



## EDİTÖRE MEKTUP / LETTER TO THE EDITOR

# WHO treatment guidelines against leprosy: a focus on pharmacovigilance

DSÖ lepra tedavî kılavuzu: farmakovijilansa odaklanma

Pugazhenthân Thangaraju<sup>1</sup>, Sajitha Venkatesan<sup>2</sup>

<sup>1</sup>All India Institute Of Medical Sciences (AIIMS), Department of Pharmacology, Raipur, Chhattisgarh, India

<sup>2</sup>Central Leprosy Teaching and Research Institute, Department of Clinical Division, Chengalpattu, India

*Cukurova Medical Journal 2019;44(2):1.701-702*

To the Editor,

Recently the WHO guideline for leprosy has been released<sup>1</sup>. There were few changes like chemoprophylaxis and the addition of a drug to the existing regimen for paucibacillary leprosy. In both the scenarios the guideline has been designed with limited study with low to moderate evidence favouring the new addition into the guideline.

Regarding drugs, there is always an important factor to be considered is Adverse Drug Reaction (ADR) that could not be found in a shorter period in studies or the in the published literature where the sample size were small in case of leprosy. So there should be a constant monitoring of the patients using drugs for the identification of any drug related adverse effects. Definition<sup>2</sup>: Pharmacovigilance is defined as the science and the related activities of detection (D), assessment (A), understanding (U) and prevention (P) of any adverse effects or any other drug-related problem. Based on the thalidomide disaster that occurred in 1961, WHO established Pharmacovigilance Program for International Drug Monitoring. Uppsala is the WHO Collaborating Centre for International Drug Monitoring. All the countries data will be coordinated to the WHO collaborating centre. The main purpose or aim of PV or program are to enhance the safety profile for using a drug by a patient based on any available information that was collected as a part of the program. This also supports various public health programs by providing reliable more balanced information on the effective

assessment of the major risk-benefit profile of drugs. A pharmacovigilance study done in central leprosy institute also shows the deficiency in knowledge in various aspects of the component<sup>3</sup>. The current guideline has much emphasized over the Pharmacovigilance aspect of the patients who will be given the three drug regimen of rifampicin, Dapsone and clofazimine in case of paucibacillary regimen for 6 months. Regarding the drug resistant leprosy also a point on pharmacovigilance monitoring of the patient undergoing resistant regimen is much focussed. Because the load of leprosy is more in the developing countries and a system of Pharmacovigilance is on the rise in these developing countries, it would be beneficial if things move mutually. So all the health care professionals should be notified on this reporting of ADR by their respective country monitoring registry or Pharmacovigilance program.

To conclude, a stress is mentioned in this letter since pharmacovigilance is the most ignored part of any guideline and leprosy being a stigmatized disease with least bothered we feared that the pharmacovigilance part will be ignored. So a focus was made regarding pharmacovigilance.

**Yazar Katkıları:** Çalışma konsepti/Tasarımı; Veri toplama; Veri analizi ve yorumlama; Yazı taslağı; İçeriğin eleştirel incelenmesi; Son onay ve sorumluluk; Teknik ve malzeme desteği; Süpervizyon; Fon sağlama (mevcut ise): yok.

**Bilgilendirilmiş Onam:** -

**Hakem Değerlendirmesi:** Dış bağımsız.

**Çıkar Çatışması:** Yazarlar çıkar çatışması beyan etmemişlerdir.

**Finansal Destek:** Yazarlar finansal destek beyan etmemişlerdir.

Yazışma Adresi/Address for Correspondence: Dr. Pugazhenthân Thangaraju, Department of pharmacology, All India institutes of medical sciences (AIIMS), Raipur, Chhattisgarh, India Email: drpugal23@gmail.com

Geliş tarihi/Received: 01.01.2019 Kabul tarihi/Accepted: 12.01.2019 Çevrimiçi yayın/Published online: 23.03.2019

---

**Author Contributions:** Concept/Design : ; Data acquisition; Data analysis and interpretation; ; Drafting manuscript; ; Critical revision of manuscript; ; Final approval and accountability; ; Technical or material support; ; Supervision; ; Securing funding (if available): n/a.

**Informed Consent:** n/a

**Peer-review:** Externally peer-reviewed.

**Conflict of Interest:** Authors declared no conflict of interest.

**Financial Disclosure:** Authors declared no financial support

---

## REFERENCE

1. WHO. Guidelines for the Diagnosis, Treatment and Prevention of Leprosy. New Delhi, WHO, 2018.
2. WHO. Pharmacovigilance. [https://www.who.int/medicines/areas/quality\\_safety/safety\\_efficacy/pharmvigi/en/](https://www.who.int/medicines/areas/quality_safety/safety_efficacy/pharmvigi/en/). Accessed on 11/01/2019.
3. Thangaraju P, Venkatesan S, Tamilselvan T, Sivashanmugam E, Showkath Ali M K. Evaluation of awareness about pharmacovigilance and adverse drug reaction monitoring among medical professionals attending Central Leprosy Institute. *Mustansiriya Med J* 2018;17:63-8.