

## **REPLY: SENSORY TESTING OF THE HANDS IN LEPROSY**

Editor,

Thank you for the opportunity to reply on this topic. It seems likely that our differing points of view reflect the different environments in which we are working.

In Ethiopia, and in much of the rest of Africa, leprosy control activities are being integrated into the general health services, which are themselves undergoing major structural reform. At the same time, the routine treatment of neuritis with steroids in the field is just being established in many countries. Thus policies which are ideal and those which are feasible may be rather different.

There are two technical matters on which we would disagree with van Brakel and Anderson. Firstly, although steroids do indeed have a low incidence of side effects, these are not negligible. In our pooled experience of steroid use in leprosy (which extends to about 35 person-years), we have seen enough benefit to advocate the wider use of steroids in the field, but we have also seen a sufficient number of adverse effects to be very reluctant to advocate a policy which treats a significant number of patients unnecessarily.

Secondly, van Brakel and Anderson state that they know of no evidence to suggest that the finer filaments are less reliable than, say the 10 gm filament. In the study done here and referred to in our letter, the 10 gm filament was found to be more reliable (there was less inter-observer variation) than in the 1 gm filament (1).

Under present conditions in Africa, therefore, we advocate a screening test for use in the field that:

- is simple and feasible to apply by busy, non-specialised staff,
- is not time consuming,
- gives an unequivocal and reliable result, and
- does not lead to many false positive cases being treated.

We feel that the 10 gm filament best fulfills these criteria for sensory testing in the hand, while the next best option may be the ball-point pen, which is even less sensitive, but which is advocated in many national programme manuals in Africa as the most feasible approach.

We feel that the simpler the method, even if it is less sensitive, the more likely it is to be actually used by busy junior staff and therefore the more cases of neuritis will be picked up and treated. It is not just a question of what junior staff can be trained to do, it is really a matter of what they will be willing and motivated to do amidst their other work.

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## Reference

- <sup>1</sup> de Rijk AJ, Byass P. Field comparison of 10 gm and 1 gm filaments for the sensory testing of hands in Ethiopian leprosy patients. *Lepr Rev*, 1994; **65**: 333–340.
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