

two hospitals manage leprosy patients differently. Reasons for treatment completion and default include stigma and financial issues.

Conclusion Standardisation of the definitions of treatment completion and default, improvement of records filing and keeping, as well as increasing the availability of MDT in rural areas can all improve the MDT strategy.

Correction notice This abstract has been corrected since it was first published. Additional authors have been included.

111 **TREATMENT OUTCOMES AND PERCEIVED DETERMINANTS OF TREATMENT COMPLIANCE AMONG MULTIBACILLARY LEPROSY PATIENTS IN SELECTED HOSPITALS IN METRO MANILA**

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10.1136/bmjopen-2015-forum2015abstracts.111

Background Leprosy is a chronic skin disease and is treated through the multiple drug therapy (MDT). In the Philippines, leprosy has been eliminated as a public health problem but the low prevalence of the disease has resulted in delayed diagnosis and treatment and poor management of new leprosy cases. The results of this study will help improve the current case-holding strategies among patients.

Objectives This study describes the treatment completion and defaulting patterns as well as estimate the treatment completion and defaulter rate of leprosy patients enrolled in MDT from 2007 to 2013 in Hospital A and Hospital B and to identify determinants of treatment compliance and default among leprosy patients as perceived by healthcare providers in both hospitals.

Methods Patient records in the hospitals were reviewed to obtain relevant patient information. Incidence rates of treatment completion (TCR) and default rates (DR) were computed. Treatment completion and defaulting patterns were described and analysed using Kaplan-Meier technique. Focus Group Discussions (FGD) were conducted to determine reasons for treatment completion and default as perceived by health workers. Data from FGD is analysed through thematic analysis.

Result Only 62.4% of the patient cohort completed treatment which is far below the national target of 90%. Overall TCR was 5.2 per 100 person-months while overall DR was 2.9 per 100 person-months. Differences in the treatment and defaulter hazard curves of the two hospitals suggest that doctors in the