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# CHRONIC WOUND MANAGEMENT IN CAMEROON : THE NEED TO INTEGRATE TRADITIONAL HEALERS CONTRIBUTION AND PATIENTS MENTAL HEALTH STATUS

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## INTRODUCTION

### BACKGROUND

Delays in diagnosis and non-adherence to biomedical treatment have been linked to:

Psychological status of patients

Local beliefs in the mystical origin of the disease

Preference/or combination with traditional treatment

### OBJECTIVES

To assess perceptions and practices of (Buruli Ulcer) BU management among patients, traditional healers, and Hospital workers

To evaluate psychological state and perceived stigmatization of patients with chronic wounds including BU

## METHODS AND MATERIALS

### Study sites and period

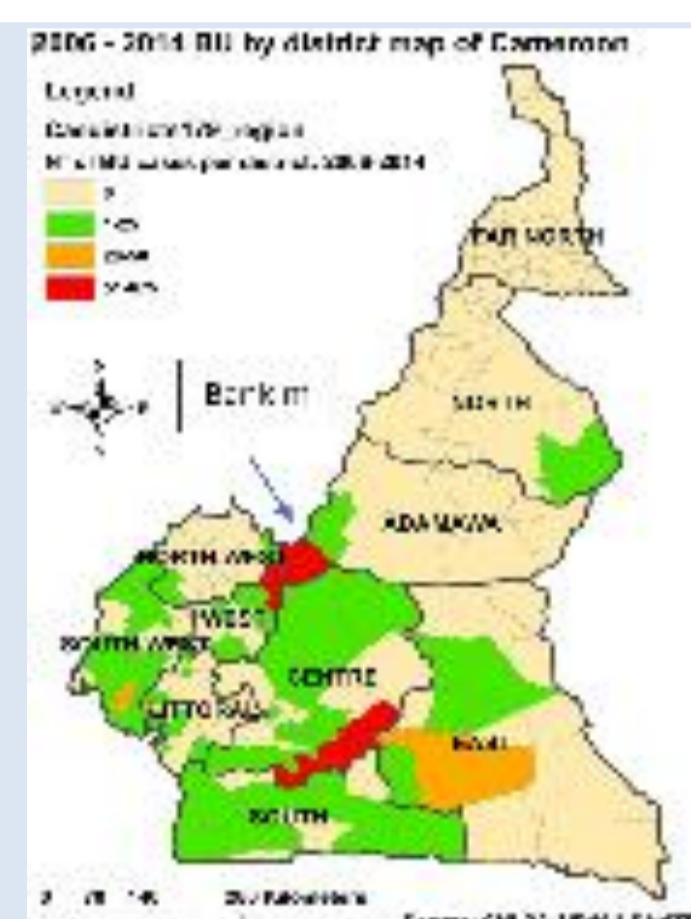
- BU endemic zones : Akonolinga, Ayos, Bankim
- between April and December 2018

### Study design

- Mixed methods

### Qualitative Data

- Sampling
  - Purposive sampling was used to maximize information-rich cases,
  - Patients, local traditional healers (as identified by community representatives ), and HCWs were approached for participation.



### Data collection

- FGDs and In-depth interviews were organised around
  - ✓ Current understanding about BU causes and treatment
  - ✓ patients' engagement with biomedical resources and/or traditional medicine
  - ✓ Potential collaboration between HCWs and traditional healers
  - ✓ Subjective experience of patients with chronic wounds
  - ✓ Data were collected in clinical and community settings

### Data analysis

- Recordings were transcribed and analyzed using a thematic content analysis framework (Krippendorf 2012).
- NVivo software V.10 (QSR International, Doncaster, Australia) was used to assist with organization and management of the dataset.



Patient interview with psychologist Bankim



Patients suffering from BU



FGDs with traditional healers Bankim

### Quantitative Data

- Sampling
  - current and former patients in the study sites were approached by community representatives for participation
  - data were collected within clinical settings
- Data collection
  - psychological scales M.I.N.I to determine psychological pathologies
  - psychological scale QSCPGS to determine body satisfaction and self-esteem
  - questionnaires to determine perceived stigmatization
- Data analysis
  - Data were entered in excel and analyzed in R 3.5.3

## RESULTS

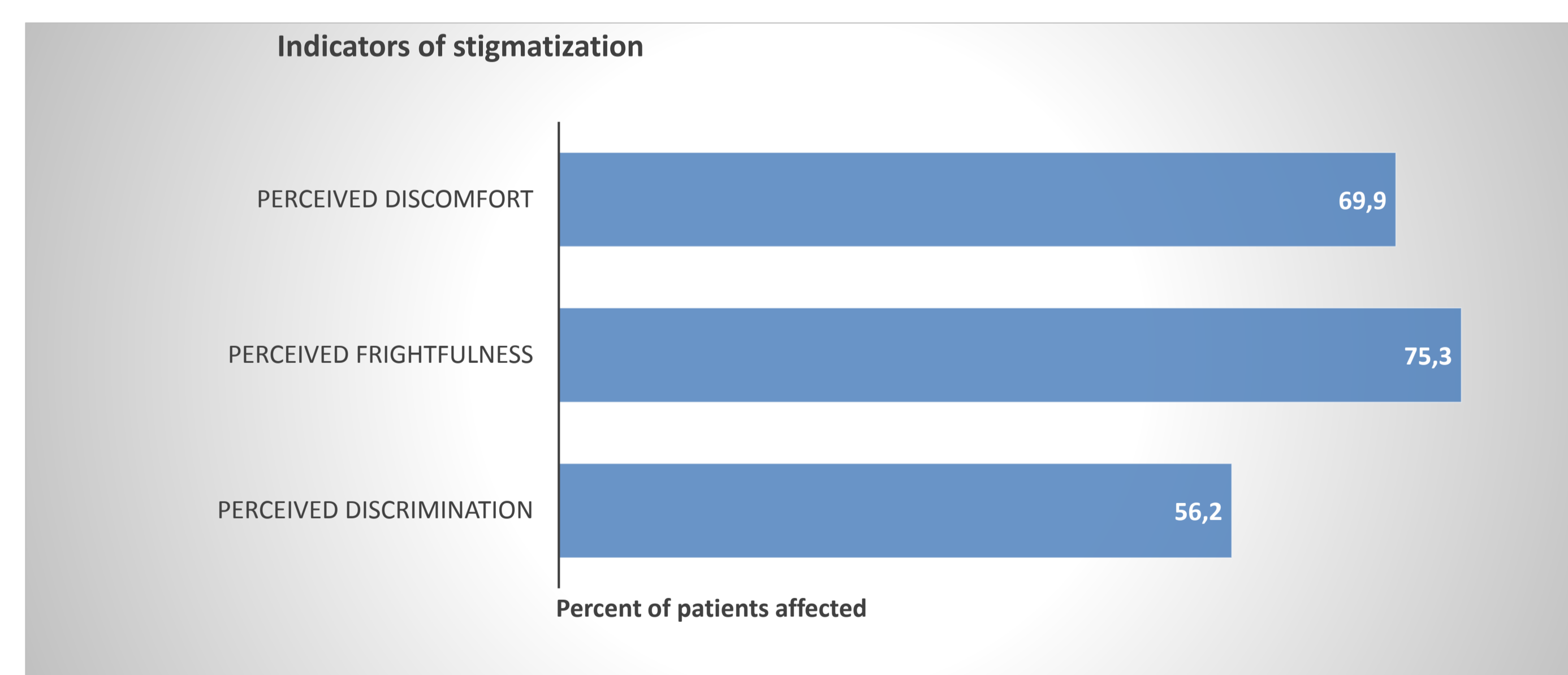
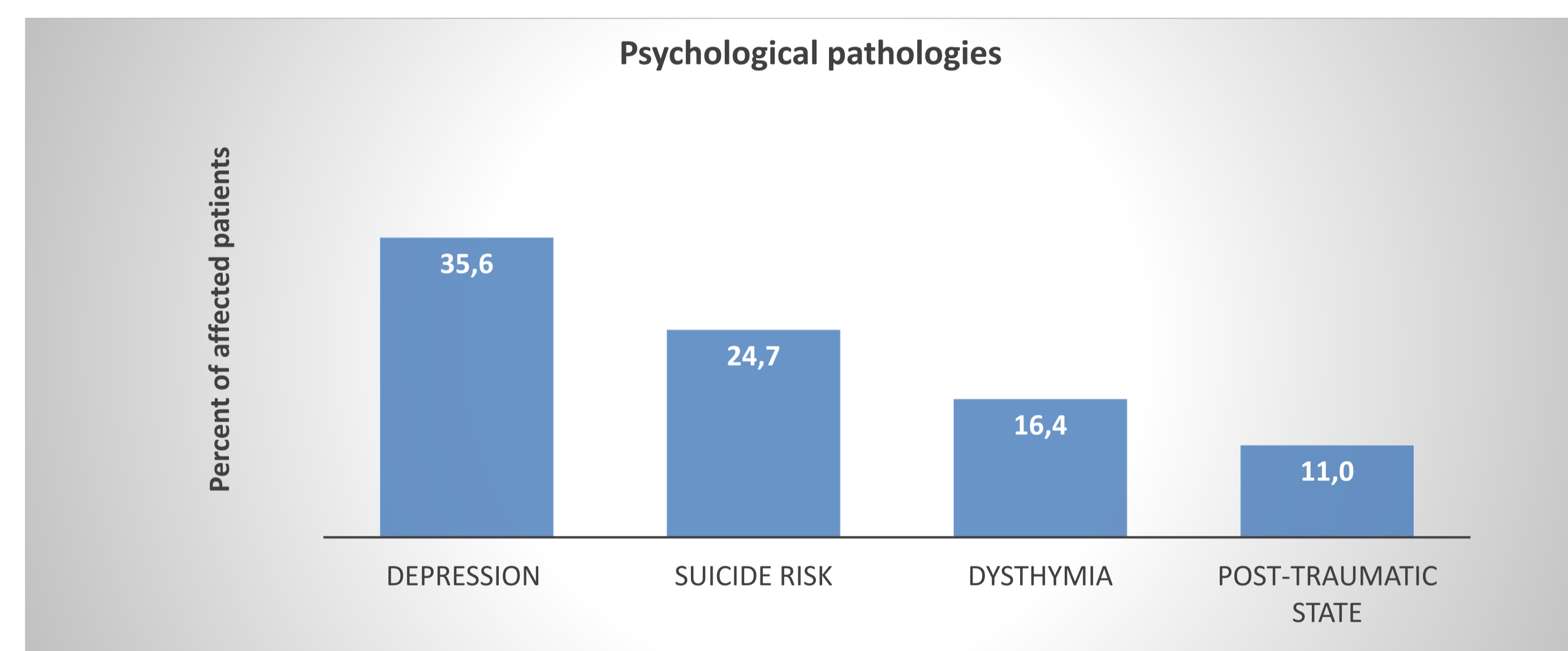
### Perception, experience and practices on BU

- We included 58 participants: 17 patients, 29 traditional healers, 12 HCWs
- Buruli Ulcer infection has a mystical origin and can result from a person casting a spell.
- An important proportion of patients are anxio-depressive
- Patients combine traditional and biomedical therapies to heal faster by addressing both the mystical and infectious components of the disease.
- Healthcare workers and traditional healers both reported that patients resist receiving treatment at health facilities
- Biomedical treatments are usually considered after failure of traditional therapies.
- Traditional healers are open to collaborate with physicians, but physicians are rather hostile to such collaboration

“I think that if we combine the two, healing would be faster ... And when you come back to the hospital now that you have removed the mystical barrier that prevented you from healing, it is easier to treat you. For me, I think we should combine the two medicines.” [Akonolinga patient]

“Since it (BU) all started, I am sad, I am useless, I fear that my wife will abandon me...” [Akonolinga patient]

“Here, the hospital is the last resort” [Ayos Physician]



## DISCUSSION AND CONCLUSION

- Patients resort to the hospital after failure of traditional therapies.
- They prefer a **combination of treatment** to address the disease.
- Psychological pathologies are numerous and persist even long after healing
- **Former patients still feel discriminated**
- **It is important to include mental health interventions in wound management programs**
- It is important to **educate communities about the realities of BU to avoid stigmatization and facilitate re-integration of patients**

**It is necessary to implement patient centered programs that are culturally competent enough to integrate traditional considerations as well as social and psychological aspects**

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