Cataract as a cause of blindness in leprosy

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Cataract
- Opacification of the crystalline lens
- Commonest cause of blindness and visual impairment worldwide (50% of blindness in most of Africa)
- Can easily be treated through surgery
- Cost of surgery greatly reduced in last 10 years (about $15 for all consumables)
- Quality of outcome excellent if IOL implanted

Cataract in leprosy
- Risk of cataract is 3 times higher in MB compared to general population
- Accounts for over 50% of all blindness (sometimes >75%)
- Most common cause is age-related
- Also due to:
  - Chronic/recurrent acute uveitis
  - Steroid therapy for reversal reactions
- Treatment is surgical but intraocular inflammation with complications could make surgery more challenging with guarded prognosis

Cataract as a gender issue
- Women bear the greatest burden of blindness globally
- Women have an excess risk of cataract
- Women have a lower rate of use of cataract surgical services compared to men.
How much of the need is being met

- Cataract surgical coverage has remained low in most of Africa
  - Coverage for persons: 39.2% (Nigeria)
  - Coverage for eyes: 25.7%
- Couching is an option selected by patients in some countries of West Africa but with poor outcome
  - Couching coverage for persons: 29.7%
  - Couching coverage for eyes: 19.1%
- Demand for service is high but patients are not using available services. Why?

Barriers

- Awareness
  - Patients are unaware that sight can be restored
  - Both leprosy control and blindness prevention programmes are unaware that patients are blind
    - No contact with health workers
- Cost
  - Most leprosy patients have no income/social support
  - Cannot pay for direct and indirect costs
  - No systematic plan for including leprosy patients in general eye care infrastructure

How do we improve service delivery?

- Any patient with reduced vision should be assessed by eye care personnel to determine cause of vision loss (half or more will be due to cataract)
- Surgical management should be carried out in general eye hospital (improve quality of outcome and reduce stigma)
- Patients need to be “bussed” to the hospital (with other non-leprosy patients getting surgery)
- Schemes for subsidies for surgery need to be developed & implemented

- Outcome of surgery
  - Poor outcome of surgery in previous patients will discourage others
  - Poor care or attention (stigmatization) at surgical facility
  - Difficulties with use of spectacles (need IOL surgery)
- Distance
  - Distance to surgical facility
  - Lack of transport/discrimination in use of transport by persons with multiple deformities
  - Unfamiliar environment