PROFILE OF DEFAULTERS AND PATTERNS OF DEFAULTING IN A LEPROSY HOSPITAL IN SOUTH INDIA

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Introduction

- Compliance rates for WHO MDT in hospitals are quite low
- The compliance rates vary between 35 - 50%
- Creating a profile of patients who default will help to identify the group of people who are at risk of defaulting
- These patients can then be accorded with the needed counseling to help improve compliance rates in a Leprosy program
The objective of this study is to profile people defaulting from WHO MDT
Methodology

• Patients who were started on MDT at SIHRLC, Karigiri Outpatient Department between Jan 2010 to Dec 2011 were included in study

• All the 272 patients who were started on MDT during the above period were profiled with regards to demographic and disease data
Variables studied

• Sex
• Type of treatment
• Disability grade
• Completed months of treatment before defaulting
• Urban or Rural area
Results

- Started on MDT = 272
- Completed MDT = 148 (54.4%)
- Defaulted = 124 (45.6%)
MDT Completed

- MB = 133
- PB = 15

Total = 148

MB: urban = 54  rural = 79
PB: urban = 6  rural = 9
Results - Defaulters

Of the 124 defaulters

- Males = 92 (74.2%)
- Females = 32 (25.8%)

- MB-MDT = 110 (90.3%)
- PB-MDT = 14 (9.7%)
Profile of MB Defaulters

- MB defaulters = 110
- Males = 83 (75.5%)
- Females = 27 (24.5%)
MB Defaulters – Pattern of defaulting

- MB defaulters = 110
- Defaulters after 1\(^{st}\) dose = 33 (30.0%)
- Defaulters within 6 months = 46 (41.8%)
- Defaulters after 6 months = 31 (28.2%)
Defaulting pattern - MB-MDT

- After 1st Dose: 33
- Within 6 months: 46
- After 6 months: 31
MB Defaulters - Disability status

- WHO Grade 0 disability = 45
- WHO Grade 1&2 disability = 65
- Total = 110

- 48 (73.9%) out of 65 patients with disability defaulted before 6 months of treatment
MB – Defaulters – Urban/Rural

• Urban area = 49 (44.5%)
• Rural area = 61 (55.5%)
• Total = 110 (100%)
• Of the 49 urban area patients 47 (94%) defaulted within 6 months
• Of the 61 rural patients 28 (46.4%) defaulted within 6 months.
PB Defaulters

Males = 9
Females = 5
Total = 14
PB Defaulters

- Defaulting after 1\textsuperscript{st} dose = 11 (68.7%)
- Defaulting within 3 months = 3 (18.8%)
- Defaulting after 3 months = 2 (12.5%)
- Total = 16 (100%)
PB Defaulters - Disability

- Grade 0: 8
- Grade 1: 3
- Grade 2: 3

Total: 14
PB Defaulters – urban/rural

• Urban  5
• Rural   9

Total  14
Conclusions & Recommendations

- The defaulting patterns suggest that a significant number of patients in both the MB (71.8%) and PB (87.5%) group defaulted before half the duration of MDT.
- There was no significant difference between the numbers who defaulted in the urban and rural groups of defaulters.
- In the MB group urban dwellers (94%) defaulted much more than rural (46,4%)
- Many from the urban group defaulted early during their treatment (within half the treatment) whereas the rural defaulters defaulted all through their treatment.
Conclusions & Recommendations

• Early counseling and intensive health education is important. This will help to reduce the number of patients defaulting after the 1st dose of MDT

• Those with disabilities need self care as well as counseling and health education because they may seek different treatment from different sources, unless they are convinced of the effectiveness of the treatment.
Conclusions & Recommendations

• Profiling of defaulters in different settings (hospital and field based), is very important as it helps to identify those who are likely to default.

• The target group or population that is likely to default can be identified and given more priority.

• Compliance to MDT can be improved.
THANK YOU