13

IS THE SURGICAL CORRECTION OF FOOT DROP A MORE EFFECTIVE METHOD TO REDUCE PLANTAR ULCERATION THAN CONSERVATIVE METHODS?

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Findings from an archival study of 107 case files relating to subjects with foot drop are presented. A study was conducted at Lalgadh Leprosy Services Centre, Nepal. Within the parameter of a defined time span it was found that 67 subjects had accepted surgical foot drop correction (tibialis posterior transfer) and 40 subjects had been supplied with foot springs. Both groups had been supplied with protective footwear. Using standard non-parametric analysis (chi-square) it was found that the difference between the groups, when compared on post intervention plantar ulceration rates, was not significant. Compared with pre intervention ulceration, the site of ulceration on surgically corrected feet was more likely to be different than it was for feet assisted by foot drop springs ($p < 0.05$). An implication of this study is that where cost constraints are an issue and the prevention of ulceration is a primary objective, conservative treatment may be as useful as surgical intervention.

OPOD 14

PLANTAR ULCERS IN LEPROSY: PATIENTS' PERCEPTIONS AND TRADITIONAL PRACTICES OF CURE.

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Plantar foot ulcers are a major reason for hospital admission among leprosy patients. Self-care of anaesthetic feet is a significant health education challenge and many patients with anaesthetic feet have recurrent ulcers despite repeated health education.

Aim: To seek to understand leprosy patients' own perceptions about the causes and care of foot ulcers, and to investigate traditional practices used in the treatment of these.

Methods: One hundred and twenty (60 male, 60 female) patients admitted for plantar ulcer management at Anandaban Leprosy Hospital during the period March 2000- December 2001 were interviewed using a pre-tested semi-structured questionnaire. Data analysed using EpiInfo version 6.04.

Results: Approximately 90% of respondents believed leprosy ulcers to be different from other kind of ulcers; 60% thought leprosy ulcers should be treated differently, with 42% believing they needed leprosy medicine for ulcer healing. Almost one third of respondents (32%) thought recurrent ulcers were due to their disease not yet being cured. Only 3% said the healing time of a leprosy ulcer is the same as other ulcers. Of 120 respondents, 74 (62%) used traditional materials to treat their ulcers: 59 kinds of

plant product, 18 kinds of animal product, and 15 other kinds of materials were considered helpful in healing ulcers (1 oral use, 66 external use and 7 both external and oral use).

Conclusion: This study will assist health educators and ulcer care workers in identifying commonly held beliefs and practices which may aid or impede foot ulcer care.

OPOD 15

SOCIAL IMPLICATIONS OF DISABILITY AND NEED OF INTENSIVE POD PROGRAMME IN URBAN AREA

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Disability-care in urban set-up is a complex problem associated with socio-Economic, psychophysical, migratory and occupational implications. While some persons suffer from the consequences of deformity and disability, others capitalize it as their means of livelihood. Similarly one group is careful enough to adopt self-care while other group were found to be negligent. The major cause of reporting with deformity was ignorance on early signs and subsequently negligence in treatment. In spite of adequate services provided, due to migration, hard labour and excessive movement, condition of many disabled persons were worsened. This was revealed in a 20 years retrospective study conducted at GRECALTES in Kolkata. Data were analyzed from 1981-2000 A.D. During this 20 years, total 6331 leprosy patients were detected, 415 were deformed among new cases. Total 630 patients were put under deformity care services, conditions improved for 74 cases, conditions remained static and not further deteriorated for 375 and conditions aggravated for 181 patients. It is suggested that intensive community education programme, patient and patients' family members' education is necessary to curbe new case reporting with deformity and to check further worsening. The strategy of recently launched POD programme should be continued and intensified. Disability care is important but prevention of disability is the necessity.

OPOD 16

SKIN TEMPERARURE ASSESSMENT BY PALPATION OF NEUROPATHIC FEET OF LEPROSY PATIENTS

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Complications of the neuropathic foot as ulceration, bacterial infection and neuroosteoarthropathy (Charcot foot) are accompanied by signs of inflammation. Of the inflammatory signs pain sensation is diminished or absent due to loss of sensory function. Increased temperature, in a part or in the whole foot, can be assessed by thermometry or, as in clinical practice, by palpation.

We have already reported a high inter-observer reliability (Kappa = 0,79) and a high correlation of palpation with thermometry (Spearman's rank correlation coefficient 0.82; $p \ll 0,002$). (Int J Leprosy 2000;68:65-7)

Consequently, in three field studies it was investigated whether skin temperature could be assessed reliably by palpation by leprosy patients, their family and leprosy staff.

In Ethiopia 69, in India 64 and in Brazil 76 persons participated in the study. Spearman's rank correlation coefficients between palpation and infrared thermometry ranged from 0,36 to 0,60. Correlation was highest on the dorsum of the foot, higher when performed by patients than by their family, and higher by experienced than inexperienced staff.

In the last study the assessment was repeated after one month, and an improvement was found.

The results of these studies indicate that assessment of skin temperature by palpation can be used for the (early) detection of complications in neuropathic feet of leprosy patients.

OPOD 17

THE REHABILITATION OF CURED IN COMMUNITY NEED FOR REHABILITATION OF LEPROSY PATIENTS

Abdul K. Chauhan

A in other diseases or conditions associated with disability and/or deformity, rehabilitation services are also needed for leprosy patients. The introduction of effective methods of treatment-medical, surgical and physical has brightened the prospects of cure of the disease. As a result, rehabilitation of a leprosy patients has now become practicable. Cure of the disease does not have much meaning for the patients if he still remains socially and economically dislocated.

The general principles of rehabilitation of leprosy handicapped persons are no doubt the same as those for other handicapped persons, However, there are two significant and vital differences. First, while other handicapped persons do not carry any stigma and/or are not socially dislocated, leprosy is unfortunately associated with a stigma and patients suffering or having suffered from this disease are apt to be socially ousted and considered as out casts from society.

In other diseased, the question of rehabilitation is considered after the treatment of the patient has been completed, but in leprosy the process of rehabilitation should start as soon as a diagnosis of the disease has been made. Because of the immense difficulties in rehabilitation after he has been socially and economically debilitated or dislocate, efforts should be made to prevent debilitation.

There are vasd number of leprosy patients representing an enormous waste of human resources who are disabled physically, socially, spiritually, vocationally or economically. We are to prevent this from occurring in the first place.

OPOD 18

THE SELF-CARE KIT: AN AID TO EMPOWER PATIENTS IN CARE OF FEET

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The authors have developed and introduced the CLCP self-care kit to heal ulcers, improve the ichthyosis and cracks in feet by empowering patients. Empowering patients to care for their feet at home is the only practical and sustainable solution to reverse the trophic changes, heal minor wounds or plantar ulcers and prevent disabilities. The self-care kit can help trigger this change. The empowerment program with the self-care kit is carried out as a camp approach where patients are taught how to use the kits in groups. The self care kit contains a foot scraper, antiseptic solution and ointment, moisturising cream, sterilised gauze packets, bandages and scissors. Patients also receive a plastic tub and MCR footwear. The use of the self-care kit is demonstrated and patients also understand and discuss how ulcers develop and what they can do to prevent their recurrence. The health care staff provide patients replacement kit during the monthly follow up visits. Results assessed at 4 to 6 months later clearly demonstrate that 85 % of patients had improvement of which nearly 50 % cases had complete healing of their ulcers. The results document the impact of the self-care kit as an effective tool to empower patients to heal ulcers, improve the ichthyotic skin and cracks in feet. Considering the magnitude of ulcer cases and the substantial improvement in the quality of life for persons affected by feet ulcers, the new CLCP modality of the "self-care kit" could make a significant contribution to reduce the burden of foot related disabilities in leprosy.

OPOD 19

TIBIALIS POSTERIOR TRANSFER (TPT) – CIRCUMTIBIAL vs INTEROSSEUS ROUTES

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Objective: To compare the functional outcomes of Circumtibial and Interosseus routes of foot drop deformity correction.

Design: A prospective study conducted at The Leprosy Mission Hospital, Naini, Allahabad, from 1998 to 2001.

Setting: The Leprosy Mission Hospital, Naini, is a 110-bed referral Hospital with leprosy and non-leprosy medical facilities

Participants: 119 people affected by leprosy with more than one year duration of foot drop deformity. These people are from the rural community and residents of nearby small towns and cities.

Procedure: For several years there has been a debate over the functional outcomes and risk of inversion deformity of one procedure to correct foot-drop versus another. In the first year all patients were operated using only the Circumtibial route for correction of foot drop. The following 3 years, patients with peroneus muscle grade 3 or more underwent Circumtibial route and those with less underwent Interosseus route of correction of foot drop. The results of 55 TPT surgeries using the Interosseus route and 64 using the Circumtibial route were analysed at 1 month, 3 - 6 months and 1 – 3 year follow-up periods movements and inversion. Factors such as Surgeon, Physiotherapist, Physiotherapy technician and pre and post-operative exercise regimen were constant.

Outcome measures: The percentage of people with good outcomes (>90%) following Circumtibial and Interosseus routes of foot drop correction

Results and conclusions: The analysis is in progress and the results will be presented at the Conference.

OPOD 20

"USE OF A MULTIDISCIPLINARY ASSESSMENT TOOL IN THE PREVENTION AND MANAGEMENT OF IMPAIRMENT AND CONSEQUENCES (PAMIC) IN LEPROSY"

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PAMIC is a multidisciplinary approach in which professionals from the medical, occupational therapy, social sciences and clinical psychology combine to prevent and manage disability issues in leprosy. The programme is hospital based and is held in the outpatient department. An assessment form based on the WHO ICIDH concept is used to identify impairments, activity limitation and participatory restriction.

The disability issues are prioritized according to patient's perception and possible interventions are identified. About 250 patients were assessed using this tool and the results are presented. 84 % of patients had activity limitation and 82 % participatory restriction. As far as activity limitation is concerned approximately 95% of patients were able to perform Activi-

ties of Daily Living, 61 % had to change their vocation with 34 % adapting to their vocation with the disability. 20 % of perceived participatory restriction in their domestic life, 19% had participatory restriction with relatives and about 36 % had participatory restriction in societal roles including vocations.

The main advantage of the assessment tool is that disability issues are seen in the light of patient's perception and interventions are drawn according to his/her priorities. The assessment form brings out finer details of activity limitation and participatory restriction so that specific interventions can be decided upon. Interaction between professionals helps to arrive at the best possible way to implement interventions taking into consideration social and economic issues

SOCIAL ASPECTS

OSA 1

A HEALTH PROMOTING INTEGRATIVE COMMUNITY DEVELOPMENT PROGRAMME

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Social stigma and ostracism affect those with and 'cured' leprosy, and others in a community who have persons with disabilities, inequalities and loss of social capital. Community integration and community involvement using community resources and facilities can enhance social esteem, improve quality of living and help integrate those with physical, mental and social disabilities. Partnerships between the statutory, voluntary and private organisations within a community may be facilitated through the services of a paid community co-ordinator.

Healthy Communities which include Healthy Cities and Healthy Villages are part of the World Health Organisation plans to promote healthy and active communities in developed and developing countries. Health Care systems vary in many countries of the world from a Health Service funded mainly through Taxation as in the UK, to combinations of Tax based insurance and private funding in other countries. Many 'cured' patients of leprosy or Hansen Disease carry the stigma with their associated disabilities with them throughout life independent of any corrective surgery that may have been performed.

In our village in the UK we demonstrated a positive 72% uptake of resources and 70% improved quality of living.

OSA 2

A IMPORTÂNCIA DA AVALIAÇÃO DA QUALIDADE DE VIDA EM PACIENTES COM HANSENÍASE

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Introdução: A hanseníase, se não tratada, resulta em graves distúrbios psicológicos, físicos e sociais. Devido ao estigma que a doença causa, os índices de qualidade de vida desses pacientes decaem consideravelmente.

Casística: Foi aplicado o questionário de avaliação da qualidade de vida da Organização Mundial da Saúde (OMS), adaptado para as condições dos pacientes com hanseníase. Foram analisados 30 pacientes (16 homens e 14 mulheres), na faixa etária de 18 a 72 anos, que estão em registro ativo e acompanhamento pós- alta, no Centro de Saúde Escola Capuava (ambulatório de hanseníase). O questionário explora os seguintes itens: físicos, psicológicos, nível de independência, relacionamento social, religião e lazer.

Resultados: O nosso estudo revelou que a qualidade de vida diminuiu com a evolução e progressão da doença, principalmente em relação aos fatores psicológicos, relacionamento social, nível de independência e alteração da imagem corporal. Os pacientes com as formas avançadas da doença relatavam exclusão social, incapacidade ao trabalho e diminuição da atividade sexual.