Letter to the Editor

SERVICES FOR LEPROSY RELATED ‘DISTRESS’: ANOTHER PERSPECTIVE

I have read with interest the article entitled ‘Prevalence of mental distress in the outpatient clinic of a specialized leprosy hospital in Addis Ababa, Ethiopia, 2002’, by Leekassa and others in the December 2004 issue of *Leprosy Review*.¹

It would have been surprising if the outcome of the study were different. However, the evidence based conclusion stresses a very important aspect of the quality of care for people affected by leprosy.

While depressive states occur commonly in dermatological practice, they often develop insidiously and therefore can pass unnoticed especially by those who see the same patients frequently.

It is quite likely that the ‘other dermatological conditions’ in the Addis Ababa study include a wide variety with some chronic and stigmatizing ones. For the sake of completeness it would be interesting to isolate and analyse separately the stress related to another chronic skin condition like psoriasis (if a reasonable number of cases can be identified in this African setting).

Similar to the case in leprosy, specific stress adversely affects quality of life of those affected by psoriasis and the condition shares with leprosy the increased risk of suicidal ideation.

Stress can be the cause, rather than the outcome of the disease or its severity. Stressful life events have been estimated to affect the course of psoriasis (initiate or exacerbate) in 40–80% of patients.² For leprosy also, it is known that physical and emotional stress occasionally appears to precipitate reactive episodes. There is no mention about patients with reactions in the published study. Their inclusion might raise a ‘chicken and egg’ situation.

An interesting difference is the paradox sometimes found in psoriasis cases, where patients with extensive disease may become better adjusted to its chronic nature than those with more mild disease who may have unrealistic expectations and consequently experience more anxiety and distress.

While dermatological services are a weak component of the primary health care services in many African countries they have been identified as the most suitable option for sustaining opportunities to identify and manage leprosy cases in integrated set ups in low leprosy endemic situations.³

Since mental problems, so well illustrated in this paper, do occur in leprosy and other dermatological conditions, there is reason to extend the proposal made to include all patients with different dermatological conditions; in that way the needs of the leprosy patients are likely to be addressed and the risk of inferior quality of care associated with integration minimized.

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References


Corrigendum

In the March issue of Leprosy Review, the address of Dr S. K. Suneetha was inadvertently misprinted. We are happy to correct the error below, with apologies for any inconvenience caused.

The INFIR Cohort Study: investigating prediction, detection and pathogenesis of neuropathy and reactions in leprosy. methods and baseline results of a cohort of multibacillary leprosy patients in North India

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