

Knowledge and perceptions of lymphoedema in patients attending filariasis clinics in the Colombo district

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Lymphatic filariasis (LF) is a leading cause of long-term disability in the world. In Sri Lanka, more than half the population is at risk of acquiring filariasis. The objective of the study was to assess the knowledge and perceptions of lymphoedema among patients attending filariasis clinics in the Colombo district. 413 patients with lymphoedema attending filariasis clinics in Werahera and Dehiwala were interviewed using a pre-tested, interviewer-administered questionnaire and analyzed using SPSS. The patients' mean age was 51.3 years. 72.4% were female. The right lower limb, left lower limb, right upper limb and left upper limb were affected in 50.8%, 59.1%, 4.8% and 4.1% respectively. The mean duration of lymphoedema varied from 5.3 to 11.6 years. 3.9% of the patients interviewed had never attended school, 16.5% had studied upto grades 1-5, 65.6% upto grades 6 -11 and 10.4% had done their advanced level examination while 3.6% had completed tertiary education. Only 15% of the patients had initially attributed their limb swelling to filariasis. 81.1% stated that filariasis was caused by mosquito bites. 247 (59.8%) knew that filariasis could be transmitted from a patient. 74.3% stated that filariasis could be prevented with anti mosquito activities (73.2%) and DEC (diethylcarbamazine citrate) treatment (28.7%) as the methods of prevention. Most patients did not know or were uncertain whether filariasis could cause swelling of breasts in females (68.5%),

scrotal swelling (60.7%) and dry cough/ breathlessness (62.7%). 60.3% stated filarial lymphoedema can be cured, of whom 97% identified taking long term DEC treatment as the method of cure. Knowledge was, in general, significantly associated with level of education, with the knowledge being better in more educated patients ($p < 0.05$). Females were less likely to state filariasis as the cause of the initial swelling ($p < 0.001$). Knowledge regarding three symptoms of filariasis - lymph node enlargement ($p = 0.002$), scrotal swelling ($p = 0.031$) and nocturnal dry cough/ breathlessness ($p = 0.004$) was significantly better among those who had the disease for over 1 year. Knowledge, in general, did not improve significantly with duration of disease in after 1 year. In conclusion, some patients lacked knowledge regarding filariasis especially with regard to symptoms. Patient acquired knowledge does not improve significantly when the duration of disease increases after 1 year.

Funding by the University of Sri Jayawardenepura Grant ASP/6/RE /2004/05 is acknowledged.