

Guidelines for the management of eye disease in leprosy & integration into general eye care services



Background

- Guidelines developed in 2001 at ILEP meeting
- Developed by multi-disciplinary group (national leprosy control programme managers, NGO representatives, ophthalmologists, epidemiologists)
- Underlying assumption: leprosy control programme integrated into general health care services

Collaboration between leprosy control & prevention of blindness

- Integrating leprosy patients into eye care services requires close collaboration between leprosy control & national prevention of blindness committee (MoH, NGOs, others)



Disability grading for the eye

- Current leprosy disability grading scheme for the eye is impractical for most programmes and rarely implemented as designed.
- Recommended grading should include only (as grade 2):
 - Visual acuity (<math><6/60</math>)
 - Lagophthalmos (any gap)
- Corneal opacities, uveitis should be removed.

Activities to be undertaken: *At leprosy diagnosis*

All patients should be examined for 4 key signs:

- Lagophthalmos
- Visual acuity
- The red eye
- and presence of a facial patch.

Any patient with:

- Lagophthalmos (any gap)
- Decreased vision (<6/18)
- Persistent red eye or
- Facial patch in reaction

Should be referred to a higher level for assessment

Activities to be undertaken: *At end of anti-leprosy treatment*

- All patients must be educated regarding the risk of eye disease (return if develop problems)
- **Explicit** referral instructions must be provided
- Lagophthalmos patients need continued follow up



Training needs

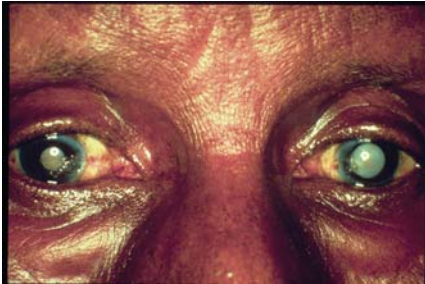
- Health workers responsible for leprosy patients need basic training to recognize 4 key signs
- Referral individuals (regional supervisors, ophthalmic medical officers) need training in decision-making & intervention
- Individuals responsible for lagophthalmos surgery or cataract surgery may need upgrade training. Also need to understand unique challenges of the “leprosy eye”
- National prevention of blindness programmes need understanding of the challenges faced by leprosy patients in accessing services.

Leprosy villages/colonies



- Annual examination and treatment visits recommended.
- Patients in “care after cure” programmes also need annual examination & treatment

Cataract



- Cataract is the leading cause of blindness in leprosy affected persons.
- Use of existing services limited due to problems of awareness, access, and acceptance.
- Programmes needed to improve uptake of services
- IOL implantation recommended

Lagophthalmos

- Simple tarsorrhaphy **not** recommended
- Other procedures for correction, that are simple yet more effective and cosmetically acceptable, are available
- Programmes needed to improve uptake



Implementation of guidelines

- Systematic approach
- Proper planning (avoid “hit-and-miss”)
- Reliance upon existing general eye care services
- Integrated capacity building (benefits all patients needing eye care services)
- Avoid creating separate structures