



THE NURSE'S VIEW ON LEPROSY TREATMENT IN PRIMARY HEALTH CARE

A visão do profissional enfermeiro sobre o tratamento da hanseníase na atenção básica

La visión del profesional enfermero sobre el tratamiento de la lepra en la atención básica

Mara Dayanne Alves Ribeiro

Federal University of Ceará - (*Universidade Federal do Ceará*) - Sobral (CE) - Brazil

Iracide da Silva Castillo

Maranhense Company of Hospital Services - (*Empresa Maranhense de Serviços Hospitalares - EMSERH*) - São Luis (MA) - Brazil

Jefferson Carlos Araújo Silva

Presidente Dutra University Hospital - (*Hospital Universitário Presidente Dutra*) - São Luis (MA) - Brazil

Sabrynna Brito Oliveira

Federal University of Minas Gerais - (*Universidade Federal de Minas Gerais - UFMG*) - Belo Horizonte (MG) - Brazil

ABSTRACT

Objective: To evaluate Primary Health Care (PHC) nurses' view on leprosy treatment. **Methods:** Qualitative descriptive study conducted with nine nurses working in the municipality of Cocal, Piauí, Brazil, from January to March 2016. Data were collected using guiding questions about leprosy treatment and the answers were transcribed and submitted to content analysis. **Results:** The nurses stated that polychemotherapy is effective in the treatment of leprosy, as well as in reducing the burden of disease and curing the patient. Supervision is related to correct treatment, guarantee of cure, reduction of sequelae and interruption of disease transmission. Treatment failure is mainly associated with patient's and family's lack of engagement, lack of medication at the health clinic, lack of patient guidance, low levels of education, and drug side effects. Noncompliance with or cessation of treatment were related to complications such as aggravation of symptoms, disabilities, and amputations. **Conclusion:** The study showed that the nurses evaluated have adequate knowledge about aspects of leprosy treatment in PHC, highlighting points that must be corrected in order to achieve excellence in the fight against leprosy, such as the importance of encouraging family participation as a coadjutant in the treatment.

Descriptors: Leprosy; Nursing; Primary Health Care; Drug Therapy, Combination.

RESUMO

Objetivo: Avaliar a visão dos enfermeiros atuantes na Atenção Básica (AB) sobre o tratamento da hanseníase. **Métodos:** Pesquisa do tipo descritiva, com abordagem qualitativa, realizada com nove enfermeiros que trabalham no município de Cocal, Piauí, Brasil, entre os meses de janeiro a março de 2016. A coleta de dados deu-se através de questões norteadoras sobre o tratamento da hanseníase e as respostas foram transcritas e ponderadas pela análise de conteúdo. **Resultados:** Os enfermeiros afirmaram que a poliquimioterapia é eficaz para o tratamento da hanseníase, assim como para a redução da carga da doença e cura do paciente. A supervisão está relacionada ao tratamento correto, garantia de cura, redução de sequelas e interrupção da transmissão da doença. A falha no tratamento está associada principalmente à falta do engajamento do paciente e da família, à ausência de medicação no posto de saúde, à carência de orientação ao paciente, ao baixo nível de escolaridade e aos efeitos colaterais dos remédios. A não adesão e o abandono do tratamento foram relacionados às complicações, como o agravamento de sintomas, as incapacidades e as amputações. **Conclusão:** O estudo mostrou que os enfermeiros avaliados possuíam conhecimento adequado sobre aspectos do tratamento da hanseníase na AB, evidenciando pontos que devem ser corrigidos para que se alcance excelência no combate à hanseníase, como a importância de incentivar a participação da família como coadjuvante no tratamento.

Descritores: Hanseníase; Enfermagem; Atenção Primária à Saúde; Quimioterapia Combinada.



RESUMEN

Objetivo: Evaluar la visión de los enfermeros que actúan en la Atención Básica (AB) sobre el tratamiento de la lepra. **Métodos:** Investigación del tipo descriptiva y de abordaje cualitativo realizada con nueve enfermeros que trabajan en el municipio de Cocal, Piauí, Brasil, entre los meses de enero y marzo de 2016. La recogida de datos se dio a través de cuestiones norteadoras sobre el tratamiento de la lepra y las respuestas fueron transcritas y analizadas a través del análisis de contenido. **Resultados:** Los enfermeros afirmaron que la poliquimioterapia es eficaz para el tratamiento de la lepra así como para la reducción de la carga de la enfermedad y la cura del enfermo. La supervisión relacionase al tratamiento correcto, la garantía de la cura, la reducción de las secuelas y la interrupción de la transmisión de la enfermedad. La falla del tratamiento se asocia principalmente con la falta de compromiso del paciente y de la familia, la ausencia de la medicación en el centro de salud, la carencia de orientación al paciente, el bajo nivel de escolaridad y los efectos colaterales de los remedios. La no adhesión y el abandono del tratamiento se relacionaron con las complicaciones, el agravamiento de los síntomas, las incapacidades y las amputaciones. **Conclusión:** El estudio mostró que los enfermeros evaluados tenían el conocimiento adecuado de los aspectos del tratamiento de la lepra en la AB con evidencias de aspectos que deben ser corregidos para alcanzar la excelencia en el combate de la lepra como la importancia del incentivo a la participación de la familia como coadyuvante para el tratamiento.

Descriptor: Lepra; Enfermería; Atención Primaria de Salud; Quimioterapia Combinada.

INTRODUCTION

Leprosy is a chronic infectious disease of slow onset, which primarily affects nerves and skin. The disease is curable when the treatment is performed correctly and without interruptions, but the individuals affected, if not properly treated, may present sequelae such as physical disabilities^(1,2). The causative agent of leprosy is *Mycobacterium leprae*, which presents high infectivity and low pathogenicity, that is, high infective power and low disease-producing capacity, being transmitted from person to person through daily interaction with untreated contagious patients⁽³⁾.

According to the global update on leprosy (2016), which is based on the annual statistics of 121 countries, the number of new registered cases reached the sum of 213,899, with a prevalence of 173,554. A total of 18,869 patients newly detected and reported were children, and 1,312 relapses were reported in 46 countries. India, Brazil, and Indonesia report more than 10,000 new patients annually, accounting for 81% of newly diagnosed patients⁽⁴⁾.

Brazil has already postponed twice the goal of eliminating leprosy, first in 2005 and another time in 2010. A new target was established for 2020⁽⁴⁾. And, despite the intensification of campaigns against leprosy, Brazil is still the second country with the highest number of new leprosy cases, with the highest prevalence rates in the North and Northeast regions^(5,6). Because of the stigma associated with the diagnosis of leprosy and its high incapacitating power, the disease has become a public health problem, so that its elimination has been one of the priority activities of the Ministry of Health since the end of the 20th century⁽⁷⁻⁹⁾.

The treatment recommended by the World Health Organization (WHO) since 1970 is conducted through the administration of a combination of antibiotics, the multidrug therapy (MDT) or polichemotherapy, which consists of rifampicin, dapsone and clofazimine, with associated administration. This association avoids the drug resistance of bacillus, which frequently occurs when only one drug is used, rendering it impossible to cure the disease⁽²⁾.

With the MDT, the treatment of a case of leprosy comprises a specific scheme for paucibacillary forms, which lasts six months, and another for multibacillary cases, with one-year duration, also including the follow-up in order to identify and treat possible complications of the disease, as well as the prevention and treatment of physical disabilities. Discharge due to cure is given after administration of the number of doses recommended by the therapeutic regimen^(1,2).

The treatment of the leprosy patient is essential to interrupt the chain of transmission of the disease and is therefore strategic in the control of the endemic and in the elimination of leprosy as a public health problem. For being a long-term treatment, adherence to the therapy is essential for reaching cure in leprosy⁽²⁾.

The fragility in the credibility of the medical diagnosis and the consequent lack of compliance with the use of the MDT are identified as key to the policy of disease elimination. This suggests the need for a greater attention on the part of the health services to work the orientation of the patients, raising awareness that adherence and correct follow-up of the treatment will bring about the cure of the disease⁽¹⁰⁾.

In order to achieve the goals of eliminating the disease, Brazil launched the National Leprosy Control Program (*Programa Nacional de Controle da Hanseníase - PNCH*), which establishes the bases and guides the health surveillance actions for combat and elimination of this pathologic condition⁽¹¹⁾. The activities must be carried out within the scope of the Primary Health Care (PHC), by means of the Family Health Strategy (FHS), through actions aimed at promotion, prevention, recovery and rehabilitation, and committed to the comprehensiveness of health care, having the focus of the actions on the family, observing the socioeconomic, cultural and epidemiological context of the community in which it is inserted⁽¹²⁾.

The PHC is responsible for monitoring the leprosy treatment, a strategy that ensures proper follow-up of the treatment. In the monthly visit to the health center, besides the dispensing of medicines, an evaluation of the patient is carried out, in order to follow the evolution of their lesions and the neural impairment, and guidance on self-care techniques and prevention of disabilities and deformities is also provided⁽²⁾.

The nursing professional working in PHC plays an extremely important role in the care provided to the patient diagnosed with leprosy⁽⁹⁾. Among their actions, these must be highlighted: to detect the carriers of the contagious form of the disease in the initial phase of the treatment; regularly examine the lesions, especially in the extremities; evaluate the contacts; inform the patient and family members about the importance of the active and passive exercises of the affected members; promote aid to alleviate the stigma caused by the disease^(1,13).

In this perspective, it is important to inform about the disease and therapy to the patient, society in general, and especially to the relatives of the patients diagnosed with leprosy. Informing the family members about the disease and their commitment to the patients' health/disease process is an effective method to demystify the transmission. Family support is essential for the individual to accept their condition and not feel isolated in this process, contributing to a better adherence to the treatment⁽¹⁴⁾. Thus, embracement is an indispensable strategy to strengthen the bond with the user and their relatives, and is also seen as a relevant measure for the good performance of the care network of the health system.

The policy for leprosy elimination, therefore, requires that the nursing professional holds the knowledge for making decisions and guide the planning of educational actions, enabling interventions compatible with the needs of the community⁽¹⁰⁾, which makes this study necessary for effective health promotion in PHC. Thus, the objective of this study was to evaluate the view of nurses working in Primary Care on aspects of the treatment of leprosy.

METHODS

The research is descriptive, with a qualitative approach, conducted in the municipality of Cocal, Piauí, Brazil, between January and March 2016. Qualitative research is characterized by the description and understanding of a phenomenon, seeking the extrapolation to situations with similar contexts⁽¹⁵⁾, while the descriptive research requires the researcher a series of information about what is intended to research. This type of study intends to describe the facts and phenomena of a certain reality⁽¹⁶⁾.

The municipality of Cocal is located in the north of the state, featuring 14 FHS units comprised between the urban and rural areas of the city. Each FHS team consists of a physician, a nurse, a nurse technician and community health workers (CHWs).

The nursing professionals were the object of study of the present research, being invited to participate through a letter of invitation and a visit by one of the researchers to the Family Health Unit, where the objectives of the research were clarified. The study included nursing professionals with an employment relationship with the Municipal Health Secretariat (MHS) of Cocal, Piauí, who were performing care activities in PHC of the municipality and accessible during the period of data collection, having their participation confirmed by signing the Informed Consent Form (ICF). The sample did not include nurses who were not part of the PHC of the municipality or developed administrative activities in the MHS, that is, who did not work directly in the assistance, carrying out actions in the FHS. The interviews were closed when data saturation was identified and it was not considered relevant to persist in the inclusion of new participants in the study⁽¹⁷⁾. Thus, the final sample consisted of nine nurses.

The guiding questions applied to nurses were: Do you know what the treatment with multidrug therapy (MDT) is? What is its influence on patient healing? How is the treatment of the leprosy patient conducted? To you, what is the relevance of the nurse's participation? What can lead to treatment failure? What can this cause to the patient?

The interviews took place in a reserved room of the MHS for protection and secrecy of the information collected, at a time made available by the professionals, without compromising the scheduling of their activities within the FHS. The interviews were transcribed for effect through content analysis⁽¹⁸⁾, a process that aims to ratify the meaning of the information obtained during the execution of the work by means of research artifices that favor the comparison and explanation of the results.

Content analysis is presented in three stages: pre-analysis, phase in which the material to be analyzed is organized in order to make it operational; exploitation of the material, in which the categories are defined (coding systems); and treatment of the results, inference and interpretation, a stage destined to the treatment of the results, in which the information is condensed and detached for analysis⁽¹⁸⁾.

From this analysis, the occurrence of three thematic categories was revealed: multidrug therapy and cure; supervised treatment; treatment failure.

The research was approved by the Research Ethics Committee of Eduardo de Menezes Hospital (HEM/FHEMIG) under opinion no. 1,353,498. For preservation of anonymity, the interviewees were identified by the letter N (Nurse) followed by the number of the respective interview (E1 to E9).

RESULTS AND DISCUSSION

The thematic categories that emerged from the study will be presented below. In the first category, “multidrug therapy and cure”, were grouped the statements that associate the cure to the disease with the treatment provided at the Basic Health Units (BHUs). In the category “supervised treatment”, the characteristic of the longitudinal monitoring of the people affected by leprosy is highlighted. And in the category “treatment failure”, explanations for failure of the therapeutic are pointed out.

Multidrug therapy and cure

In this category, the nurses interviewed recognized the MDT as effective for the treatment of leprosy, as well as for reducing the burden of the disease to the health system and for the patient’ cure, as shown in the following passages:

“The MDT is a combination of antibiotics to kill bacteria and prevent the resistance of bacilli.” (E1)

“The multidrug therapy guarantees the reduction of patient colonization and also guarantees the cure of the patient.” (E5)

Regarding the cure to leprosy, the interviewees emphasize the importance of participation and commitment on the part of the patient, for it to be achieved:

“The MDT does not always guarantee the cure of the patient, because sometimes the patient is resistant to following the treatment in a focused way.” (E7)

“Medication, if properly used, the patient reaches immediate healing.” (E9)

When the nurses were questioned about the knowledge about the treatment with MDT and the reason why it guarantees the healing of the patient, they were emphatic in recognizing MDT as important for the fight against leprosy and, consequently, for reducing the costs to the health system, besides associating its correct use with the cure to the pathological condition.

The MDT was instituted as a treatment for leprosy from 1991 and has since been responsible for the decline in the prevalence of the disease. The treatment consists of a combination of drugs (rifampicin, dapsone and clofazimine) and this association avoids the drug resistance of the bacillus, which often occurs when only one of these compounds is used in isolation. MDT makes the bacillus unfeasible, making it incapable of infecting other people, thus interrupting the epidemiological chain of the disease^(1,2).

The actions developed by the FHS are aimed at combating leprosy, seeking its eradication. Its members should work together to identify new cases, following up the patients under treatment and post-discharge guidelines^(2,19).

The guidelines and clarifications regarding the correct use of the medication and the adverse effects that can happen are important points that avoid the abandonment of the treatment. These guidelines apply to all FHS members, including nurses. In this context, knowledge about the subject is capital for the execution of such actions.

A research carried out in Teresina, Piauí, Brazil⁽²⁰⁾, reflected on the educational action that the nurse performs in the FHS with the leprosy patient, reaffirming their role as a health advisor. Additionally, it drew attention to the contribution of this professional through the nursing consultation, being an active member in the evaluation, the recognition of signs and symptoms, and in the planning and management of actions to be developed with a view to fighting leprosy.

In addition, BHU professionals should be alert to the emergence of leprosy reactions, adverse effects of medicines and abandonment of treatment, and agility is necessary in such cases so that appropriate interventions be performed⁽²¹⁾. Nevertheless, in order to achieve excellence in this aspect, there must be a good connection between the FHS and the community. The community health worker (CHW), considered a member of the FHS team, functions as a link between the society and the health system, since they are the ones who develop closest interaction with the community, observing its limitations and possibilities closely⁽²²⁾.

Supervised treatment

Regarding this category, the interviewees emphasized the importance of follow-up and associated the supervision with proper treatment, guarantee of cure, reduction of sequelae and breakdown of the transmission chain:

“Supervised treatment is essential to ensure healing and prevent bacillus resistance and transmission to other people.” (E1)

“(…) because it is necessary to ensure that medication is being taken correctly, to minimize sequelae and disabilities.” (E5)

“(…) mainly because, once the patient stops taking the medicines, the patient is at risk of relapsing and becoming more resistant to medication.” (E9)

The actions taken by the nurse professional in supervising the treatment were highlighted:

“At the monthly appointment, the supervised doses are administered, the physical evaluation of the lesions and their complications are carried out, and any eventual resistance to the treatment is observed.” (E2)

“Supervision is effective for the healthcare professional to be aware of the correct intake of medicines by the patient at home, thus achieving a successful cure for them.” (E3)

“The possible drug reactions, lesions, the contacts, the peripheral nerves are evaluated, as the disease is liable to cause physical disability.” (E8)

Regarding the follow-up of patients under leprosy treatment and its importance, the interviewees affirmed that this measure is essential for the treatment and healing of leprosy. Nurses cite that follow-up is important for them to make sure that the medication be taken properly, and for prevention of transmission to other people. Supervision was highlighted as a useful tool to verify the occurrence of adverse effects, physical disabilities and evaluation of contacts. This aspect reflects the awareness of the professionals, once inserted in the FHS, with its transforming role along with the community^(10, 23).

Ordinance GM 2848/2011 of the Ministry of Health cites that the nurse's role, besides educating and preventing, is to participate in the treatment through the nursing consultation, requesting complementary examination, coordinating and evaluating the actions developed within the FHS⁽²⁴⁾.

A study conducted in Sobral, Ceará, Brazil⁽²⁵⁾, analyzed the perception of the nursing consultation by nurses and patients with leprosy, and also identified the difficulties experienced while performing the nursing consultation during the treatment of leprosy patients. Using a subjective approach, the authors concluded that nurses seek excellence in the performance of their duties, despite the great demand; bond creation, for a humanized treatment; and priority to healing and prevention of disabilities.

PHC is a scenario focused on the development of actions that promote the users' health, individually or collectively. The nurse is one of the articulators of this promotion; with regard to leprosy, their actions contribute to decrease the incidence and control of the disease, through the skin and neurological examination, signs and symptoms evaluation, and treatment guidance. One of the difficulties pointed out in the literature is that people's high demand, in conjunction with the responsibility for the BHU management, influences the duration of the nursing consultation, rendering it a little shorter than it should be, negatively affecting the care provided to the population^(21, 23).

Follow-up of the leprosy patient should be continued after discharge and completion of the MDT scheme, that is, in the post-discharge time. Patients may present leprosy reactions and/or relapses, the former accounting for neural involvement and for generating physical disabilities in their carriers⁽²⁶⁾. However, leprosy reactions may arise during treatment and lead the patient to abandonment of therapy in case they are not properly instructed.

Research⁽²⁷⁾ addressing aspects of care to the leprosy reactions provided by the nursing professionals evidenced their importance in caring for patients with leprosy in a reactive crisis, in the identification of silent neuritis by palpation of the peripheral nerves, and observation of the color and appearance of blemishes that may manifest in the skin of individuals. The authors emphasize that, in addition to the nursing consultation, the nurse performs examinations, assessments and referrals in the early screening for dermatoneurological findings, having a wide scope of actions⁽²⁷⁾.

Treatment failure

This category associates the treatment failure mainly with patient's and family's lack of engagement, lack of medication at the health unit, lack of patient guidance, level of education and drug side effects:

“What is strongly associated with the failure of treatment is the lack of commitment on the part of the patient and their family, lack of medicines and follow-up by the FHS.” (E2)

“Several factors can lead to treatment failure, such as the absence of caregivers and lack of medications.” (E7)

“The effects of drugs can lead to the abandonment of treatment by the patient.” (E5)

“(…) low level of education, lack of FHS/CHWs coverage, alcoholism, lack of reassessment, patient's lack of commitment.” (E8)

Non-adherence to treatment and improper follow-up were related to complications, such as aggravation of symptoms, disabilities, amputations, and even death:

“Untreated patient can cause all the disease complications, such as nerve involvement, amputation etc., and continue the disease transmission.” (E7)

“It may cause non-healing, relapse and resistance.” (E6)

“Disease relapse, physical disability, and even death may occur, if treatment is not done properly.” (E2)

“Non-adherence to the treatment may cause physical disabilities.” (E8)

“If treatment is not followed correctly, it can lead to the death of this patient, since it affects important parts that compromise health.” (E9)

When asked about aspects that might lead to treatment failure and its repercussions on the patient, the participants in the present study list interesting points, such as the patient's commitment to the treatment, lack of medicines, medication side effects, absence of caregivers, low schooling, lack of FHS coverage, among others. These are themes of a local reality, but can be compared with those from other regions.

Low schooling hinders access to information and gives rise to misunderstanding of certain concepts. The explanations must be transmitted with the purpose of being understood by the patient, according to their needs, by using an accessible language⁽²⁸⁾.

A research developed in Vale do Jequitinhonha, Minas Gerais, Brazil⁽²⁹⁾, sought to know the actions developed by the health services and the strategies used for dealing with the leprosy control based on early diagnosis, timely treatment, prevention and treatment of disability, and contact surveillance. These actions are the main axes in care for leprosy in Primary Care⁽²⁾.

The actions of health education developed in Primary Care are of paramount importance in the fight against leprosy, but even with this scientifically proven relevance, nurses still remain stuck on the clinical assistance model, with combat actions frequently observed when the condition is already installed. One of the reasons for the occurrence of this fact is the large number of programs that compose the PHC and are under the nurse's responsibility⁽³⁰⁻³³⁾.

Moreover, it stands out that a greater FHS coverage is closely related to the reduction of leprosy contagious carriers and contributes to prevent physical disabilities and promote therapeutic compliance⁽³⁴⁾. Thus, it is believed that the structure and organization of health services have a strong influence on the epidemiological situation of leprosy, a factor considered even more dominant than the socioeconomic factors. This information corroborates the findings of this study, especially when the interviewees point out the lack of medicines to be dispensed in leprosy therapy, evidencing a managerial failure related to the *PNCH*, or to the municipal health as well⁽³⁵⁾.

The adverse effects of the medication, such as skin pigmentation, are due to Clofazimine, which is taken once a month, and also daily, for multibacillary treatment. The change disappears within a few months after the end of treatment but, while visible, contributes to the stigmatization of the disease. Moreover, the presence of leprosy reactions, which are reactions of the patient's immune system to the bacillus, are the main cause of nerve damage and leprosy-induced disabilities, representing a great hindrance to the treatment of the carriers^(2,36).

In a survey⁽³⁷⁾ carried out in Governador Valadares, Minas Gerais, Brazil, with patients diagnosed with leprosy in 2011, the interviewees' report addressing the multidrug therapy reactions cites the color alteration in the skin and lips, headaches and stomach aches, among others. Such reactions cause concern to patients, especially those exposed to the naked eye, due to the difficulty in responding to people's questioning about the aforementioned reactions⁽³⁷⁾.

The stigma of leprosy is strongly highlighted in the literature as a cause of failure in the treatment of leprosy. Studies show that patients still suffer from fear and prejudice generated by the diagnosis, and this fact can lead to late diagnosis and treatment abandonment⁽²⁸⁾. The timely identification of the signs and symptoms and the clarification about the disease and its treatment make the patient feel confident and stick to the treatment⁽²⁹⁾, and the BHU has a primordial role at that occasion.

It is observed, in the present study, that the major concern of the participating nurses was with the MDT, putting little emphasis on the relevance of family participation as a coadjuvant in supporting the family member diagnosed with leprosy. This finding is in line with a study⁽³⁸⁾ held in the municipality of São Gonçalo, in the metropolitan area of Rio de Janeiro, Brazil, in 2009, whose objective was to identify the actions performed by the nurse working in the Family Health Program (*Programa de Saúde da Família - PSF*) for leprosy detection, and the care offered by the nurse to those affected by the disease, with a focus on humanization.

The practice of health education in caring for the users of the leprosy program must be understood as a transformative practice, to be developed by the health team in leprosy control actions and involving users, families and the community. Thus, nursing care must be provided in an comprehensive way, meeting all the biological, social, psychological and cultural needs of the individual; for that, it is necessary that the leprosy program user receive supervised care that contributes to reduce treatment abandonment and increase the number of people healed^(1,39).

The social side of the patient diagnosed with leprosy should be carefully approached, so that they can maintain their daily activities in society and within the family, away from stigmas and prejudices.

The study had as a limitation the non-identification of intrinsic issues that hinder the treatment of leprosy in Primary Care (infrastructure, difficulty in the access to medication, among others), since very broad guiding questions were used. Further research is suggested for a thorough clarification of the obstacles that hamper the patients' access to information about leprosy, and in order to listen not only to the nurses, but also to other FHS members and users.

CONCLUSION

The study showed that volunteer nurses have basic information consistent with information released by the Ministry of Health on leprosy treatment. The interviews also highlighted aspects that must be corrected in order to achieve excellence in the fight against leprosy, such as the patient's poor commitment to treatment and the follow-up difficulty faced by the FHS.

This study becomes important so that, from the recognition of these deficient points, control measures can be planned. It is emphasized that health education strategies should be stimulated in the prevention of leprosy, the encouragement for participation of family members in support of the patients' treatment, the patients' adherence to treatment and clarification of some prejudice established, reducing the stigmas generated by the diagnosis of leprosy.

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Mailing address:

Mara Dayanne Alves Ribeiro
R. Cel. Estanislau Frota, s/n
Bairro: Centro
CEP: 62010-560 - Sobral - CE - Brasil
E-mail: fisiomaraday@gmail.com