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EDITORIAL

DISABILITIES IN LEPROSY AND THE REHABILITATION CHALLENGES

DEFICIÊNCIAS FÍSICAS E INCAPACIDADES NA HANSENÍASE E OS DESAFIOS DA REABILITAÇÃO

LAS DISCAPACIDADES FÍSICAS EN LA LEPRA Y LOS RETOS DE LA REHABILITACIÓN

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Disabilities affect more than one billion people in all the world, among them, around 20% present functional difficulties[1].

Focusing on leprosy, of all diagnosed cases in the world, in the last non-pandemic year, 2019, 5.3% (10,816/202,256) people started the treatment with multidrug therapy (MDT) already presenting some kind of visible disability to the eyes, hands and/or feet (Grade 2)[2]. In Brazil, in the same year, this percentage was of 11.16%, meaning that 3,110 of the 27,864 previously diagnosed were affected. If we consider that leprosy can cause physical disabilities before, during and after treatment, it is esteemed that 3 to 4 million people in the world live with visible disabilities caused by complications of leprosy.

World Health Organization (WHO) has published the Global Leprosy Strategy that determines actions to the years of 2021 to

2030[2]. The intention is that in 2030 the world can achieve a level of zero disease, zero disability, zero discrimination and stigma[3].

It seems a bold strategy, especially in Brazil, where the number of new cases increase mainly in locals where there are professionals capable to diagnose. Furthermore, when analyzing the data of national epidemiological bulletins, there is no important decrease in percentage of cases with disabilities in the diagnosis in relation to people with disabilities at the end of drug treatment for leprosy. This data denotes that prevention or actions to avoid evolution of sequels are failing or are less effective and need to considerably improve.

The question that I bring is: what to do to those that already have disabilities already installed? How to guarantee full service of rehabilitation?

If we dive in books and articles of all the world using a generic theme such as "*prevention and rehabilitation of disability in leprosy*", we will find lots of commendable initiatives to go around this situation, without counting with actions promoted by institutions and professionals of all the world that aren't published.

However, a necessity urges to identify existent health services that are also able to guarantee attendance to individuals with sequels caused by leprosy.

The effort is to map in a municipality, state and country what are the health services, such as hospitals with a reconstructive surgery team and a neurology team, both integrated with pre-operative and postoperative rehabilitation services, also localize where physical rehabilitation services are, localize professionals who work with social reintegration, services that, among all others, can benefit individuals who present sequels caused by leprosy. Therefore, it becomes a prerogative to guarantee a good attendance, in addition to knowing the programs, laws, ordinances, guidelines that guarantee and direct the attendance to those individuals. In Brazil, advances coming from several public policies stand out, such as the institution of A National Plan for the Rights of Persons with Disabilities – Living Without Limits, through Decree 7.612, from November 17th of 2011[4]. One of the actions of this plan is the financing prevision to the Acquisition of Goods and Services of Assistive Technology* to people with disabilities[5].

Aiming the continuity of rights guarantee, in the following year, 2012, Health Care Network for People with Disabilities (RCSPD) was created, instituted by Ordinance nº 793, from April 24th of 2012, tracing strategies to promote inclusion and participation of this population.

Assistive products vary from simple devices, easily to build and to use, to complex devices that use sophisticated technologies such as wheelchairs and myoelectric prosthetics[7].

Among all devices of Assistive Technology (AT) made available by the Brazilian Sistema Único de Saúde (SUS), some of them are the simple wheelchair, adapted and motorized, bath chair, orthotics, prosthesis (upper limbs, lower limbs, mammary, ocular), insoles, orthopedic shoes, walking canes, crutches, walkers for people with physical disabilities, visual, mental and for the elderly.

These products are essential to mobility, learning related activities, work, communication, and interaction with the world, providing to individuals that uses them more autonomy, more quality of life and social participation[8].

The totality of products can be consulted in SIGTAP Tabel in group seven (07) that contemplates orthotics, prosthesis and special materials[9]. Prescription and concession of Orthotics, Prosthesis and Auxiliary Means of Locomotion (OPM) must be made in an individualized and qualified form, by a multiprofessional team, among them, an occupational therapist and physiotherapist, professionals legally qualified for evaluation, functional diagnosis and prescription of rehabilitation methods.

Concession of those equipment focus on accredited health services for such, and it can be in state public health network or municipal and they are distributed in all country. In 2019, Brazil registered 228 Centers Specialized in Rehabilitation (CER), 37 Orthopedic Workshops, 259 Rehabilitation Services in unique modalities, 293 adapted vehicles and more than 36,7 million procedures related to OPM were executed[10].

Accredited services by Ministry of Health (MOH) for dispensation of AT devices should carry out the evaluation, prescription, training, and follow-up with regular re-assessments. Amidst all services, the Center Specialized in Rehabilitation (CER) should be highlighted, depending on the level of accreditation provided by MOH, it offers specialized care in aural rehabilitation, physical, intellectual, visual, ostomy and in multiple disabilities.

Full rehabilitation doesn't consist only in offering OPM devices, but from the moment patients with physical disabilities and functional disabilities caused by leprosy are integrated to the assistance network to the disabled person, they start to get assistance by an entire team of professionals such as doctors, physiotherapists, occupational therapists, nurses, psychologists, social workers, and they benefit from rehabilitation resources such as therapy

sessions, orientations, family follow-up, identification of basic needs and easiness to refer to the specialized healthcare network and hospitals.

Therefore, it's up to the health professionals that attend leprosy patients in any segment of health sector, knowing the assistance network in your municipality and state, comprehend and demand from authorities an efficient service flow integrated to everyone that has or had sequels caused by leprosy.

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Note

* Assistive technology is an area of interdisciplinary knowledge, which congregates methods, strategies, practices, and services that have as principles the search for solutions in the field of integral accessibility that ideally should be built with joint participation of professionals and users. Resources of assistive technology are defined as any product, item or equipment acquired commercially or confectioned, used to increase, keep, or improve functional capability of people.[11]