

Cataract as a cause of blindness in leprosy

Caleb Mpyet
Dept of Ophthalmology
Jos University Teaching Hospital, Jos/
Netherlands Leprosy Relief

Cataract

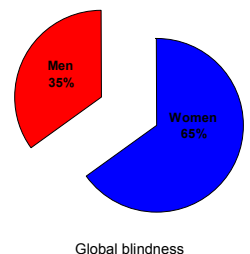
- Opacification of the crystalline lens
- Commonest cause of blindness and visual impairment worldwide (50% of blindness in most of Africa)
- Can easily be treated through surgery
- Cost of surgery greatly reduced in last 10 years (about \$15 for all consumables)
- Quality of outcome excellent if IOL implanted

Cataract in leprosy

- Risk of cataract is 3 times higher in MB compared to general population
- Accounts for over 50% of all blindness (sometimes >75%)
- Most common cause is age-related
- Also due to:
 - Chronic/recurrent acute uveitis
 - Steroid therapy for reversal reactions
- Treatment is surgical but intraocular inflammation with complications could make surgery more challenging with guarded prognosis

Cataract as a gender issue

- Women bear the greatest burden of blindness globally
- Women have an excess risk of cataract
- Women have a lower rate of use of cataract surgical services compared to men.



How much of the need is being met

- Cataract surgical coverage has remained low in most of Africa
 - Coverage for persons 39.2% (Nigeria)
 - Coverage for eyes 25.7%
- Couching is an option selected by patients in some countries of West Africa but with poor outcome
 - Couching coverage for persons 29.7%
 - Couching coverage for eyes 19.1%
- Demand for service is high but patients are not using available services. Why?

Barriers

- Awareness
 - Patients are unaware that sight can be restored
 - Both leprosy control and blindness prevention programmes are unaware that patients are blind- no contact with health workers
- Cost
 - Most leprosy patients have no income/social support
 - Cannot pay for direct and indirect costs
 - No systematic plan for including leprosy patients in general eye care infrastructure

Barriers

- Outcome of surgery
 - Poor outcome of surgery in previous patients will discourage others
 - Poor care or attention (stigmatization) at surgical facility
 - Difficulties with use of spectacles (need IOL surgery)
- Distance
 - Distance to surgical facility
 - Lack of transport/discrimination in use of transport by persons with multiple deformities
 - Unfamiliar environment

How do we improve service delivery?

- Any patient with reduced vision should be assessed by eye care personnel to determine cause of vision loss (half or more will be due to cataract)
- Surgical management should be carried out in general eye hospital (improve quality of outcome and reduce stigma)
- Patients need to be “bussed” to the hospital (with other non-leprosy patients getting surgery)
- Schemes for subsidies for surgery need to be developed & implemented