

LEPROSY AND THE CHALLENGE OF DIAGNOSIS IN PRIMARY HEALTH CARE

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INTRODUCTION

Leprosy, an ancient infectious disease with chronic evolution, is characterized by the involvement of the skin and peripheral nerves, leading to deformities and permanent physical disability, related to late diagnosis (SOUZA; VANDERLEI; FRIAS, 2017).

The impact caused by the disease interferes with people's daily lives; due to leprosy, they live the constant threat of prejudice, suffering, abandonment, deformities and psychosocial problems (GONÇALVES et al., 2018).

In the world, only Brazil has not yet reached the goal of eliminating leprosy as a public health problem, agreed on less than one case for every 10,000 inhabitants. Currently, the country has the second highest number of new diagnoses of the disease, behind only India. In the Americas, however, it concentrates more than 90% of all occurrences (SOUZA; MAGALHÃES; LUNA, 2020).

Faced with the complexity of leprosy, its history of stigma and segregation and the entire social context surrounding the disease, it is necessary to develop specific measures aimed at minimizing the effects of the disease in the community, as well as increasing detection rates. of new cases to later control the disease through measures that interrupt its chain of transmission (SOUZA; SILVA; XAVIER, 2017).

Effective leprosy control requires an integrated approach that offers greater equity and accessibility, greater cost-effectiveness and long-term sustainability. This implies that leprosy elimination activities must be carried out by general health services, including integrated referral units. (WORLD HEALTH ORGANIZATION, 2017).

As stated above, the degree of importance for the world and especially for Brazil regarding the need for greater understanding of the problem involving leprosy is perceived. Given this, the question is: What are the main

challenges of leprosy diagnosis in Primary Health Care?

GENERAL OBJECTIVE

Understanding the difficulties of leprosy diagnosis in Brazil, with emphasis on primary health care.

SPECIFIC OBJECTIVES

- Identify the most used diagnostic methods in primary care related to leprosy;
- Describe the aspects that hinder the recognition of leprosy lesions;
- To present the importance of Primary Care in the early diagnosis of Leprosy in Brazil.

METHODOLOGY

This is an integrative literature review as a method for obtaining data, in order to answer a central question: to know what are the main challenges to the diagnosis of Leprosy in Primary Health Care. This way, this is a study in which the researcher seeks to seek, register, analyze, classify, interpret and compare studies previously carried out without interference or manipulation. The work will be carried out following the precepts of the exploratory study, which, according to Gil (2008) is developed from material that has already been elaborated, consisting of books and scientific articles.

This interactive review will use the Pubmed and BVS Brasil portals (accessible at <http://brasil.bvs.br/>) as a data source, which index databases such as Lilacs and Medline. The search in the databases will be carried out from July 2019 to February 2021 and combinations of the following keywords will be used: leprosy; diagnosis; basic health care. For the search in the VHL, involving all Boolean descriptors and operators, such as: (leprosy) AND (diagnosis OR primary health

care). For the search in Pubmed, the same strategy will be used.

For the choice of articles to be reviewed, the following inclusion criteria will be adopted: Only those articles that report the challenges in diagnosing leprosy in primary care will be selected for this review; Outlines of accepted articles: case series, retrospective and prospective cohort studies and case-control studies; Articles that use the following population: women with leprosy. The following criteria for exclusion of articles will be adopted: Those that are in languages other than Portuguese, English and Spanish; those that are not carried out in the period from 2017 to 2021.

All results found in the selected databases will be analyzed, firstly, by reading the title and abstract, in order to select the possible articles that will be included in the study. Duplicate jobs will be deleted. Those articles that were not initially excluded at the time of screening by reading the titles and abstracts will be evaluated later through the complete reading to then establish those that meet or not the inclusion and exclusion criteria.

The selection and analysis of titles and abstracts will be carried out by a researcher and his/her scientific advisor. Subsequently, the intersection of the results of each one will be carried out, in order to offer greater rigor to the systematic review. After the search for the eligibility of the articles, there will also be a manual search of the bibliographic references of the selected studies, aiming to identify articles that were not found in the database searches and that could be found in the bibliographic references.

RESULTS AND DISCUSSIONS

Leprosy is a chronic, infectious and contagious disease caused by *Mycobacterium leprae*. It is still considered a public health problem in some countries, not only because of

the magnitude it can assume, but also because of its high disabling power (transcendence) (MARZLIAK, 2019).

Leprosy is on the list of global diseases considered neglected, as it not only prevails in conditions of poverty, but also contributes to the maintenance of inequality, as it represents a strong obstacle to the development of countries (CAVALCANTE; LAROCCA; CHAVES, 2020).

Although there is treatment and cure, the population's little knowledge, late diagnosis and poor structure of the care network in favor of comprehensive health care focused on leprosy contribute to the number of individuals living with sequelae. (PINHEIRO et al., 2017).

Brazil is among the 22 countries with the highest leprosy burdens in the world, occupying the 2nd position in relation to the detection of new cases. Although the incidence has shown a downward trend over the last decade, the disease is still a major health problem in the country (BRASIL, 2019).

Preliminary data from 2019 show that Brazil diagnosed 23,612 new cases of leprosy, with 1,319 (5.6%) in children under 15 years old. Mato Grosso is the UF with the highest number of new cases in the general population, 3,731, followed by Maranhão, Pará and Pernambuco, with more than two thousand cases each. The FUs of Acre, Roraima and Rio Grande do Sul diagnosed less than 100 new cases of the disease. Maranhão occupies the first position in number of new cases in children under 15 years old (243), followed by Pará and Pernambuco (BRASIL, 2020).

The diagnosis of leprosy must be based on the history of evolution of the lesion, epidemiology and physical examination (thickened peripheral nerves and/or skin lesions or areas of skin with alterations in thermal and/or painful and/or tactile sensitivity, circumscribed autonomic

alterations for histamine reflex and/or sweating). (BRASIL, 2017).

The WHO recommendation is the decentralization of the leprosy program to Primary Care in municipalities. This proposal is still considered one of the greatest challenges to the effective control of the disease, because even with the definition that care and control of leprosy are attributions of Primary Care, there is still a predominance of care centered on specialized care, contributing to the maintenance of hidden prevalence (CAVALCANTE, LAROCCA, CHAVES, 2020).

Aiming at leprosy prevention, control and standardization of care for patients with the disease, the Ministry of Health and the World Health Organization (WHO) direct the adherence to some strategies, such as: health education measures, research and surveillance epidemiological, treatment until cure, prevention and treatment of disabilities, contact examinations and BCG vaccination (LEITE et al., 2019).

In this sense, Primary Care, through the Surveillance System, is essential in creating alternatives for the elimination of leprosy, with emphasis on strategic actions for health promotion and disease prevention developed in the Family Health Strategy (ESF). The active search for suspected cases is part of the actions developed by the ESF, since the early detection and timely treatment of positive diagnoses does not require sophisticated equipment, which makes the identification of the disease more feasible, even in minimally structured municipalities (MIRANDA et al., 2020).

It can be said that in order to improve the structure of the UBS, the municipality must review the availability of resources and encourage them in sufficient quantity to adequately assist leprosy patients, providing support for their needs and effectively

implementing preventive work (LEITE et al., 2019).

Knowing that physical disabilities reflect the quality of access to diagnosis, of follow-up of cases during treatment and post-discharge due to cure, health services must be organized not only for diagnosis and the provision of multidrug therapy, but for all aspects surrounding the disease. In this sense, it is necessary to transcend the care practice and incorporate actions of a social, family and cultural nature into the assistance program for the prevention of disabilities (SANTOS; IGNOTTI, 2020).

FINAL CONSIDERATIONS

From the change in the way of understanding leprosy beyond the pathophysiological needs, the performance of the multifunctional health team will contribute satisfactorily to these patients who often only have primary care as a health support. Discriminated and stigmatized, they carry since antiquity the weight of negligence to a disease that has treatment and cure, limiting their social interaction as well as several negative psychological consequences.

It is evident that prejudice can be minimized through Health Education. Promoting collective awareness is the duty of the health professional, in order to provide the population with the necessary information and knowledge about signs and symptoms, modes of transmission, adequate direction to health services. The patient is the main weapon in the early detection of cases, which would interrupt the chain of transmission and increase the chances of cure without physical disabilities.

Therefore, given the context, service quality is an essential component of the public health program. Coping with the disease requires permanent structuring of the basic health network with an emphasis on appropriate

training for health professionals, prompt treatment with multidrug therapy (MDT) and strengthening of regular technical supervision with a focus on reporting and monitoring key indicators, as well as their relatives.

The problem and the solution are also in the way of dealing with the disease. The essential strategy for ending the challenge

of diagnosing leprosy in primary care and ensuring the much-desired goal of eradicating it is the integration of quality in the health team, strengthening of the SUS (Unified Health System) with decentralized and multidisciplinary care and health education for the population.

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