Prevention of disabilities in patients with leprosy: a practical guide

Abstract
A practical guide to the many simple things that can be done - by health workers and patients alike - to prevent the development of disabilities in patients with leprosy. Addressed to peripheral health personnel, the manual concentrates on the various conditions leading to disability and deformity that can be arrested if action is taken at an early stage. To this end, readers are given extensive practical information on the signs to look for, the questions to ask, and the tests to perform in order to recognize these conditions at the earliest possible stage and take appropriate action. Preventive measures described consist of simple treatments, devices, exercises, and behavioural changes that are easy and inexpensive as well as highly effective. Details range from step-by-step instructions for preparing a finger splint from rubber or plastic tubing, through simple tests for determining when leg muscles are weakened, to illustrated exercises that patients can perform at home. Throughout the book, numerous tables, charts, checklists, and some 100 illustrations are used to help readers absorb information and acquire the full range of necessary skills.

The book has eight chapters. Background information is provided in the first three, which discuss the impairments caused by leprosy, explain nerve trunk involvement and its consequences, and set out a framework for disability prevention which categorizes patients according to level of risk and maps out the precise actions to be taken by health workers and patients. The core of the manual consists of chapters focused on the specific actions needed to prevent disability and deformity in patients with insensitive hands and feet and to preserve nerve function. Although prevention is stressed, measures that can limit or correct deformities are also covered. Each richly illustrated chapter provides detailed information on the assessment of patients, the recognition of normal and abnormal conditions, the assignment of risk status, and the principles and specifics of management. Highly didactic, these chapters also alert readers to common errors and pitfalls, and specify the precise do's and don'ts of effective management. Readers learn how to do such things as dress injuries correctly, construct simple protective devices, recognize cases requiring the most urgent attention, and know when patients should be referred. Readers also receive advice on how to teach patients to perform exercises, care for themselves, be alert to certain symptoms, and report them promptly. Methods of eye care are not included in the book in view of the number of excellent guides covering this subject. In view of the crucial role of the patient and the need for proper motivation and support, the book concludes with chapters offering practical advice on the instruction and training of patients, the monitoring of their performance in disability prevention, and the provision of adequate material and moral support.

Citation
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Preventive strategies. The prevention of new leprosy cases depends upon:
- wider coverage of infants in endemic regions with the BCG vaccine.
- secondary prevention by tracing contacts, making an early diagnosis, and treating infection early.
- offering chemoprophylaxis to healthy household contacts.
- additional vaccination of leprosy patients with BCG (though this may speed up the onset of paucibacillary leprosy).

Reasons for Variable Efficacy of BCG Vaccination. There are many influences upon the studies which have been conducted on the protective effect of BCG. These include:
- poor quality trials.
- The prevention of disability is essential for the control of complications.
- Objective: To evaluate the physical and functional status of hands, feet and eyes, for the appearance and evolution of sensory and motor deficiencies and classification of disability (WHO) of a group of leprosy patients to compare and monitor the result treatment on the progression of neuropathy and recurrence of reactions.
- Methodology: We performed initial physical therapy evaluation and final, after 12 months. Patients with paucibacillary leprosy have fewer than six skin lesions with no causative agent MYCOBACTERIUM LEPRAE on any slit-smear testing.

Paucibacillary leprosy encompasses indeterminate, borderline tuberculoid, and tuberculoid leprosy.