Long-term course of the severe haemophilia A or B patients in Sweden: Results from a cohort register study

Susanna Lövdahl¹, Karin M Henriksson^{2,3}, Fariba Baghaei⁴, Margareta Holmström⁵, Jan-Åke Nilsson¹, Erik Berntorp¹ and Jan Astermark⁶

¹Department of Clinical Sciences, Clinical Coagulation Research Unit, Lund University, Skane University Hospital, Malmö, Sweden;

²Department of Lab. Medicine, Skane University Hospital, Lund, Sweden; ³AstraZeneca, Department of Epidemiology, R&D, Mölndal, Sweden;

⁴Coagulation Centre, Department of Medicine/Hematology and Coagulation Disorders, Sahlgrenska University Hospital, Gothenburg, Sweden; ⁵Coagulation Unit, Hematology Centre, Karolinska University Hospital and Department of Medicine Karolinska Institute, Stockholm, Sweden

⁶Department of Hematology and Coagulation Disorders, Skane University Hospital, Malmö, Sweden;

AIM

To evaluate long-term incidence, prevalence and survival in Swedish patients with severe haemophilia.

BACKGROUND

The cohort consists of patients enrolled in a large national registry, including 1,431 with haemophilia A or B, born between 1883 through 2008. Registry data were linked to the In- and Out-patient, Cause of Death-, Cancer-, Medical Birth-, Prescription-, Migration- and Multi-Generation registries. Severity of haemophilia was known for 934 out of the 1,431 patients.

Methods

The 384 patients with severe haemophilia were compared to 1,918 age and sex matched controls. Cox proportional hazard regression models were used to estimate hazard ratio and the follow-up was stopped at 60 years after evaluation of the proportional hazards assumption.

Results

The mean follow-up was 30.7 for the patients with severe haemophilia and for the control cohort 31.6 years. 78 of the 384 patients were diagnosed with HIV and 167 with viral hepatitis. The hazard ratio for all cause of death was 6.6, 95% CI: [4.5; 10.0], p < 0.001. When HIV positive patients were excluded the hazard ratio was estimated to 3.3, 95% CI: [1.9; 5.6], p<0.001. Exclusion of both HIV and/or viral hepatitis gave a hazard ratio of 8.2, 95% CI: [3.2; 20.8], p<0.001. The most frequent cause of death for the patients with severe haemophilia was found to be HIV/AIDS, 24 (31%) followed by haemorrhage related deaths/cerebrovascular disease 18 (23%) and the comparative numbers for the control cohort 0 (0%) and 6 (6%).

Conclusions

This study shows that patients with severe haemophilia have a higher risk of death both with and without HIV and/or viral hepatitis compared to controls. This unique cohort will provide further valuable insight into co-morbidities and allow evaluation of first degree relatives.

Table. Characteristics of the study cohort for patients with severe haemophilia and for their controls.

Total Study Group		After Exclusion of Patients with		After Exclusion of Subjects with	
		HIV Infection		HIV Infection and/or Viral Hepatitis	
H aem ophilia	Controls	H aem ophilia	Controls	Haem ophilia	C on trols
n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
384 (100)	1918 (100)	306 (100)	1529 (100)	196 (100)	979 (100)
78 (20)	102 (5)	31 (10)	63 (4)	14 (7)	24 (3)
78 (20)	1 (0)	0 (0)	0 (0)	0 (0)	0 (0)
167 (44)	9 (1)	110 (36)	7 (1)	0 (0)	1 (0)
2 (1)	129 (7)	2 (1)	90 (6)	2 (1)	42 (4)
66 (17)	61 (3)	23 (8)	37 (2)	12 (6)	11 (1)
2 (1)	128 (7)	2 (1)	89 (6)	2 (1)	42 (4)
	Haemophilia n (%) 384 (100) 78 (20) 78 (20) 167 (44) 2 (1)	Haemophilia Controls n (%) 384 (100) 1918 (100) 78 (20) 102 (5) 78 (20) 1 (0) 167 (44) 9 (1) 2 (1) 129 (7)	Haemophilia Controls Haemophilia n (%) 1918 (100) 306 (100) 384 (100) 192 (5) 31 (10) 78 (20) 1 (0) 0 (0) 167 (44) 9 (1) 110 (36) 2 (1) 129 (7) 2 (1)	HIV Infection Haemophilia Controls Haemophilia Controls n (%) n (%) n (%) 384 (100) 1918 (100) 306 (100) 1529 (100) 63 (4) 78 (20) 102 (5) 31 (10) 63 (4) 78 (20) 1 (0) 0 (0) 0 (0) 167 (44) 9 (1) 110 (36) 7 (1) 2 (1) 129 (7) 2 (1) 90 (6)	HIV Infection HIV Infection a Hepatic Haemophilia Controls Haemophilia n (%) haemophilia n (%) n (%) n (%) n (%) n (%) n (%) haemophilia n (%) n (%) n (%) n (%) haemophilia n

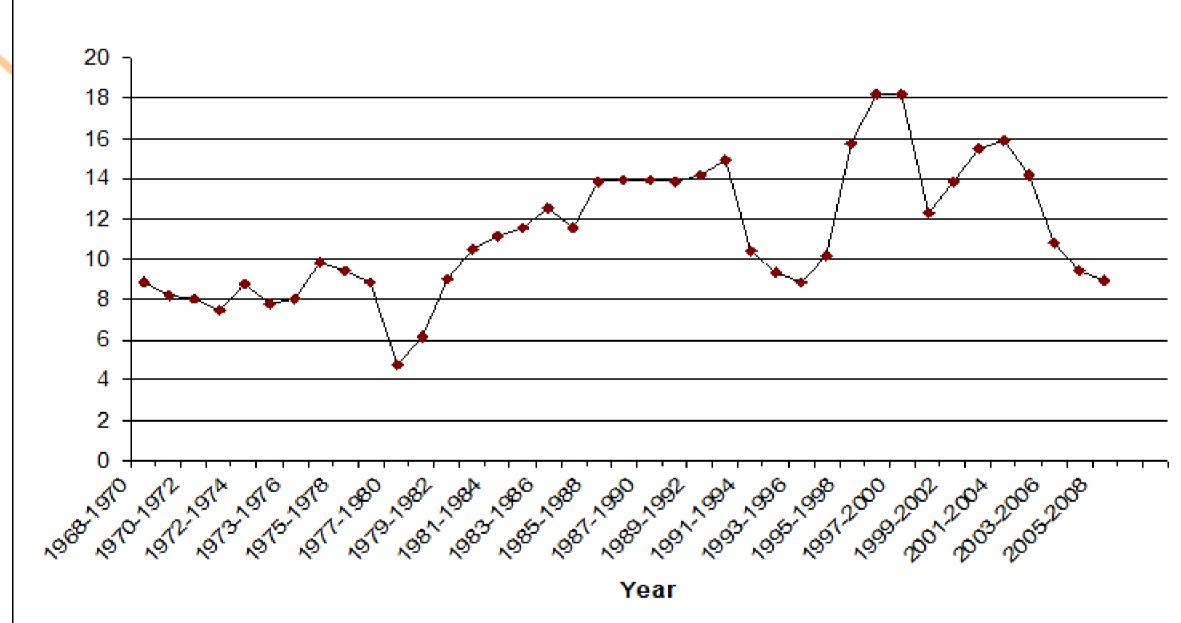


Figure 1. Three year moving incidence (per 100,000) for severe haemophilia patients.

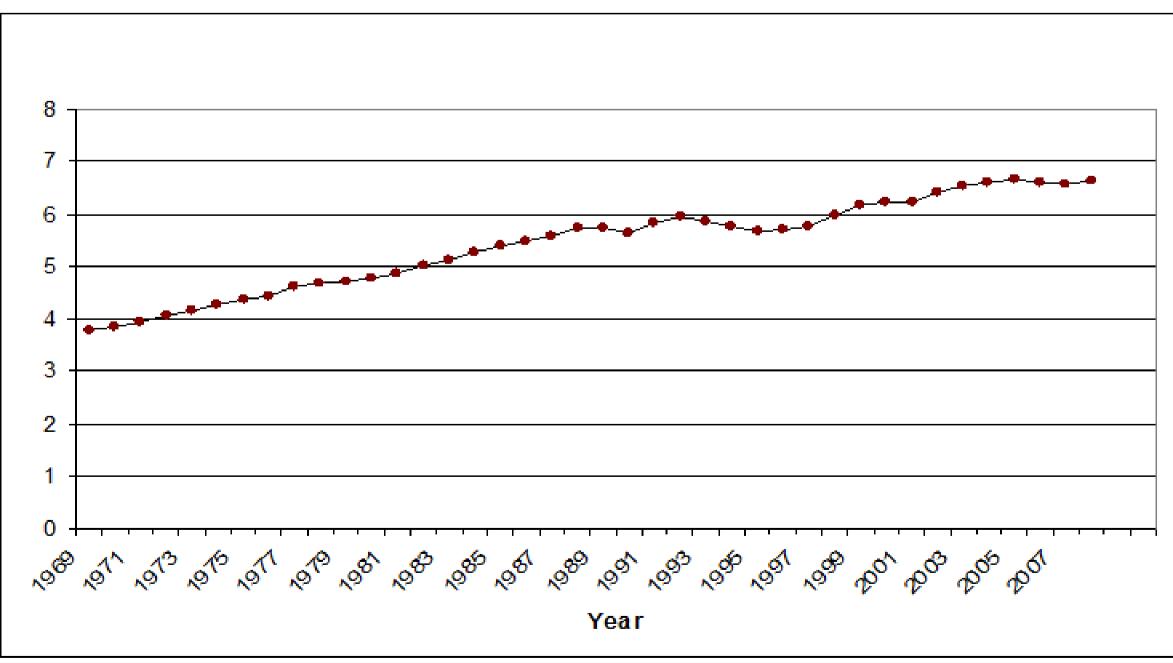
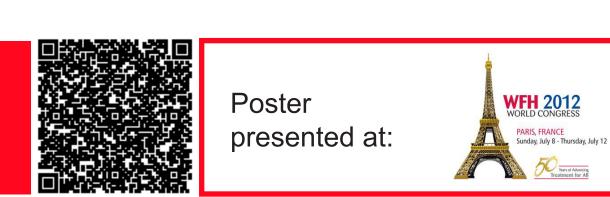


Figure 2. The prevalence (per 100,000) for the patients with severe haemophilia.









Susanna Lvdahl