

Newly emerging problems among aging patients with hemophilia in Japan

Authors : Azusa Nagao, Ikuko Wada, Kayo Maekawa, Tomoo Taniuchi, Kenichi Kojima, Hideji Hanabusa

Hospital : Ogikubo Hospital, Tokyo, Japan

OBJECTIVES

In Japan almost 40% of patients with hemophilia were infected with HIV through contaminated plasma-derived coagulation factor products. More than 90% of HIV-positive patients with hemophilia have HCV. HAART has been available in Japan since 1996 and the AIDS mortality rate has dropped to a low level as a consequence. Currently, liver disease is the main cause of death in Japan.

Advances in both hemophilia and HIV/HCV treatment have led to longer life expectancy and enhancement of the activities of daily living (Ref.1).

As elderly patients with hemophilia are increasing, the amount of clinical data is inadequate. We conducted a cohort study of hemophilia patients at our hospital.

METHODS

✓Six hundred ninety patients with hemophilia are registered in Ogikubo Hospital.

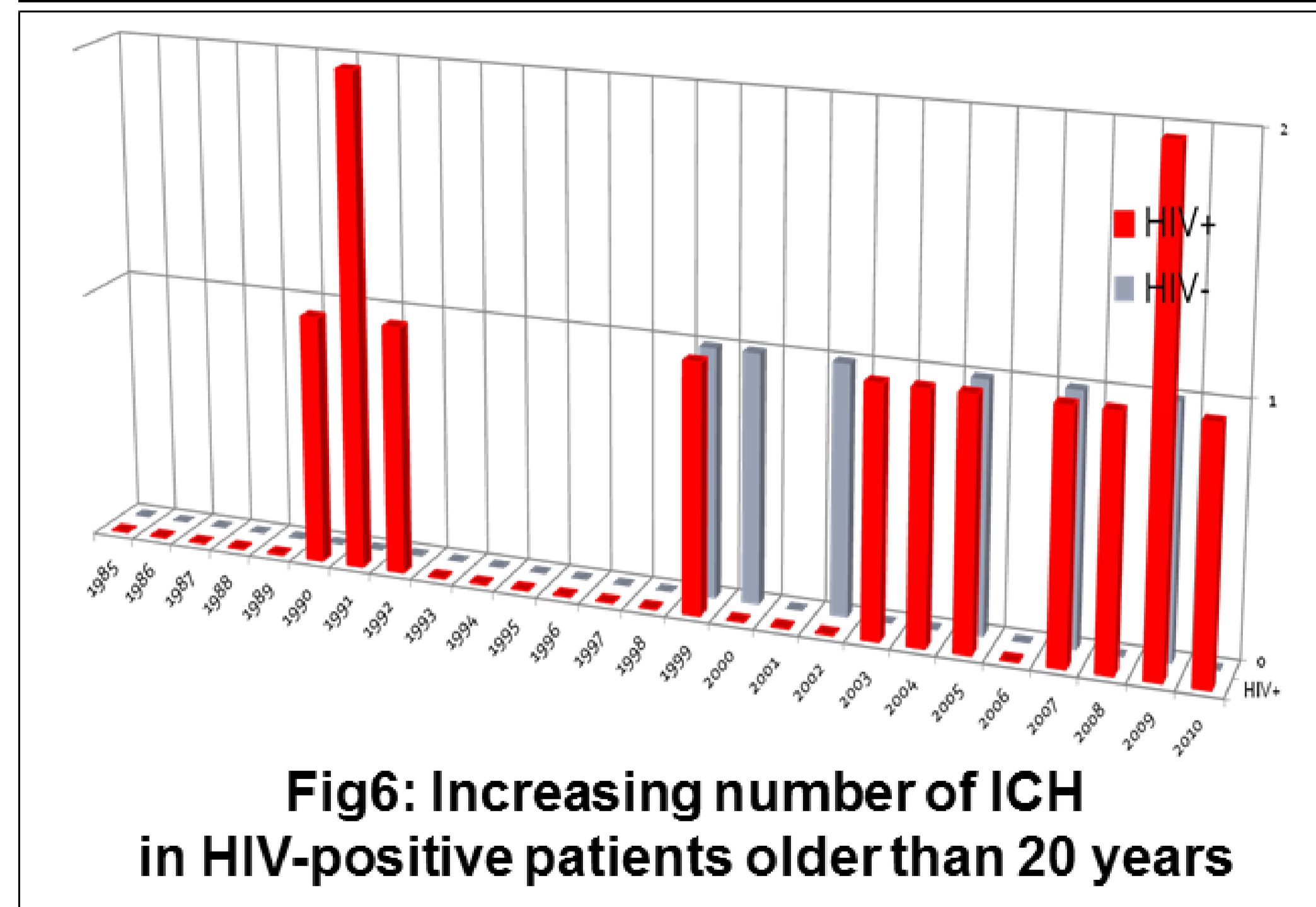
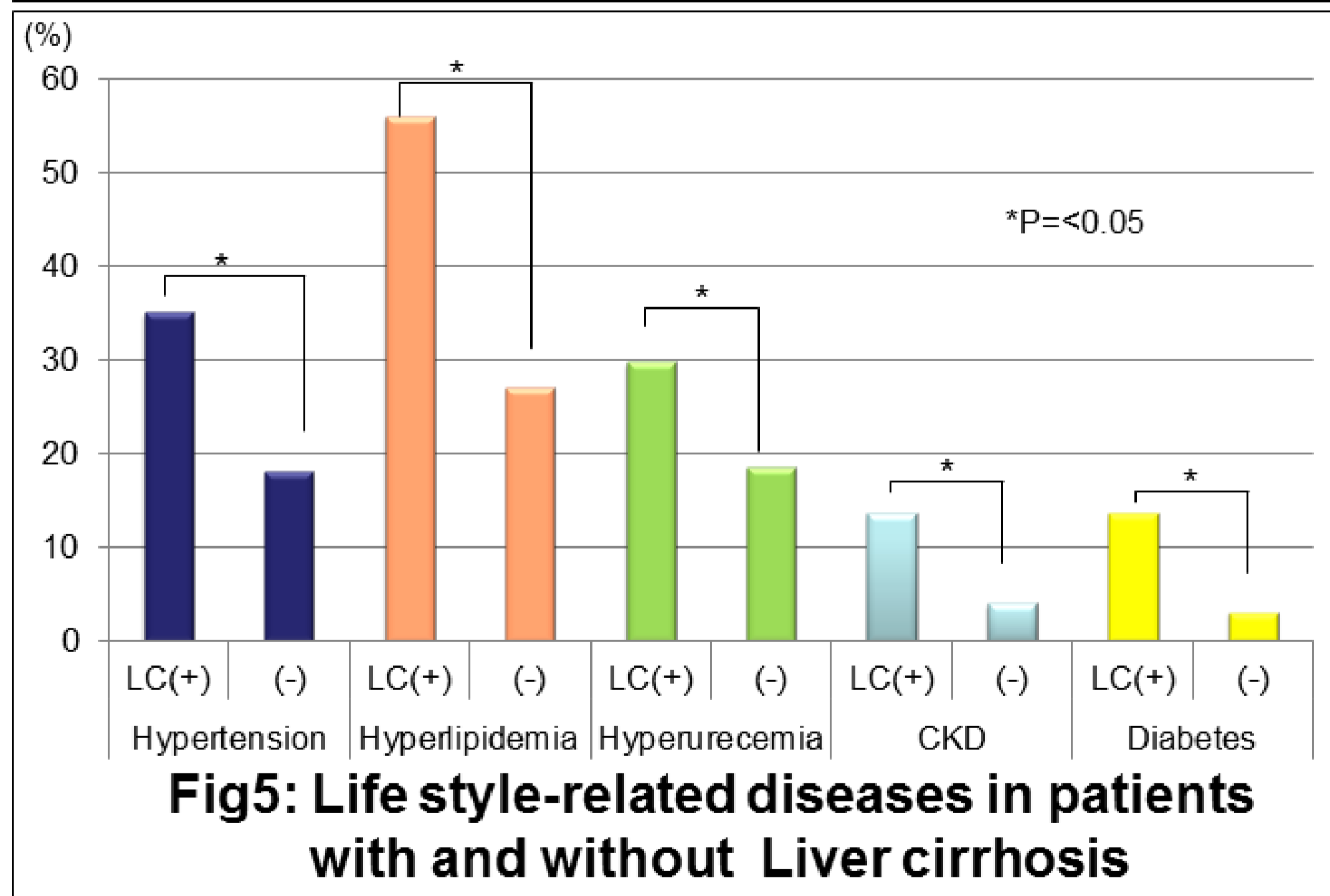
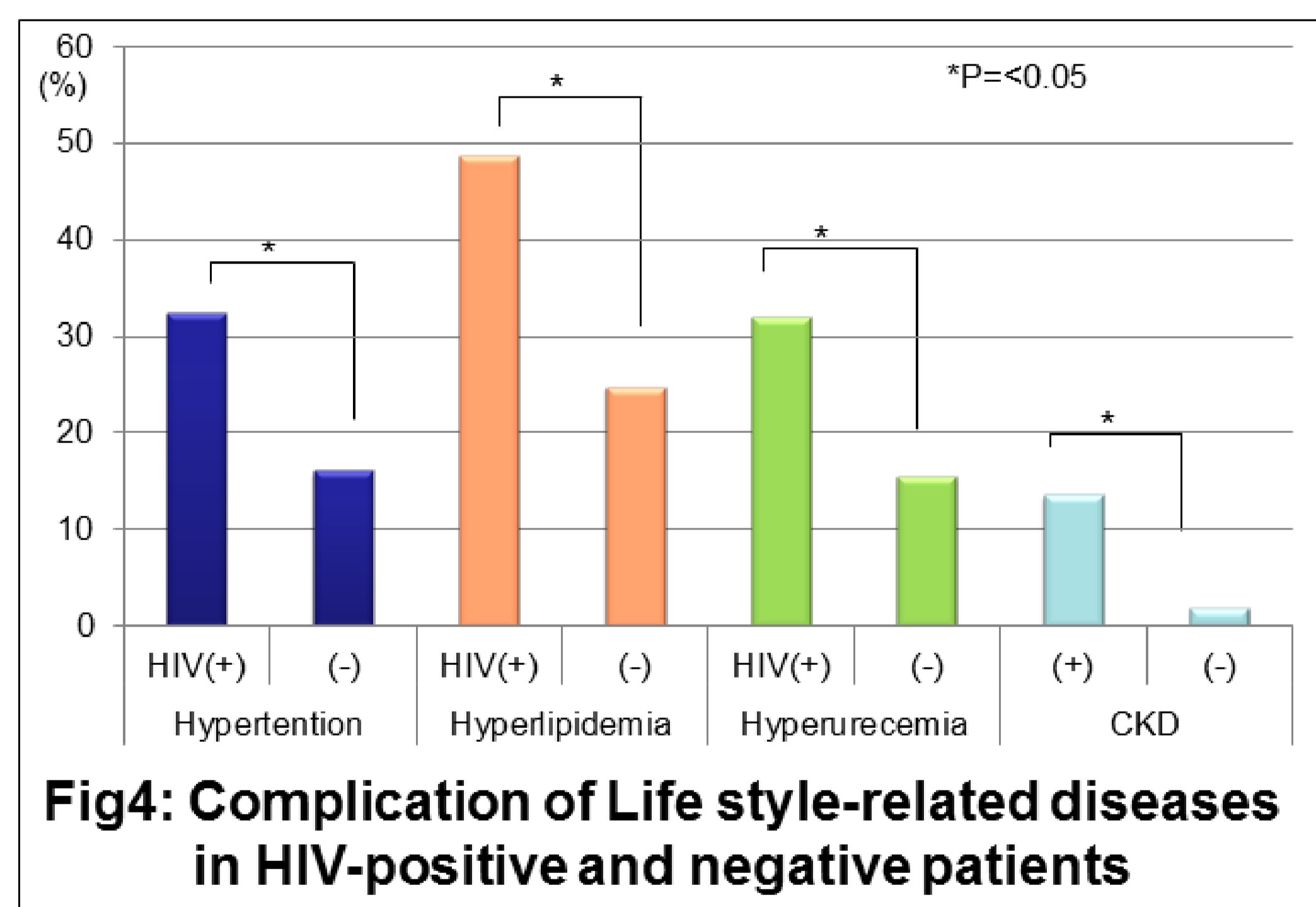
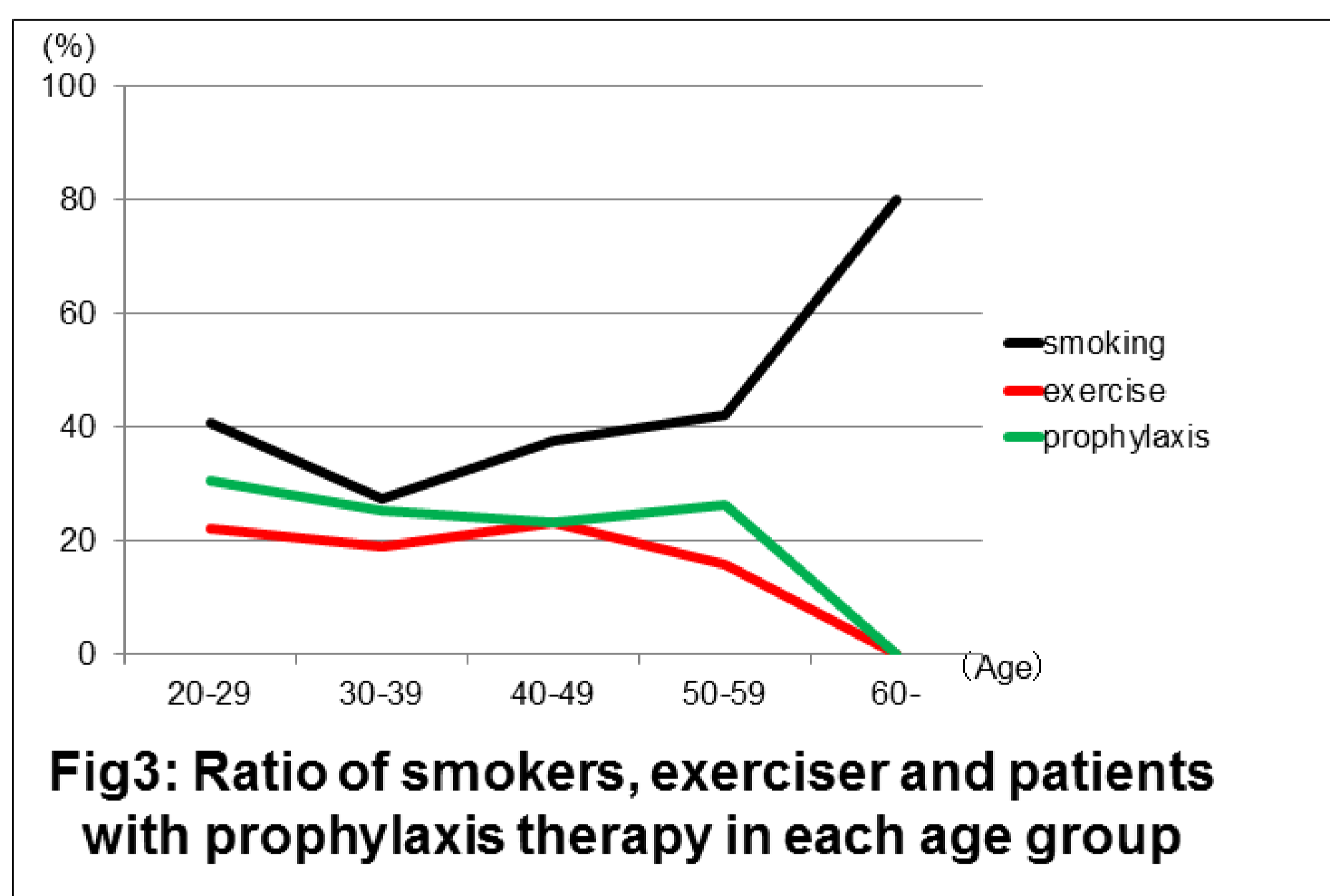
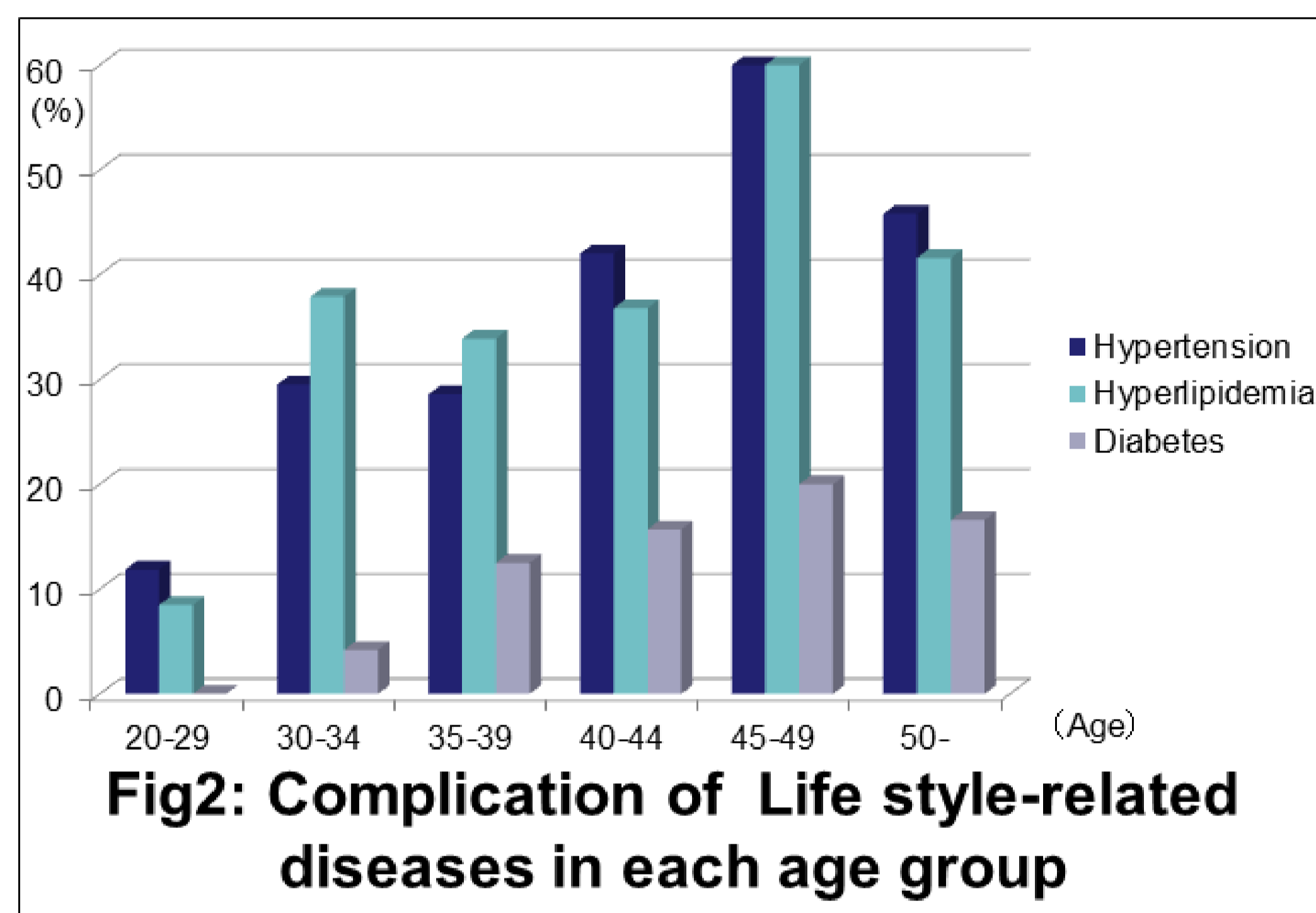
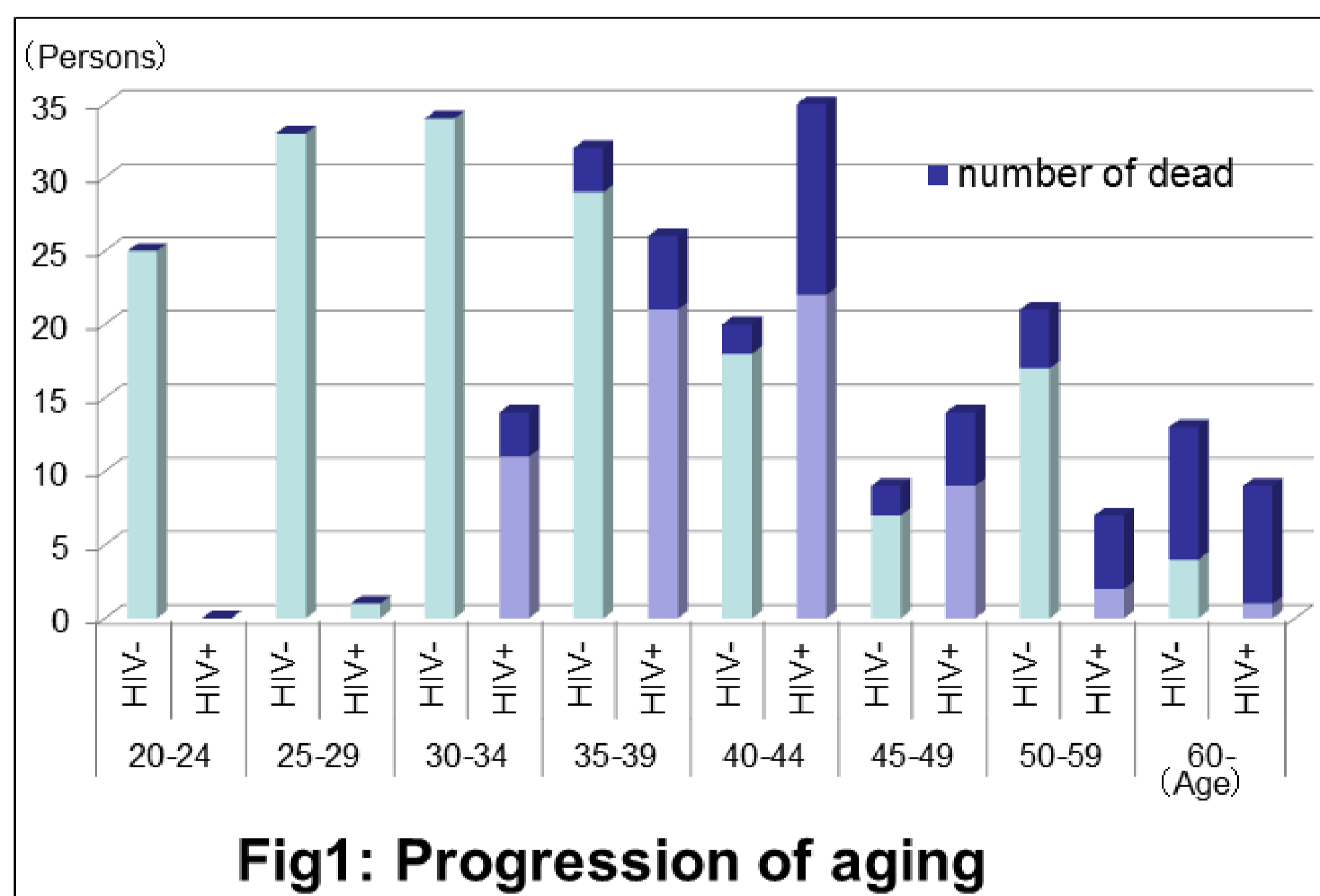
✓Patients born before 1985 were followed up and the mortality rate and the number of intracranial hemorrhages (ICH) were enumerated.

✓Among patients aged over 20 years, blood pressure measurement and blood tests, including lipids, uric acid, glucose and renal function, were conducted between January 2009 and June 2012.

✓Moreover, liver status and lifestyle-related disease of patients who have HCV are summarized.

✓Questionnaire about lifestyle (smoking, exercise and prophylaxis) was conducted.

RESULTS



✓Fig1: The mortality rate of patients with HIV infection was 47/133 (35.3%) from 1985 to 2013. The mortality rate is significantly lower than the rate reported from other developed countries.

✓Fig2: Hypertension, hyperlipidemia and diabetes were increasing by age.

✓Fig3: There are more smokers, exerciser and less patients with prophylaxis especially in elderly group.

✓Fig4: Hypertension, hyperlipidemia, hyperuricemia and decreased renal function (CKD) were significantly higher in HIV positive group than in the HIV negative group.

✓Fig5: Lifestyle-related disease are significantly higher in liver cirrhosis (LC) group. LC determined by platelet $\leq 15 \times 10^4 / \mu\text{L}$ and abdominal CT ultrasonography.

✓Fig6: The mortality rate the incidence of Intracranial hemorrhage (ICH) were significantly higher in the HIV positive group than in the HIV negative group.

CONCLUSIONS

Because there are many survivors in the HIV-infected hemophilia population, they face new problems such as ICH or hypertension. As it is not clear what supports are required for elderly patients with hemophilia, it is important to share experiences in caring for these patients.

References

1. Claire philipp; *American society of Hematology*; 2010; 191-196

