Editor’s Choice

This issue of Leprosy Review has interesting articles for everyone with articles on stigma, social marketing, surveys and surgery.

Stigma is explored in papers from India and Brazil. Kaur and van Brakel (p. 346) explore the way in which leprosy patients become dehabilitated and resort to begging in a series of case studies based on interviews with beggars in New Delhi. All the cases show how the combination of leprosy, impairment and social stigma lead to patients leaving their own communities for the anonymity of the streets of Delhi. One of the interviewees only left her home in the 1990s, illustrating the continuing powerful stigma associated with leprosy. The authors use the social science classification ICIDH-2 to break down the process of dehabilitation into different components. This not only shows the actions that the leprosy affected patients have taken to address their problems but also illustrates the various factors producing dehabilitation and offers the opportunity of developing interventions to redress stigma. In their second study (p. 334), these authors interviewed beggars in a community in Delhi. The leprosy affected patients all had productive jobs before being diagnosed with leprosy. The beggars have a strong sense of community with internal regulations and collective actions. They don’t like begging but they do it as a group and presumably derive support from being in a group. It is sad to see how confined the women in this group were, the men were able to socialize outside the leprosy community but few of the women were able to do so.

Social marketing may be one way of breaking down the stigma associated with leprosy. In her review article Wong (p. 308) explains how commercial marketing techniques can be transferred to influencing health behaviour. In Sri Lanka leprosy health education was aimed at different groups with differing involvements in health behaviour change. I particularly liked the leprosy campaign logo of a perfect hand holding a flower as a symbol of welcome and good health.

Detecting patients may be more difficult after integration. In a study from Indonesia Schreuder et al. (p. 366) used a random sample survey to detect patients. This comprised an intensive health education campaign encouraging people to be examined and school surveys. In this Indonesian setting the school surveys yielded 182 cases per 100,000 children examined and were MB cases. They also found that the real prevalence of disease was more than twice the known prevalence. Clearly in high endemic areas many cases go undetected. School surveys may still be useful, perhaps even as an indicator of ongoing transmission.

Detecting patients in low endemic areas is difficult. My own experience in London shows that patient consult doctors for an average of 3.1 years before their leprosy is diagnosed. In South Africa leprosy cases continue to be detected in the northern regions. Durrheim et al. (p. 326) conducted a leprosy awareness campaign in this area. Over 3000 people were screened and four new cases were diagnosed. All the cases were adults and had a history of
close contact with a leprosy patient, but they had also had several contacts with the health services. These cases show the challenge that lies ahead in detecting cases in a low endemic setting. In contrast to Indonesia school surveys and population screening are not useful. Maybe more focused tracing of close contacts is required here. The best models for detecting patients in different settings need to be developed and tested.

Triple nerve paralysis is a challenging problem for surgeons. McEvitt and Schwartz (p. 319) have looked at tendon transfer results in their patients, with good recovery for 91% for wrist extension but only 63% thumb opposition. Thumb opposition is so important, so I hope that the surgeons and physiotherapists will continue to look at ways of improving this vital function.

The article in our HIV series looking at the potential of preventive therapy to reduce the impact of HIV on tuberculosis control (p. 376) is not one to miss.

_Diana N. J. Lockwood_