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ORIGINAL ARTICLE

PROFILE OF PATIENTS WHO COMPLETED MULTIDRUG THERAPY TREATMENT FOR LEPROSY: A CROSS-SECTIONAL STUDY

Mônica Gisele Costa Pinheiro*
Clélia Albino Simpson**
Felismina Rosa Parreira Mendes***
Francisco Arnoldo Nunes de Miranda****

ABSTRACT

Introduction: leprosy is an infectious and contagious disease that persists as a public health problem in Brazil. **Objective:** to describe the sociodemographic, treatment and clinical profile of patients who completed polychemotherapy treatment for leprosy. **Method:** cross-sectional study developed from November 2017 to February 2018 in the city of Natal. The target population consisted of 113 individuals registered in the Information System for Notifiable Diseases, and the sample consisted of 90, who were reported for leprosy and completed the multidrug therapy, selected by drawing lots. Data were collected using a form, tabulated and analyzed using SPSS 21. In the Kolmogorov-Smirnov test, non-normal distribution of the findings was found, and thus non-parametric tests were used, namely, Pearson's chi-square (or exact Fisher test) and the Mann-Whitney test. **Results:** there was a predominance of female individuals, up to 59 years old, with low income, low level of education, treated in reference centers and cases classified as paucibacillary. **Conclusion:** the conditions of vulnerability associated with the predominance of cases treated in reference centers reinforce the need to organize primary care in order to monitor leprosy cases.

Keywords: Leprosy. Patient Discharge. Chronic Disease. Health Profile. Nursing.

INTRODUCTION

Leprosy is a chronic contagious infectious disease, more prevalent in populations living in conditions of social vulnerability and in an economically active age group, caused by *Mycobacterium leprae*, which affects the skin and peripheral nerves causing dermatological signs and symptoms, and changes may occur sensitive, motor and autonomic(1).

Patients are operationally classified as paucibacillary (PB - presence of up to five skin lesions with negative intradermal smear bacilloscopy) or multibacillary (MB - presence of six or more skin lesions, or positive bacilloscopy) and discharge for cure is given after the administration of the number of doses recommended by the therapeutic regimen, within the recommended period (6 supervised doses within 9 months for PB and 12 supervised doses within 18 months for MB)(1).

It is a disease with inherent aggravations in the social and economic context, with a high disabling power, which can cause physical deformities and disability, representing a serious public health problem in Brazil. The introduction of multidrug therapy (MDT), recommended by the World Health Organization (WHO), mediated changes in the management of leprosy, providing opportunities for treatment and cure, but the numbers related to the disease are still worrying(2-3).

In 2019, 202,185 new cases of leprosy were reported in the world, of which 29,936 occurred in the region of the Americas and 27,864 (93% of the total of the Americas) were reported in Brazil, classifying the country as a high burden for the disease at the same time as it ranks second in the world in number of leprosy cases(4).

Although control zones are recognized with a reduction in the rate of detection of new cases, the North, Midwest and Northeast regions have a prevalence rate above that recommended by the WHO, that is, more than one case per 10,000 inhabitants. As of December 31, 2019, there

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*Nurse. DoctorofNursing, F. Hospital Universitário Ana Bezerra/Universidade Federal do Rio Grande do Norte. E-mail: monicapinherio_@live.com. ORCID iD: https://orcid.org/0000-0001-8702-3720.
**Nurse. DoctorofNursing. Universidade Federal do Rio Grande do Norte. E-mail: cleliasimpson@hotmail.com. ORCID iD: https://orcid.org/0000-0003-4960-8589.
***Nurse. DoctorofSociología. Universidade de Évora. E-mail: fm@uevora.pt. ORCID iD: https://orcid.org/0000-0001-9518-2289.
****Nurse. DoctorofNursing. Universidade Federal do Rio Grande do Norte. E-mail: farnoldo@gmail.com. ORCID iD: https://orcid.org/0000-0002-8648-811X.

were 13,087 cases of leprosy under treatment in the Northeast, of which 224 were in Rio Grande do Norte, which corresponds to a prevalence rate of 0.63 cases per 10,000 inhabitants, with the existence of new reported cases with grade 2 physical disability(4).

WHO recommendations for early detection, immediate treatment initiation, as well as physical, social and psychological rehabilitation of patients contribute to reducing the burden of the disease, but it is observed that the geographic distribution of leprosy is heterogeneous in Brazil, which may be associated with low income and level of organization of health services(5).

In the context of disease control actions, nursing is highlighted through the development of its work process linked to the fight against leprosy, especially in Primary Health Care (PHC), as it provides care focused on diagnosis, continuity of treatment, prevention of physical disabilities and surveillance. However, leprosy is disabling, leaves serious sequelae and is endemic in several countries, confirming the need to reinforce strategies for its control(2,5-6).

As it affects more predominantly the portion of the population considered vulnerable, leprosy is referred to as a neglected disease that faces barriers for control and elimination. Therefore, the analysis of data related to the monitoring of the disease becomes a protagonist in the direction of actions and identification of biases faced by health services regarding leprosy(7). From this perspective, the question is: what is the sociodemographic, treatment and clinical profile of patients who have completed MDT treatment for leprosy?

The investigation of such information is preponderant for public health as it allows the identification of the profile of population groups affected by leprosy, elucidating discussions on health strategies to be adopted in line with the peculiarities presented, considering the differences in access and opportunity(8-9).

It is noteworthy that no studies were found that address this issue in the city of Natal/RN. Therefore, this study aims to describe the sociodemographic, treatment and clinical profile of patients who have completed MDT for leprosy.

METHOD

This is a cross-sectional study, carried out from November 2017 to February 2018 in the city of Natal, capital of Rio Grande do Norte, which has an estimated population in 2020 of 890,480 people, with the latest update of the Human Development Index Municipal estimated at 0.763(10).

The reference population was defined by the 214 cases of leprosy reported in the years 2011 to 2015. This was submitted to the eligibility criteria, obtaining the target population of the study consisting of 113 individuals.

Patients who were discharged from leprosy treatment who had completed MDT in the years 2011 to 2015 were included in the population, in a time standardized by the WHO according to the operational classification; Registered Information System for Notifiable Diseases (SINAN) provided by the Municipal Health Department of Natal; who lived in Natal while undergoing treatment in the city; residing at the address registered in the database or who use the same telephone number in order to allow contact with a possible research participant; at least 18 years old; and alive. Those individuals with communication barriers were excluded; people with psychological distress; individuals with neurological impairment from a cause not related to leprosy; inpatients. To assess the possibility of psychological distress or neurological impairment due to a cause not related to leprosy, the study participant was asked about the existence of comorbidities.

From the target population, the research sample size was determined, using the proposed formula to calculate the minimum sample size(11). Considering a sampling error of 5%, 90 individuals were defined for the sample, selected by drawing lots from the SINAN database. The initial contact was made through a phone call, to schedule the date and time for the interview. When the telephone number was out of date, the address of the possible study participant was followed to make the initial contact.

Data were collected through interviews, by filling out a form prepared by the authors, which contained questions related to the characterization of the sample (gender, age, marital status, ethnicity, education, occupation, family income, number of members in the household, treatment without abandonment, existence of a family member who has also been diagnosed with leprosy and return to the place of treatment after drug discharge). The other variables (year of treatment initiation, place of treatment, mode of entry and detection, smear, clinical manifestation, degrees of physical disability at the beginning and end of treatment, and presence of leprosy ration) were filled from the SINAN database in which they are registered.

Once collected, they were tabulated in a spreadsheet using the Statistical Product and Service Solutions (SPSS) version 21 statistical software and submitted to statistical analysis. The Kolmogorov-Smirnov test did not show a normal distribution of the findings, opting to work with non-parametric tests. Categorical variables were submitted to Pearson's chi-square (or Fisher's exact, when it was impossible to use chi-square). For scalar variables, the Mann-Whitney test was used. It considered statistical significance for $p < 0.05$. The operational classification used at the time of diagnosis was adopted as a moderating variable, as it is related to the progression of the disease(12).

The study was approved by the Research Ethics Committee (REC), with embodied opinion number 2.054.508 and CAAE 64874316.3.0000.5537. For its realization, the consent of the Municipal Health Department of Natal and the Informed Consent Form were obtained from the study participants.

RESULTS

Table 1 describes the data measured for the sociodemographic characterization, emphasizing that although not statistically significant, there are differences between the results found. There was a predominance of female individuals, 55 (61.1%), with a proportion of one man for every 1.57 women. Among the 90 participants, 56 (62.2%) belonged to the age group of up to 59 years, 55 (61.1%) had a partner, 50 (55.6%) mentioned being of non-white ethnicity and 71 (79.5%) people did not have higher education, so that almost half of the sample, which corresponds to 41 (45.6%) people, attended elementary school. All these variables predominated in the paucibacillary operational classification (PB). When considering the variable occupation, the most frequent were 14 (15.6%) observations “from the home” for multibacillary cases (MB) and 14 (15.6%) “retired” for PB.

Table 1. Sociodemographic distribution according to the operational classification of patients who were discharged from leprosy treatment, 2011 to 2015. Natal/RN, Brazil

Sociodemographic profile	Multibacillary		Paucibacillary		Total		Pearson chi-square
	n	%	n	%	n	%	p-valor
Sex							
Female	21	23.3	34	37.8	55	61.1	0.708
Male	12	13.3	23	25.6	35	38.9	
Age group (years)							
Up to 59	19	21.1	37	41.1	56	62.2	0.489
60 and over	14	15.6	20	22.2	34	37.8	
Marital status							
Married/with a partner	19	21.1	36	40.0	55	61.1	
Not married	08	8.9	12	13.3	20	22.2	0.956
Separated or divorced	03	3.3	05	5.6	08	8.9	
Widower	03	3.3	04	4.4	07	7.8	
Ethnicity							
Non-white	22	24.4	28	31.1	50	55.6	0.107
White	11	12.2	29	32.2	40	44.4	
Schooling							
Elementary school	16	17.8	25	27.8	41	45.6	
High school	10	11.1	20	22.2	30	33.3	0.970
University education	04	4.4	07	7.8	11	12.2	
No education	03	3.3	05	5.6	08	8.9	
Occupation/profession							
Housewife	14	15.6	12	13.3	26	28.9	
Retired	08	8.9	14	15.6	22	24.4	
Self-employed	05	5.6	13	14.4	18	20.0	0.336
Others	05	5.6	13	14.4	18	20.0	
Liberal professional	01	1.1	04	4.4	05	5.6	
Student	00	0.0	01	1.1	01	1.1	

Source: research data.

Averiguou-se predominância de indivíduos do sexo feminino, 55 (61,1%), com proporção de 1 homem a cada 1,57 mulher. Entre os 90 participantes, 56 (62,2%) pertencem à faixa etária de até 59 anos, 55 (61,1%) possuem companheiro, 50 (55,6%) citaram ser de etnia não branca e 71 (79,5%) pessoas não possuem nível superior, de modo que quase a metade da amostra, o que corresponde a 41 (45,6%) pessoas, cursou até o ensino fundamental. Todas essas variáveis predominaram na classificação operacional paucibacilar (PB). Ao considerar a variável ocupação, foram mais frequentes as 14 (15,6%) observações “do lar” para os casos multibacilares (MB) e 14 (15,6%) “aposentado” para os paucibacilares.

Na Tabela 2, apresenta-se a distribuição das variáveis escalares de caracterização sociodemográfica em função da classificação operacional. A idade variou de 22 a 85 anos nos casos MB e de 18 a 88 anos nos PB. O número de membros residentes no mesmo domicílio do entrevistado foi equânime para os casos MB e PB, variando de 1 a 6, com 45 (50%) da amostra residindo com cerca de 3 membros no domicílio. A renda familiar gira em torno de R$ 1.800,00 (no ano de 2018, o valor do salário mínimo era R$ 954,00).

Table 2. Distribution of scalar sociodemographic variables according to the operational classification of leprosy treatment discharged patients, 2011 to 2015. Natal/RN, Brazil

Variable	Multibacillary					Paucibacillary					Mann-Whitney
	Min	Max	Percentile			Min	Max	Percentile			
			25	50	75			25	50	75	p-value
Age	22.0	85.0	42.0	58.0	64.0	18.0	88.0	40.0	52.0	63.0	0.317
Household members	1.0	5.0	2.0	3.0	4.0	1.0	6.0	3.0	3.0	4.0	0.056
Family income	800.0	7000.00	937.00	1800.00	560.00	350.00	10000.00	937.00	1874.00	624.67	0.175
Per capita income	187.40	3000.00	450.00	560.00	937.00	116.7	5.000.00	312.33	624.67	933.33	0.609

Source: research data.

Regarding the characterization of the treatment, whose information was collected from the database of leprosy cases reported in Natal/RN and the interview, the description is presented in Table 3.

Table 3. Distribution of the treatment profile according to the operational classification of patients discharged from leprosy treatment, 2011 to 2015. Natal/RN, Brazil

Treatment profile	Multibacillary		Paucibacillary		Total		Pearson chi-square
	n	%	n	%	n	%	p-value
Start of treatment (year)							
2015	09	10.0	12	13.3	21	23.3	0,500
2013	09	10.0	11	12.2	20	22.2	
2012	04	4.4	16	17.8	20	22.2	
2011	06	6.7	10	11.1	16	17.8	
2014	05	5.5	08	8.9	13	14.4	
Treatment site							
Specialized reference	32	35.6	56	62.2	88	97.8	1.000
APS	01	1.1	01	1.1	02	2.2	
Input mode							
New case	32	35.6	56	62.2	88	97.8	1.000†
Transfer	01	1.1	01	1.1	02	2.2	
Detection mode							
Referral	28	31.1	53	58.9	81	90.0	0.436
Spontaneous demand	03	3.3	03	2.2	05	5.6	
Not informed	01	1.1	01	1.1	02	2.2	
Contact examination	01	1.1	00	0.0	01	1.1	
Active search	00	0.0	01	1.1	01	1.1	
Treatment performance							
Regular	31	34.4	57	63.3	88	97.8	0.132†
Abandonment	02	2.2	00	0.0	02	2.2	
Relative with leprosy							
No	25	27.8	44	48.9	69	76.7	0.877
Yes	08	8.9	13	14.4	21	23.3	
Return to the health service after discharge							
Yes	32	35.6	37	41.1	69	76.7	0.001†
No	01	1.1	20	22.2	21	23.3	

[1] Exato de Fisher.
Source: research data.

The distribution of the year when treatment started is uniform throughout the years under study, with a lower number of people in 2014 and a majority in 2015. MB cases were diagnosed in all years. There is a predominance of 88 (97.8%) for treatment at the specialized referral center, with 90 (97.8%) entries classified as new cases. This same percentage is repeated when considering the form of detection through referral from other health services. Most underwent the treatment within the time recommended by the WHO and only one individual (2.2%) reported having abandoned the treatment at some point, before restarting it and being discharged from the hospital after completing the MDT in a time standardized by the WHO.

It is noteworthy that 69 (76.7%) of the interviewed cases underwent some follow-up after drug discharge. In other words, both in MB and PB cases, there was a return to the health service, where the treatment was carried out, after the completion of the MDT. However, the type of follow-up performed and the time period in which it took place were not objects of identification in this study. It is also reinforced that most individuals who did not return were classified as PB (22.2%).

From the data collection in the database of reported cases of leprosy, the clinical characterization of the individuals was traced for the period in which they were undergoing treatment with MDT, observing in Table 4 statistical significance in the results measured from bacilloscopy, clinical form and degree of physical disability at the beginning and end of treatment, distributed by operational classification. Of a total of 33 (36.7%) MB cases, 23 (25.6%) had a positive bacilloscopy result; and of the 57 (63.3%) PB, 48 (53.3%) had bacilloscopy measured, with a negative result. It is noteworthy the presence of a case with positive bacilloscopy operationally classified, wrongly, as PB.

Regarding the clinical manifestation, Virchowian leprosy, the most severe form of the disease, was present in nine (10%) of the interviewees. Report errors are also noteworthy: three (3.3%) tuberculoid cases classified as MB, as well as three (3.3%) borderline treated with the PB regimen.

Of the 57 (63.3%) PB cases, 38 (42.2%) had zero physical disability at the beginning of treatment. For MB, grade I was more frequent, totaling 15 (16.7%). Of the total sample, 19 (22%) had some degree of physical disability at the end of the treatment, with the most severe form prevailing in MB. Due to the high amount of missing data in the database, it cannot be said that there was a reduction in the number of people with physical disability when comparing the beginning with the end of treatment, with emphasis on the presence of the most severe form of physical disability at the end of the treatment of MB cases.

Tabela 4. Distribuição do perfil clínico em função da classificação operacional dos egressos do tratamento de hanseníase, 2011 a 2015. Natal/RN, Brasil

Clinical profile	Multibacillary		Paucibacillary		Total		Pearson chi-square
	n	%	n	%	n	%	p-value
Bacilloscopy							
Negative	09	10.0	48	53.3	57	63.3	<0.001
Positive	23	25.6	01	1.1	24	26.7	
Not informed	01	1.1	08	8.9	09	10.0	
Clinical manifestation							
Tuberculoid	03	3.3	45	50.0	48	53.3	
Borderline	21	23.3	03	3.3	24	26.7	<0.001
Indeterminate	00	0.0	09	10.0	09	10.0	
Virchowian	09	10.0	00	0.0	09	10.0	
Degree of physical disability at the start of treatment							
Grade 0	10	11.1	38	42.2	48	53.3	
Grade I	15	16.7	16	17.8	31	34.4	0.001
Grade II	06	6.7	00	0.0	06	6.7	
Not informed	02	2.2	03	3.3	05	5.6	
Degree of physical disability at the end of treatment							
Grade 0	04	4.4	26	28.9	30	33.3	0.001
Grade I	07	7.8	08	8.9	15	17.6	
Grade II	04	4.4	00	0.0	04	4.4	
Not informed	18	20.0	23	25.6	41	45.6	
Leprosy reaction in treatment							
Not informed	22	24.4	48	53.3	70	77.8	
Type I reaction	08	8.9	08	8.9	16	17.8	0.129
Type II reaction	01	1.1	01	1.2	02	2.2	
Types I and II reaction	02	2.2	00	0.0	02	2.2	

Source: research data.

The reporting of information related to leprosy reaction draws attention due to its devaluation regarding the filling in the database of reported cases, since it was not present in the description of information 70 (77.8%) of the study sample.

DISCUSSION

It is estimated that most individuals who come into contact with Hansen's bacillus are resistant to it. A smaller portion of the population is more vulnerable to the disease because they have certain conditions related to genetics, socioeconomic and geographic factors(3). Although males are cited as those in which leprosy is more prevalent, especially in the MB form, because this group of individuals has different lifestyles(9), the predominant population in this study was female, mostly classified as PB.

When considering the sociodemographic conditions, there was a predominance of individuals aged up to 59 years, non-white ethnicity, with a low level of education, without a formal occupation and with low purchasing power. The prevalence in individuals of working age may be related to economic and social interference, since the physical incapacities acquired with the disease are likely to influence the development of work activities(13). This panorama is in line with studies carried out in India, which identify the peak of the disease between the ages of 20 and 35 years(14).

Low levels of education and low family income can hinder access to health services and is related to the poor understanding of the information received by these users, as well as difficulties with following up and adhering to the guidelines(15). The presence of high leprosy detection rates associated with precarious socioeconomic factors and a high level of social vulnerability is reported in the literature, being more present in populations exposed to poverty(16-17).

For the ethnicity variable, there is no one with a greater predisposition or risk for leprosy, so that the disease will be more frequent in the most prevalent ethnic group in the region where the study is being developed(8). However, the existing social and economic inequalities are known when comparing the group of white people with non-whites, so that those diseases associated with precarious conditions, such as leprosy, may be more frequent in non-whites(18), corroborating with the results of the present study by making inference to the largest number of non-white and low-income participants.

In the characterization of the treatment, the high number of people diagnosed and treated in reference centers may reflect a possible disorganization in the Health Care Network (HCN) aimed at caring for people with leprosy, with fragility in the PHC services, where the diagnosis and treatment of leprosy is recommended(19). In the PHC scenario, the professional nurse can contribute to monitoring the patient in appointments scheduled every 28 days for the supervised dose, which is an opportunity for guidance on the disease, treatment adherence and self-care(20).

When considering that the confirmation of the disease only occurred when the suspected case was referred to the reference center, it can be said that there was a demand for a longer time interval for diagnosis and initiation of treatment, which was considered inadequate(7). A study carried out in India identified a greater severity of leprosy in patients living in rural areas, which may be associated with the lack of availability of good medical care facilities in these regions, so that there is greater delay for such patients to be diagnosed(14).

Thus, the importance of a municipal plan that directs the actions to be developed in line with each level of complexity is emphasized, with the provision of training and qualification to health teams working in the care of people diagnosed with leprosy(21), for nursing to collaborate with the strengthening of epidemiological surveillance actions, especially in the development of functions, practices and skills aimed at the management of the disease in PHC, where leprosy control actions in Brazil are decentralized(5).

The existence of study participants with a family member also diagnosed with leprosy reinforces the importance of investigating intra-household contacts. It is known that living in places with crowded people and little air circulation favors the transmission of the disease, putting intra-household contacts in evidence, which requires an active search for early diagnosis, immediate treatment and consequent break in the transmission chain of leprosy(15).

It is noteworthy that the standard treatment scheme for leprosy with MDT takes into account the operational classification and consists of rifampicin, dapsone and clofazimine, with associated administration, which avoids drug resistance of the bacillus(1). However, after its conclusion, the literature mentions the need for post-discharge follow-up for those cases with physical disability, presence of leprosy reactions and occasional relapse episodes(13).

With regard to clinical characterization, the prevalence of the tuberculoid clinical form is an indication of early diagnosis. In turn, the existence of cases classified as MB, especially the Virchovian form, as well as the presence of physical incapacity at the beginning of treatment alerts for the late diagnosis and onset of MDT, with active maintenance of the disease transmission chain(22). International studies report that the presence of the tuberculoid form has become more common since the introduction of MDT, and that the maintenance of MB cases is seen as a reflection of the inability of health services to diagnose early cases of leprosy(14).

Although the findings of the present study did not identify a significant number of treatment dropouts prior to its conclusion, this is considered a problem for the Leprosy Control Program in India, the country with the highest prevalence of the disease, since treatment dropout results in sub-therapy dosage, which can lead to the emergence of drug resistance and treatment failure(23).

The high amount of missing information in the database of reported cases of leprosy related mainly to physical disabilities and leprosy reaction are worrisome, because it refers to the possibility of not following up on these clinical conditions and may also reflect the need to improve the quality of registered data from SINAN, through training of health professionals with training on leprosy and the importance of correct report(24).

The study has limitations regarding the use of secondary databases to characterize information related to the treatment and clinic of the sample, considering the inconsistencies for some variables and the lack of filling in others. However, the importance of drawing a profile of those who undergo treatment for leprosy justifies the incorporation of the database into this study.

User report and follow-up, even after the end of drug treatment, is necessary in the context of disabling leprosy. It is emphasized, in the post-discharge, the development of actions such as: prevention and treatment of disabilities, guidelines for self-care, wound treatment and surgical rehabilitation; report of relapse cases; and attention to reactions, with follow-up by the reference center(25).

Although some professionals have difficulties in managing people with leprosy, it is up to the nurses to provide comprehensive care, recognizing the individuals' psychosocial, economic and biological needs, considering the subjectivity, values and cultural aspects, in line with proposals for emerging paradigms related to the process of work in health(26). Considering the complexity of individuals, as well as the stigma and subjective condition that are manifested in people with leprosy, we resort to ethics and the humanization of user care by nurses, with cordial and supportive behaviors that they put into practice active listening and valuing users' complaints(27).

CONCLUSION

Obtaining data on the profile of patients has practical applicability in that it can help and direct more effective strategies for prevention, treatment and health promotion.

The information that characterizes the study participants as to their social condition highlights the situation of vulnerability of most of those affected by leprosy. They are people with little education, with low income and probably with difficulty in accessing health services, which increases the complexity of the work process developed by nurses in the context of leprosy. This should be based on attention and consideration of people's particularities, favoring the establishment of bonds and emphasizing the need to develop strategies to face the conditions of vulnerability experienced.

The high number of patients undergoing treatment in specialized referral centers, with the majority detected through referral, indicates a failure in the structuring of the care network aimed at people affected by leprosy. Such information gains evidence when considering the existence of cases classified in the Virchowian form and with the presence of physical disability at diagnosis, reinforcing the occurrence of late diagnosis and initiation of treatment. In this context, it is important to assess how the actions of leprosy control are being developed by the PHC units in the city of Natal, emphasizing the need for training and updating of the health team in order to decentralize care for people with leprosy, carry out the diagnosis early with prompt initiation of treatment.

The high number of people who returned to the health service where they underwent treatment after the completion of the MDT, in addition to reinforcing the idea that they need some follow-up in the post-discharge period, leaves room for the development of studies that seek the reason for the which users are returning, as well as to investigate the actions and services offered.

PERFIL DE PACIENTES QUE CONCLUÍRAM O TRATAMENTO POLIQUIMIOTERÁPICO DA HANSENÍASE: UM ESTUDO TRANSVERSAL

RESUMO

Introdução: a hanseníase é uma doença infectocontagiosa que prevalece como problema de saúde pública no Brasil. **Objetivo:** descrever o perfil sociodemográfico, de tratamento e clínico de pacientes que concluíram o tratamento poliquimioterápico para a hanseníase. **Método:** estudo transversal, desenvolvido de novembro de 2017 a fevereiro de 2018 no município de Natal. A população-alvo foi constituída por 113 indivíduos cadastrados no Sistema de Informação de Agravos de Notificação e a amostra por 90, que foram notificados para a hanseníase e concluíram o tratamento poliquimioterápico, selecionados por sorteio. Os dados foram coletados por formulário, tabulados e analisados pelo SPSS 21. Quanto ao teste de Kolmogorov-Smirnov, não se observou uma distribuição de normalidade dos achados, optando-se por trabalhar com testes não paramétricos: qui-quadrado de Pearson (ou exato de Fisher) e o teste de Mann-Whitney. **Resultados:** predominaram indivíduos do sexo feminino, até 59 anos, com baixa renda, baixo grau de escolaridade, tratados nos centros de referência e classificados como paucibacilares. **Conclusão:** as condições de vulnerabilidade associada à predominância de casos tratados nos centros de referência reforçam a necessidade de organização da atenção básica para acompanhamento dos casos de hanseníase.

Palavras-chave: Hanseníase; Alta do Paciente; Doença Crônica; Perfil de Saúde; Enfermagem.

PERFIL DE PACIENTES QUE CONCLUYERON EL TRATAMIENTO POLIQUIMIOTERAPÉUTICO DE LA LEPRA: UN ESTUDIO TRANSVERSAL

RESUMEN

Introducción: la lepra es una enfermedad infectocontagiosa que prevalece como problema de salud pública en Brasil. **Objetivo**: describir el perfil sociodemográfico, de tratamiento y clínico de pacientes que concluyeron el tratamiento poliquimioterapéutico para la lepra. **Método**: estudio transversal, desarrollado de noviembre de 2017 a febrero de 2018 en el municipio de Natal. La población objetivo fue constituida por 113 individuos registrados en el Sistema de Información de Agravios de Notificación y la muestra por 90, que fueron notificados para la lepra y concluyeron el tratamiento poliquimioterapéutico, seleccionados por sorteo. Los datos fueron recogidos por formulario, tabulados y analizados por el SPSS 21. En cuanto a la prueba de Kolmogorov-Smirnov, no se observó una distribución de normalidad de los hallazgos, optándose por trabajar con pruebas no paramétricas: chi-cuadrado de Pearson (o exacta de Fisher) y la prueba de Mann-Whitney. **Resultados**: predominaron individuos del sexo femenino, hasta 59 años, con bajos ingresos, bajo grado de escolaridad, tratados en los centros de referencia y clasificados como paucibacilares. **Conclusión**: las condiciones de vulnerabilidad asociadas al predominio de casos tratados en los centros de referencia refuerzan la necesidad de organizar la atención básica para el seguimiento de los casos de lepra.

Palabras clave: Lepra. Alta del paciente. Enfermedad crónica. Perfil de salud. Enfermería.

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Corresponding author: Mônica Gisele Costa Pinheiro. Rua Nossa Senhora de Lourdes, 125. Natal/Rio Grande do Norte, Brasil. CEP: 59015-260. E-mail: monicapinherio_@live.com.

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