

## **RECORDING OF THE DISABILITY INDEX**

Sir,

Recording of the disability index is common in follow-up studies. Usually the disability grade is recorded as a single figure. It is not clear when this is understood as a numerical average of the

\* This drug was 'Maloprim' (made by Wellcome, UK). It contains dapsone 100 mg and pyrimethanine, 12.5 mg and is taken once weekly. I took it for one month as malaria prophylaxis in January 1995.

standard 6 digit disability index, as recommended by WHO, or as the highest single digit. In either case it is misleading and meaningless. The numbers from 0 to 3 are not, and never were intended to convey a numerical sequence. In fact in the very early days we did consider using other symbols, exactly to avoid such misunderstandings. It is obvious that no numerical average can be calculated from such 'sequence'.

Calculation of an 'average' between loss of corneal sensation, clawhand, and plantar ulceration is nonsense.

The single highest figure is a slightly better indicator of disability. Still it does not allow for the great and important difference in the actual management of patients with disabilities of eye, hand, or foot. Neither does it show a possible multiple disability. I suggest that the rational use of a disability index is to record the full 6 digit disability index. With modern computer analysis it is simple to extract much relevant information of the greatest importance both for evaluation of a project and for planning of future prevention and treatment of disabilities.

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