From The Editor

Dear Friends,

Time is flying and 6 months of the year are already past. There are so many new things happening in TLM — a new strategic plan, a new structure with new areas of significance. One thing that is being emphasised more is the importance and significance of research in TLM.

This issue of the newsletter reinforces the new consciousness of research being integral to our new way of working. Mr. Geoff Warne, General Director, who was here to attend the International Research Committee writes in his article that TLM India is 'CRUCIAL' to the future of leprosy research. In spite of awareness of the barriers to research there is hope that an organisation we will be able to change into a more research-oriented organisation.

There is also a very encouraging article contributed by Dr. Bush Butlin, on how relevant and useful a well thought-out simple research project can be. This should encourage TLM staff to ask questions which concern them in their daily work and find the answers through operational research.

Dr. Suresh Rao has explained the indicators used for measuring quality of life such as DALY, HALY, QALY etc. These are becoming significant to researchers and policy makers, for sound interpretation of the evidence on the outcomes of health interventions.

Apart from this there is an interesting Case Study from TLM Purulia which was contributed by Dr. Jaydeep Darlong, the news on RRC activities.

Do send us your feedback or any contribution to the newsletter at tlreem@gm.com and help us to make it better.

Happy Reading!

Anamika S. John
Editor

Research - an Essential component of TLM India’s New Strategy

Dear Readers

I’m writing this from a joint meeting in May 2011 between the TLM International Research Committee and key decision-makers in TLM India. The International Research Committee includes several of the world’s leading researchers in leprosy and is chaired by Prof. Warwick Britton.

TLM India is crucial to the future success of leprosy research. Here we have access to large numbers of patients, a wide variety of programs, a huge amount of expertise and a deep commitment to leprosy. If we’re to make real advances in knowledge, for the benefit of people affected by leprosy, all of these will be important.

Dr Sunil Anand set the scene for the whole meeting by outlining the 2011-2015 strategy for TLM India and the implications for research. He emphasised the need to develop TLM India as a learning organisation and his expectation that research, audit and evaluation should be happening at all levels in TLM. Thinking about the effectiveness of what we do, and trying to understand what works and what doesn’t work, is not someone else’s job: it’s for all of us.

It was good to hear Research Committee members talk about some of the key developments in leprosy research.
Dr. Jan-Hendrik Richardus talked about completed research into chemoprophylaxis and the possibilities for further trials into the practical aspects of chemoprophylaxis for household contacts.

Dr. Diana Lockwood talked about the serious gaps in knowledge about treatment for all forms of leprosy reaction. She emphasised how well-placed TLM India is to lead new studies into reactions, especially the effectiveness of different treatment regimens and second-line drugs.

Dr. Pim Kuipers talked about challenges and opportunities in CBR research. He demonstrated WHO's new CBR matrix, and emphasised that leprosy-affected people need to be directly involved in research about themselves, and the need to focus on their quality of life and achievement of their goals.

Alongside these speakers there were stimulating presentations from a number of staff members involved in research in India, Nepal and Bangladesh.

To me, the highlight of the meeting was the direct discussion between the International Committee and TLM India staff. There were two main topics. First, priorities for leprosy research in India as seen by the India senior team. Second, the obstacles and barriers that prevent or discourage our staff from being involved in research. There was a good discussion about ways in which TLM can help to overcome or reduce some of those barriers.

I think this is an exciting time for research in India. There's a new senior management team; a new country strategy; and a new emphasis on research at all levels. Along with these, I hope, is the growing acceptance that TLM India can be, and should be, a world leader in research. Not just participating in research initiated by other people (though that's very valuable) but also initiating and implementing research as a normal part of our work.

Geoff Warne
General Director, TLM International

WHAT ARE DALYs AND QUALYs?

Our productive lives and incomes / earnings are affected by the consequences of disease. It is important to assess such loss and reduce the negative consequences of any disease. Therefore, a measure of the burden of disease is necessary and should be determined through some quantitative analysis, taking into account the loss over a period of time, and in relation to the total length of productive life.

Originally, Health-adjusted life years (HALYs) were conceived as population health measure permitting morbidity and mortality to be simultaneously described within a single number. QALY and DALY are two kings types of HALY: Quality-adjusted life years (QALYs) is a positive measure, the Disability-adjusted life years (DALYs), is negative. QALY measures the value of increasing one year of life through a particular health intervention while DALY measures the years lost due to disease or deformity.

They are useful for overall estimates of burden of disease, comparisons of the relative impact of specific illnesses and conditions on communities, and in economic analyses.

When a health intervention is aimed at preventing or treating a non-fatal disease, the relationship between QALYs gained and DALYs saved depends on age of onset and duration of the disease, as well as the quality of life and disability weights. Understanding similarities and differences between QALYs and DALYs is important to researchers and policy makers, for a sound interpretation of the evidence on the outcomes of health interventions.

Dr. P. S. S. Sundar Rao

The original ideas and methods were first proposed in a WHO study on the Global burden of Disease by Murray & Lopez, and published in Lancet, during 1997.

For more information and help in calculating DALYs and QALYs, contact RRC.

THINK ABOUT IT

* Be careful about reading health books. You may die of a misprint.
  - Mark Twain

* Life expectancy would grow by leaps and bounds if green vegetables smelled as good as bacon.
  - Doug Larson
Case Study from Purulia

An interesting Case of ENL

A 52 year old man came to TLM Purulia, suffering from fever and cough. The fever was of more than a month's duration and the cough was associated with moderate amounts of yellow sputum. He had been on ATT 1yr previously and had defaulted from his treatment after that.

Investigations showed that he had leucocytosis, sputum AFB was negative. Previous old X-rays showed multiple cavities and the Xray done at TLM showed left sided pleural effusion. A diagnostic pleural tap was performed, which revealed a purulent exudate.

Intercostal continuous drainage with under water seal was started along with antibiotics and ATT. He improved clinically and was stable. After 3 weeks he developed a painful eruption all over his body.

Our first probable diagnosis was drug reaction but we were unwilling to start steroids. However the offending drug was not identified as he had each of the drugs at some point earlier without a history of allergy.

Then a skin smear was taken and he was found to be positive for AFB with an BI of 3+. Hence we diagnosed the eruption as Type 2 reaction.

He was started on Thalidomide and his ENLs subsided.

This case demonstrates how a high index of suspicion is needed to diagnose these cases which would otherwise be missed, and lead to complications for the individual and increased transmission in the community.

Our limitations were unavailability of sputum culture and the high cost of treatment.

Contributed by: Dr. Joydeepa Darlong, TLM Purulia.

Humour

To all our colleagues who Exercise and of course those who don't...

If walking is good for your health, the postman would be immortal.

A whale swims all day, only eats fish, drinks water and is fat.

A rabbit runs and hops and only lives 15 years.

A turtle doesn't run, does nothing... yet lives for 450 years.

To hell with exercise! Sleep well, eat well!

What Others Can Do, We Can Too!

In January this year, a paper from India was published in the British Medical Journal (BMJ), which was praised by the Editors for being a useful contribution to knowledge of a common but neglected (and potentially fatal) condition, affecting impoverished communities, namely Scorpion Stings. Published good quality evidence to guide management of scorpion stings and snake bites is, as yet, inadequate. The authors were also praised for having planned and conducted the study (using their own funds) without extra staff, while working as clinicians at a government hospital.

This paper describes a Randomised Open-label trial of anti-venom plus prazosin, versus prazosin alone. Seventy patients were enrolled and observed at the bedside for 10 hours. Patients given both anti-venom and prazosin recovered earlier than those given only prazosin. The proportion who deteriorated did not differ between the two groups.

The authors had obtained prior ethical clearance for the study and had registered it at Clinical trials Registry India. This is important, not only for other researchers to have access to information about the trial, but also because nowadays reputable journals do not accept papers reporting clinical trials unless they have been registered at a publicly-available data base.

Here we have a good example of a serious problem being successfully addressed by concerned doctors with limited resources. The type of simple study design used in this paper could well be taken as a model for TLM India doctors to look at some of the other common but neglected conditions often seen in the out-patient departments and wards of our TLM hospitals. It can be read at www.bmj.com

Dr. C. Ruth Butlin.

References


Azathioprine Study Review meeting, NOIDA, 11th -12th April 2011

The AZA Study review meeting with the teams from Champa, Shahadara, Purulia and RRC met along with Dr. Diana Lockwood as the data collection is nearing completion.

Research Workshop, NOIDA, 16th May 2011

Details of this meeting are in Geoff Warne's article

International Research Committee meeting, New Delhi 17th May 2011

The TLM International Research Committee (TIRC) meets once a year and has 2 - 3 teleconferences annually. This year the Agenda included a thorough discussion of global and India research, Laboratory research and future directions. Dr. Warwick Britton was the Chairman, with Dr. Paul Saunderson as Secretary. Other members were, Mr. Geoff Warne, Ms. June Nash, Drs. J Pmuliyil, Diana Lockwood, Pim Kuipers, Jan H. Richardus, Bob Bowers, David Pahan, P S Sundar Rao.

The meeting was very productive meeting, and featured the presentation of very relevant research projects from India and globally.

Research Workshop, Naini, 19th – 21st May 2011

About 11 participants attended the workshop which was held to develop paper writing skills among the participants. Most of the participants had brought their own data and worked on that. Sessions were held on different aspects of paper writing such as Introduction, methodology, Discussion and conclusions. Dr. P.S.S. Rao was the facilitator.

4th. EVER Study Meeting, TLM Purulia, 16th – 18th June 2011

The Ever study Teams from Champa, Faizabad, Purulia and RRC met at TLM Purulia as the first phase of the study was completed. Grade 2 Deformity is taken as a proxy measure for delayed reporting in this study. In the second phase of the study remedial measures will be formulated and implemented. On the 3rd day Government officials were invited to share the findings of the first phase and to discuss possible measure to enhance voluntary reporting.

Our Reader's Column has started from this issue and we are hoping to have interesting articles, stories, pictures, jokes or anything from you. Please share your ideas with us; the articles can be anything from an interesting quote to a poem. Share with us...

Think about it

○ The Greatest pleasure in life is doing what people say you cannot do.
- Redd Foxx

○ Health nuts are going to feel stupid someday, lying in hospitals dying of nothing.

○ As a people, we have become obsessed with Health. There is something fundamentally, radically unhealthy about all this. We do not seem to be seeking more exuberance in living as much as staving off failure, putting off dying. We have lost all confidence in the human body.
- Lewis Thomas, The Medusa and the Snail, 1979

Enjoy the little things in life...
...for one day you'll look back and realize they were the big things.