

## Letters to the Editor

### IMPROVED METHOD OF REPORTING DISABILITY GRADES IN POD PROGRAMMES

Editor,

Leprosy will soon be eliminated from the globe, perhaps by 2000 AD. If the new multidrug (MDT) programme is going to be successful, new patients will no longer suffer from deformities. However, some unfortunate patients who are already disabled need to be cared for, and for them the Prevention of Disability Programme (POD) will go on.

The grades of disabilities for individual patients are recorded in various registers, which are used in National Leprosy Elimination Programmes (NLEP) all over, for monitoring the programme. On examining some of these records, it was noted that disabilities were recorded in hands, feet and eyes, and the patient was labeled by the highest grade of deformity. The NLEP Guidelines from India<sup>1</sup> (1994) state that 'the highest value for any part should be taken as the overall disability grading of the patient'.

On perusal of several such records, it was noted that this system of recording does not give the correct picture. This will be more clear from the examples shown here.

In Table 1, four different patients are shown who have different problems but have all been labeled as grade 2. Patient 1 is unlikely to benefit much from the POD programme and practices because his foot is deformed, his fingers are absorbed and he is blind. This means that his grade will not change in the register. Patients 2 and 3 could achieve a change in disability grade with effort. Patient 4 will not be able to change his overall grade because he has loss of vision in one eye. Even if sensory recovery occurs he will continue to remain in grade 2.

Since grade 2 disabilities, at least in extreme situations, will not change in the registers (because the

**Table 1.** Grading of disabilities assigned to patients using three different systems

| Patient no. | Actual disabilities   |   | Individual disability grades |      |     | Overall disability grade |            |                 |
|-------------|---|---|------------------------------|------|-----|--------------------------|------------|-----------------|
|             |   |   | Hand                         | Foot | Eye | WHO system               | EHF system | Proposed system |
| 1.          | Blind with malformed foot and absorbed fingers              | R | 2                            | 2    | 2   | 2                        | 10         | H2 F2 E2        |
|             |   | L | 0                            | 0    | 2   |                          |            | H0 F0 E0        |
| 2.          | Anaesthesia sole and small ulcer over feet                  | R | 0                            | 2    | 0   | 2                        | 2          | H0 F2 E0        |
|             |   | L | 0                            | 0    | 0   |                          |            | H0 F0 E0        |
| 3.          | Clawing of fingers and anaesthesia of sole of foot          | R | 2                            | 1    | 0   | 2                        | 3          | H2 F1 E0        |
|             |   | L | 0                            | 0    | 0   |                          |            | H0 F0 E0        |
| 4.          | Loss of vision in one eye with anaesthesia in palm and sole | R | 1                            | 1    | 2   | 2                        | 4          | H1 F1 E2        |
|             |   | L | 0                            | 0    | 0   |                          |            | H0 F0 E0        |

patient is going to be awarded the highest overall grade), the same information will continue to be reported, as a consequence of which the true impact of POD activities cannot be evaluated by mere inspection of records. The programme managers evaluating the reports will have no option but to screen the original records of the individual patients. This will often not be feasible, for obvious reasons.

More recently Reed *et al.*<sup>2</sup> and Saunderson *et al.*<sup>3</sup> have evaluated the EHF score as a measure of change in impairment over time. The EHF score is a number obtained by adding together the impairment grades of eyes, hands and feet on either side in a patient. A patient can have a maximum score of 12. The drawback of the EHF score is that it only gives a partial idea of the severity of the problem. One has to scan the records to get the actual picture about the three vital and commonly impaired organs of the body. EHF score is nothing but a consolidated, glorified form of expression of the WHO impairment grades.

To overcome this, a modified method of reporting is suggested. Instead of mentioning the overall grade, disabilities in hands, feet and eyes can be individually reported in the records, each side having been represented separately. For this, symbols can be used, e.g. hand denoted by letter 'H', foot by 'F' and eyes by 'E'. the highest grade for these can then be recorded in the notes, as shown in Table 1.

The report for different blocks or areas can be tabulated and disability grades finally added up to give the exact disability load in that area. Subsequent reports can then be more meaningful and will indicate the success or otherwise of the POD programme. This is going to be more informative and will provide a true picture in any given situation to the programme managers.

*Central Jalma Institute for Leprosy*  
*Tajganj, Agra, India*

G. N. MALAVIYA

*Address for correspondence:*  
*Post Box 25, GPO,*  
*Mall Road, Agra,*  
*India, Pin 282001*

## References

- <sup>1</sup> NLEP. *Guidelines for multidrug treatment in non-endemic districts*. Leprosy Division Director General of Health Services, Ministry of Health and Family Welfare, New Delhi, 1994, p. 90.
- <sup>2</sup> Reed NK, van Brakel WH, Reed DS. progress of impairment scores following commencement of chemotherapy in multibacillary patients. *Int J Lepr*, 1997; **65**: 328–336.
- <sup>3</sup> Saunderson P, Currie H, Byass P, Meima A. The EHF score: how good is it as an indicator for POD programme management. *Abstracts of 15th International Leprosy Congress*, Beijing, 1998 (Abstract No. DC 41, p. 69).