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Monitoring of leprosy-related reactions in a city of the high backlands of Paraíba

Seguimiento de las reacciones hansénicas en un municipio del alto sertão de Paraíba

Acompanhamento dos casos de reações hansênicas em um município do alto sertão Paraibano

ABSTRACT

Objective: to verify the follow-up of cases of leprosy reactions in Primary Health Care in the city of Cajazeiras - Paraíba. Method: it is a field research, with a descriptive character and quantitative approach. Result: regarding the follow-up by the Family Health Strategy (FHS), 59.1% were instructed to return to the unit after discharge if any sign or symptom of reaction appeared and 54.5% reported receiving guidance from professionals about leprosy reactions. However, 63.6% were diagnosed in a reference unit, despite knowing to return to FHS to perform follow-up. Conclusion: therefore, there is a need for professional qualifications for better monitoring. Thus, it is possible that the reactions are diagnosed early and that conducts are performed to monitor neural damage and prevent physical disabilities, preventing deformities that compromise the quality of life of these people.

DESCRIPTORS: Leprosy; Primary Health Care; Continuity of Patient Care.

RESUMEN

Objetivo: verificar el seguimiento de los casos de reacciones hansénicas en la Atención Primaria de Salud en el municipio de Cajazeiras - Paraíba. Método: es una investigación de campo, con carácter descriptivo y enfoque cuantitativo. Resultado: con respecto al seguimiento por parte de la Estrategia de Salud Familiar (ESF), se aconsejó al 59,1% que volviera a la unidad después del alta si aparecía algún signo o síntoma de reacción y el 54,5% informó de que había recibido orientación de los profesionales sobre las reacciones hansénicas. Sin embargo, el 63,6% fueron diagnosticados en una unidad de referencia, aunque sabían que volverían a la ESF para realizar el seguimiento. Conclusión: por lo tanto, hay una necesidad de cualificación de los profesionales para un mejor seguimiento de estos casos. Así, se permite que las reacciones sean diagnosticadas a tiempo y que se realicen conductas para monitorear el daño neural y prevenir discapacidades físicas, evitando la instalación de deformidades que comprometan la calidad de vida de estas personas.

DESCRIPTORES: Lepra; Atención Primaria de Salud; Continuidad de la Atención al Paciente.

RESUMO

Objetivo: verificar o acompanhamento dos casos de reações hansênicas na Atenção Primária à Saúde do município de Cajazeiras - Paraíba. Método: trata-se de uma pesquisa de campo, com caráter descritivo e abordagem quantitativa. Resultado: em relação ao acompanhamento pela Estratégia de Saúde da Família (ESF), 59,1% foram orientados a retornar à unidade após a alta caso surgisse algum sinal ou sintoma de reação e 54,5% referiram ter recebido orientações dos profissionais sobre as reações hansênicas. Entretanto, 63,6% foram diagnosticados em uma unidade de referência, apesar de terem o conhecimento de retornar para ESF para realização do acompanhamento. Nota-se, portanto, a necessidade de qualificação dos profissionais para um melhor acompanhamento destes casos. Conclusão: assim, permite-se que as reações sejam diagnosticadas precocemente e que sejam realizadas condutas de monitoramento do dano neural e de prevenção das incapacidades físicas, evitando que se instalem deformidades que comprometam a qualidade de vida dessas pessoas.

DESCRIPTORIOS: Hanseníase; Atenção Primária à Saúde; Continuidade da Assistência ao Paciente.

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INTRODUCTION

Leprosy is an infectious disease caused by *Mycobacterium leprae* or *Mycobacterium lepromatosis*, its transmission occurs through contact with sick people in a multibacillary form, without treatment. ⁽¹⁾ It mainly affects the peripheral nerves, skin, eyes and the mucosa of the respiratory tract. Skin lesions are usually the first sign noticed, with the progression of the disease, associated with the lack of treatment, can progress, causing permanent damage to the patient's health. ⁽²⁾

Worldwide, only Brazil has not yet reached the goal of eliminating leprosy as a public health problem, being considered an endemic. ⁽³⁾ Its disabling character and magnitude are factors that contribute to the occurrence of stigma and discriminatory practices. ⁽⁴⁾ In the northeast of Brazil, during the period from 2009 to 2018, there was a reduction in the number of new cases of the disease, but the region still has the third highest rate in Brazil. Among the nine states that make up the region, Paraíba has the fourth lowest detection rate, with a value of 12,79 cases per 100 thousand inhabitants in 2018. ⁽⁵⁾

Over the course of leprosy, a considerable proportion of patients develop acute inflammatory complications, known as leprosy reactions or reaction

states. ⁽⁶⁾ These reactions are derived from the exacerbated immune response to *M. leprae* and can become the biggest complication in these patients, being the main cause of permanent physical disabilities. ⁽⁷⁾ These problems interfere with the activities of daily living of these people and even the belief that the disease has a cure, showing a major problem for the lives of these patients.

Thus, health professionals, especially in primary care, must have an attitude of vigilance in relation to the disabling potential of the disease, guiding the patient on the importance of monitoring signs and performing self-care ⁽⁸⁾, in order to provide greater well-being and prevent possible disabilities resulting from the chronic course of the disease. Thus, this research is justified by the scarcity of studies on the monitoring of cases of leprosy reactions by Primary Health Care (PHC), since it is necessary to recognize the importance of this knowledge for the development of public policies and strategies that can improve the quality of the monitoring of these individuals by the health services, especially by the Family Health Units (FHU).

In this context, the present study aimed to verify the follow-up of cases of leprosy reactions by PHC in a municipality in the upper sertão of Paraíba.

METHOD

This is a descriptive exploratory study with a quantitative approach, carried out with leprosy patients and ex-patients registered at three FHUs that had the highest number of notifications of the disease in the municipality of Cajazeiras - Paraíba.

The study population consisted of leprosy cases notified in the years between 2010 and 2014, in the Municipal Health Secretariat's Information System on Notifiable Diseases. The FHU that had the highest number of cases were selected.

The study population corresponded to 99 leprosy cases from the selected FHU. The sample was of the intentional type, composed of leprosy patients or former patients who developed or were developing leprosy reactions during the research period. The estimated sample corresponded to 25 participants, three of whom were excluded due to the change of address, totaling 22 participants.

Inclusion criteria were defined as being on multidrug therapy (MDT) or having already completed the treatment of leprosy; having or being experiencing leprosy reactions; being 18 years of age or older, in addition to being able to understand the content of the survey and answer questions. Individuals who,

although registered as a case of leprosy reaction, did not have sufficient clinical conditions for such diagnosis, were excluded from the study.

Data collection was performed at the participants' homes, through an interview with a structured script, containing questions about PHC follow-up. The questionnaire was formulated by the researcher herself based on the guiding questions. The collected data were stored in an electronic spreadsheet prepared by the Microsoft Excel program, being analyzed through simple descriptive statistics, using frequency and percentage.

The research project was approved by the Research Ethics Committee of the Teacher Training Center / Federal University of Campina Grande under CAAE nº 44860115.8.0000.5575 and opinion number 1.171.900.

RESULTS

Twenty-two individuals participated in the study, of which 4 had leprosy and 18 are ex-carriers. It was observed that most participants reported having been instructed on leprosy reactions (54,5%), who were instructed on self-care (72,7%) and were instructed on how to return to USF after discharge (59,1%). Regarding the place of diagnosis of the leprosy reaction, most occurred in the reference unit (63,6%) and the medication used for this treatment was prednisone (86,4%), as shown in Table 1.

DISCUSSION

From the results of the research, it is highlighted that the majority of participants received guidance on leprosy reactions in PHC, however, the diagnosis of the episodes was concentrated in the reference unit.

The health education actions developed in primary care are of paramount importance for the correct monitoring of leprosy sequelae, since the development of leprosy reactions generates many doubts in the users of the health service, and an accessible language should always be used by professionals⁽⁹⁾ for the user to follow the correct treatment of the condition.

Regarding the guidelines on self-care, the majority stated that they had received some type of guidance during the follow-up at the FHU, mainly being cited as: avoid sun exposure, massage the skin with oil and creams at the time of hydration, be careful with objects sharp and burns, sand calluses and cracks, in addition to the use of appropriate shoes.

There are some self-care practices that should be encouraged and guided by health professionals. With regard to self-care with the main areas of the body affected by peripheral nerve injuries, the main places are: the face, hands and feet of people affected by leprosy.⁽¹⁰⁾

In Primary Care, it is usually nursing professionals who carry out these guidelines, as they are trained to carry out various actions to monitor leprosy cases, such as diagnostic tests in nursing consultations, ranging from anamnesis, physical examination to guidance on drug therapy.⁽⁹⁾ However, these professionals must be attentive to an efficient dermatoneurological evaluation, focusing on the prevention of new neural damage. In many consultations, it is noted that there is a greater concern on the part of health professionals with visible and existing deformities, forgetting to turn their attention to preventing new deformities, especially when these can already be predicted by reliable examinations.⁽¹¹⁾

Early identification of signs and symptoms suggestive of leprosy reactions is essential for the prevention of physical disabilities, as they are the main cause of nerve damage and, consequently, of physical disabilities related to the disease.⁽¹²⁾ To prevent the evolution of these damages, care must be prescribed such as limb rest, stretching exercises, skin hydration and

Table 1- Distribution of cases of leprosy reactions according to FHS follow-up. Cajazeiras- PB, 2015.

Variáveis	f	%
Orientado sobre reações hansênicas		
Sim	12	54,5
Não	10	45,5
Orientados sobre autocuidados		
Sim	16	72,7
Não	6	27,3
Orientado a retornar a USF após alta		
Sim	13	59,1
Não	9	40,9
Local de diagnóstico da reação hansênica		
USF	6	27,3
Unidade de referência	14	63,6
Outro	2	9,1
Medicação utilizada para reação hansênica		
Prednisona	19	86,4
Talidomida	3	13,6
Prednisona e Talidomida	2	9,1
Nenhum	1	4,6
Total	22	100

Source: Direct research (2015).

lubrication, protection and adaptations of affected areas during daily activities and other care with eyes, hands and feet, such as daily observation of their integrity. Therefore, immobilization of affected nerves or hands and feet in a reactional state is recommended, with subsequent rehabilitation of the affected limb together with drug treatment.⁽¹³⁾

The patients were instructed to return to the FHU after discharge, reported that as soon as new spots, nodules or nerve pain appeared, they went back to seek health professionals, as the nurses had recommended returning at least six months after the end of treatment, especially when dermatoneurological signs appeared. Neurological assessment should be performed at the beginning of treatment; every three months during treatment, if there are no complaints; whenever there are complaints; in the periodic control of patients using corticosteroids; in reactive states and neurites; at discharge from treatment and in all postoperative follow-up of neural decompression.⁽¹⁴⁾

The accurate diagnosis of leprosy reactions by FHS professionals represents an obstacle to health⁽⁸⁾ that needs to be overcome, which leads these patients to be referred to referral centers, a situation that was observed in the present study. The USF is a place where cases should be monitored⁽¹⁵⁾, it is also possible to make an appointment with the dermatologist to start the correct treatment for each type of reaction.

Among the medications for the treatment of leprosy reactions, prednisone corticoid was the option most used by patients. The use of corticosteroids should ideally be done only with medical supervision, as the drug causes side effects in the body, requiring a gradual reduction in dosage, in order for the body to adapt gradually and minimize these damages.⁽¹⁶⁾

Another important point is that the maximum duration that generates the effectiveness of the treatment with prednisone is up to 20 weeks of use, this period being sufficient to treat early nerve injuries in most patients, after this period the medi-

To prevent the evolution of these damages, care must be prescribed such as limb rest, stretching exercises, skin hydration and lubrication, protection and adaptations of affected areas during daily activities and other care with eyes, hands and feet, such as daily observation of their integrity.

cation is no longer effective. It is also noted that in 15% of patients, this treatment does not promote improvement, requiring individualized treatment, with the use of other drugs.⁽¹⁷⁾ In addition, the use of these drugs cause side effects such as the possibility of diabetes, hypertension, osteoporosis, peptic ulcer, hyperkalaemia, cataracts, among others. This justifies care with treatment, which is often prolonged.⁽¹⁸⁾

CONCLUSION

It can be observed as a limitation of the study the deficiency in the knowledge about the leprosy reactions on the part of the patients, even after the orientations received. This reveals insufficiency in health education actions in primary care. Therefore, greater investments are needed for professional training and permanent education of health workers. Although the reports on the provision of the guidelines offered by the FHS have been generally positive, it is noted that the majority of patients received the diagnosis of leprosy reactions in the reference unit, indicating a failure in the assistance of primary care professionals, for not diagnosing these episodes while undergoing MDT, during follow-up or after discharge. Workers, so that they feel more secure in serving the user of this program.

Although the reports on the provision of the guidelines offered by the FHS have been generally positive, it is noted that the majority of patients received the diagnosis of leprosy reactions in the reference unit, indicating a failure in the assistance of primary care professionals, for not diagnosing these episodes while undergoing MDT, during follow-up or after discharge.

It is understood that the data presented here may offer subsidies for the elaboration of educational strategies for patients and health professionals, training through courses and training. Mainly focusing on the quality of life of patients who finish treatment, with greater attention not only to those with disabilities already installed, but also those who did not have disabilities at the time of discharge. ■

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