

## USE OF PREDNISOLONE BLISTER PACKS IN THE FIELD

Editor,

The leprosy control programme of the All Africa Leprosy, Tuberculosis & Rehabilitation Training Centre (ALERT) has been treating leprosy reactions with corticosteroids at the field level for over 10 years. Over 150 cases of leprosy reactions (both type 1 and type 2) are diagnosed and receive treatment every year. We have tried to improve the ways in which steroids are given out and monitored.<sup>1</sup>

During this time, prednisolone tablets of 5 mg have been used. Although our 70 field staff are well trained and experienced, handling the loose tablets is time consuming and miscalculations have been observed on occasions. It is unknown how often the patients made errors in taking the tablets at home.

Blister strips have been used for many years for oral contraceptive pills and for multiple drug therapy (MDT) in leprosy; they are beginning to be used for the treatment of tuberculosis in some programmes.<sup>2</sup> It has generally been difficult, however, to demonstrate any direct medical benefits from their use, for example, increased patient compliance; the reasons for their introduction have mainly been operational and logistic, rather than therapeutic.<sup>3,4</sup> Recently, improved patient compliance and other operational benefits have been demonstrated using blister-packs for the treatment of malaria in South-East Asia.<sup>5</sup>

In 1998 with the help of the Netherlands Leprosy Relief (NLR), prednisolone blister strips were provided for use in the ALERT field programme. Each blister strip has 14 tablets of the same strength, but different blister strips have different strength tablets according to a colour code; the patient always takes one tablet a day, but the dose decreases according to a fixed schedule.

We have interviewed most of our leprosy field workers and some patients, and the following advantages were mentioned:

- Easy handling of the drug both by the health workers and the patients.
- Patients find it easy to follow the instructions and remember the daily dose.
- Tapering of the dose is easy; the blister strips are marked with different colours to indicate the dose and it is simple for the patients to shift from one dose to the next. Patients from further away need not come to the health unit for instruction to reduce the dose every 2 weeks.
- Easy monitoring of the utilization of the drugs by the patient. Patients are requested to come back with each empty pack.
- The loose tablets were sometimes damaged after dispensing, but this complaint is rare with the blister packs.
- Expiry dates are easily checked.

The Ethiopian National Guidelines indicate that for paucibacillary cases, the dose is reduced every 2 weeks through the following doses: 40 mg, 30 mg, 20 mg, 15 mg, 10 mg and 5 mg. The course lasts for 12 weeks and corresponds to one box of six blister strips. For multibacillary cases each stage lasts for 28 days, so that two blister strips of each strength are needed. This caused some confusion initially.

While the cost of the blister strips is slightly more than the loose drugs, the advantages mentioned above are considered to be well worth it. On the other hand, the blister packs could be further improved by adding a calendar on the back of the strip, which would serve as a reminder for the patients, as found on the blister packs of MDT.

The ALERT leprosy programme is in the process of being integrated into the basic health services. This entails the management of reaction cases by less experienced general health staff and it is anticipated that the blister strips will make it easier for them to do this correctly.

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## References

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