

SECONDARY PROPHYLAXIS IN HEMOPHILIAC ADULTS WITH ARTRHOPATHY: DESCRIPTION OF A COHORT

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Background

Primary prophylaxis is the standard management for patients with haemophilia and its use has been highly recommended by WHO and WFH. Prophylaxis started in adulthood improves orthopedic scores, decreases the hemarthrosis frequency, physical disability, hospitalization rates, school/work absenteeism and has a positive impact on quality of life. However, prophylaxis in adults has many barriers, involves very high costs and scientific evidence regarding the management is very limited. We described a cohort of patients treated in an institution in a developing country.

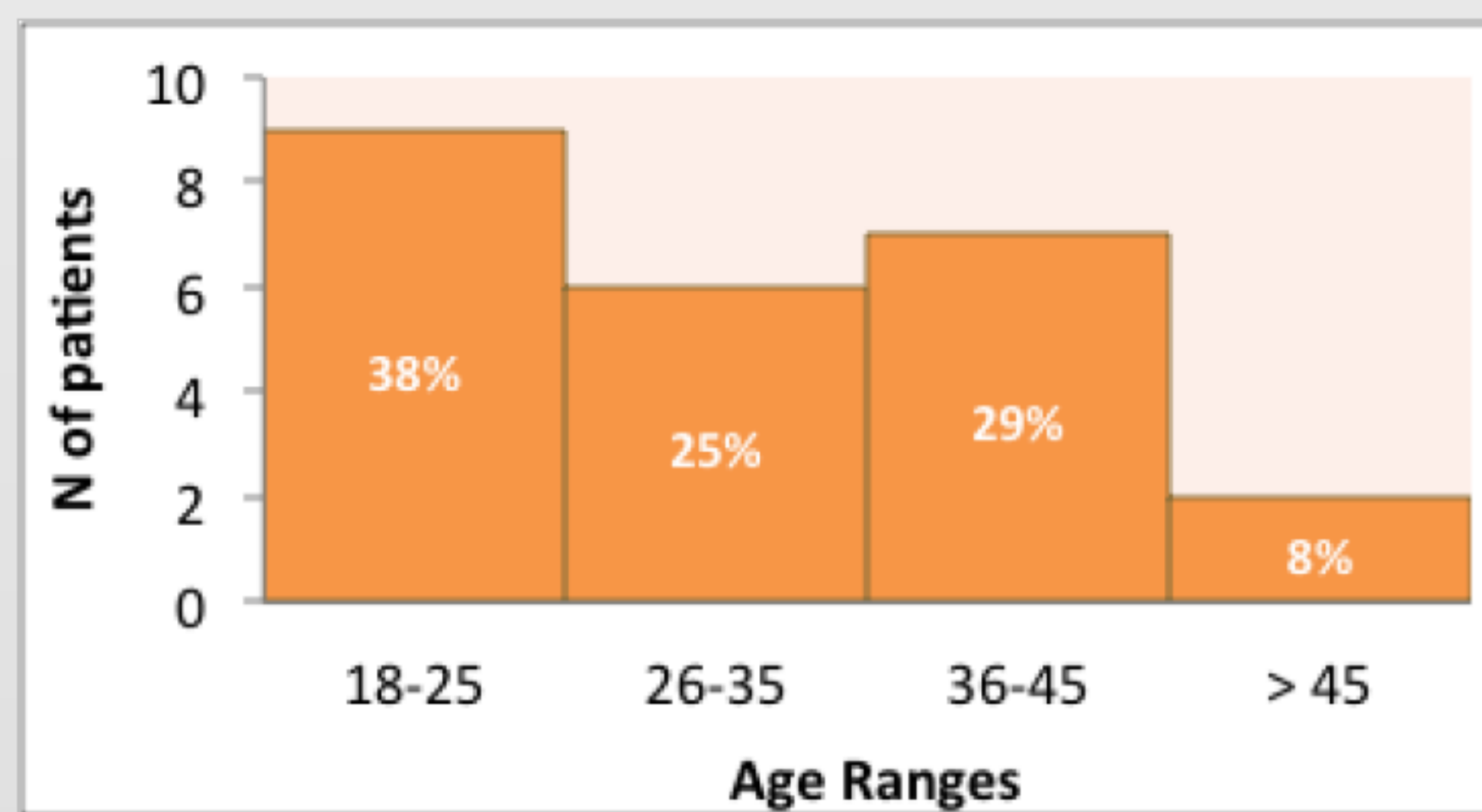
Objective

To describe the main characteristics of secondary prophylaxis in a cohort of hemophiliac adults with arthropathy in a developing country.

Methods and Results

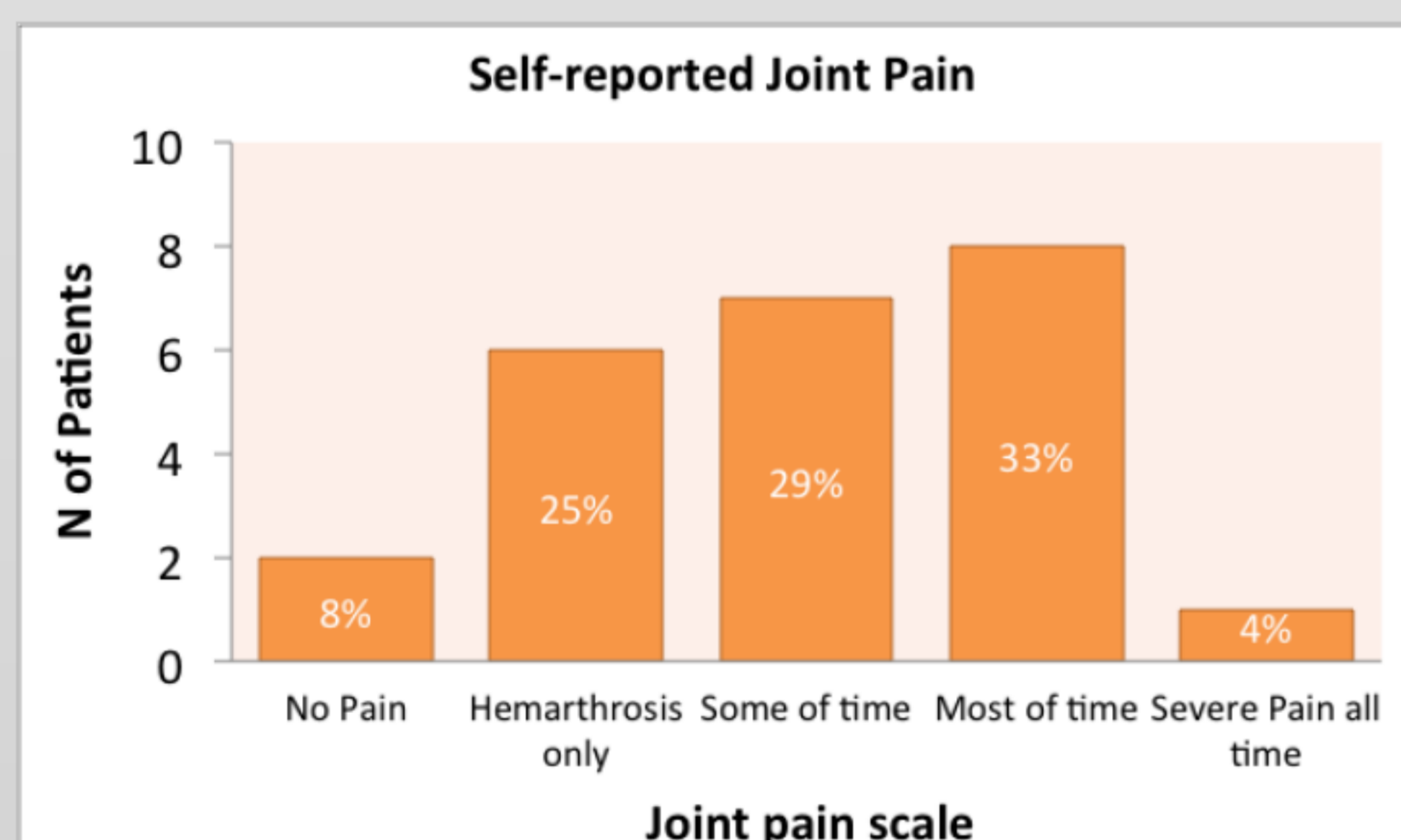
• **Population and sample:** This is a descriptive and observational study. Sample was 24 hemophiliac adult patients treated and followed during six months at a center in Bogota D.C., Colombia.

• **Age (mean):** 30.5 years (Range: 18-63)

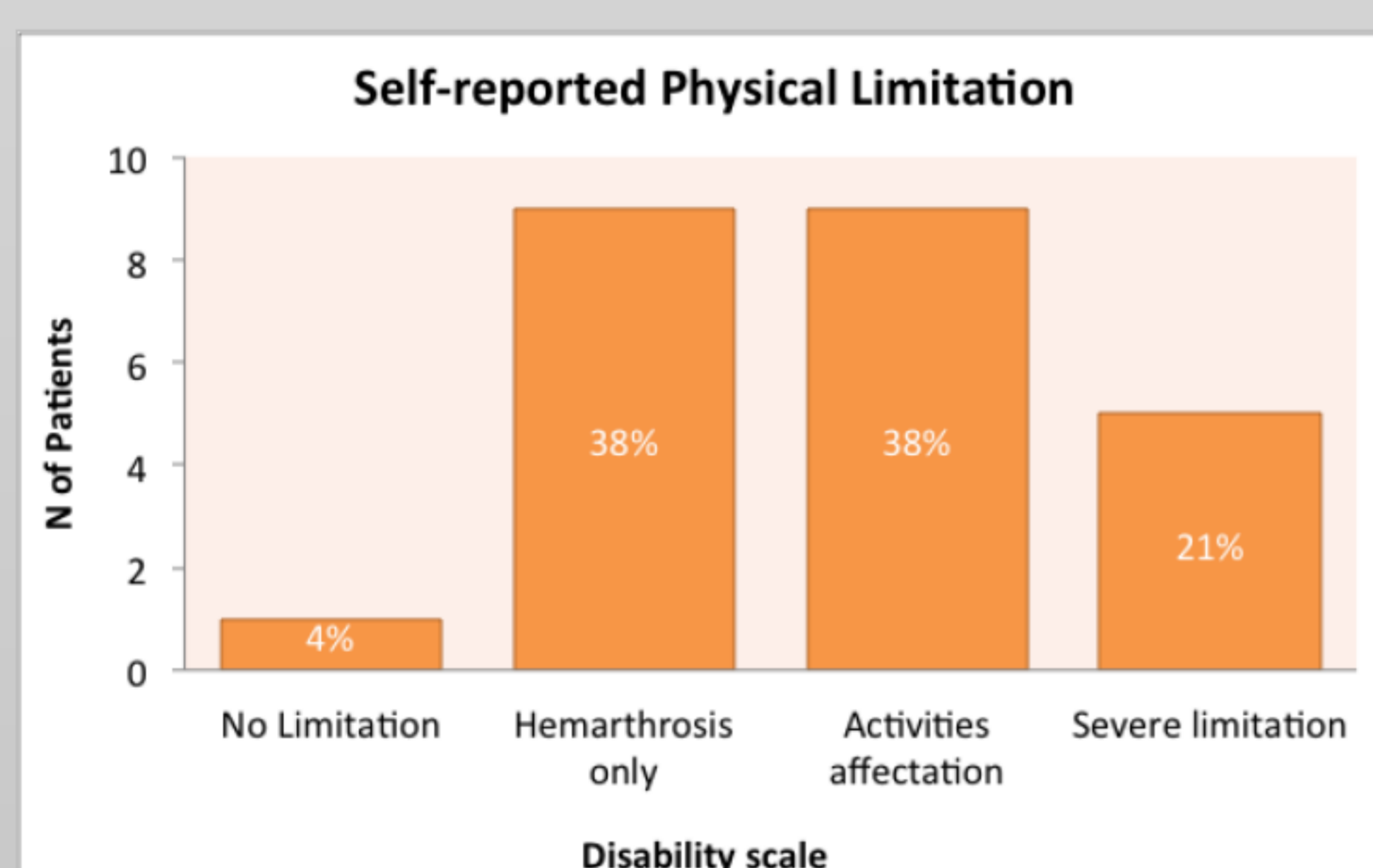


• **Type of Hemophilia:** Highest proportion was for patients with Hemophilia A (79%, n=19).

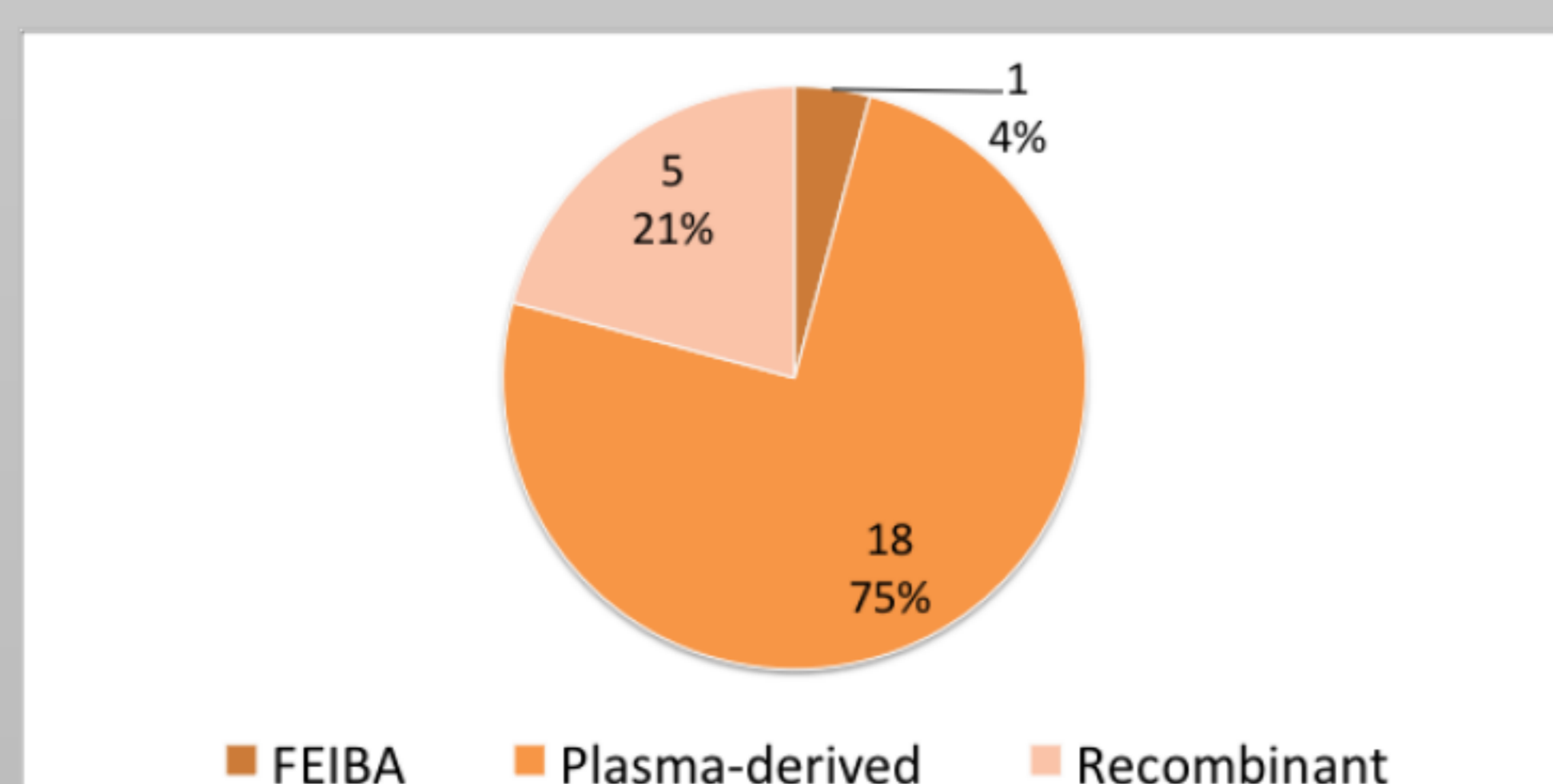
• **Joint Status:** All patients had evidence of established hemophiliac arthropathy.



• **Physical limitation:** Highest proportions were two mid points in disability scale.

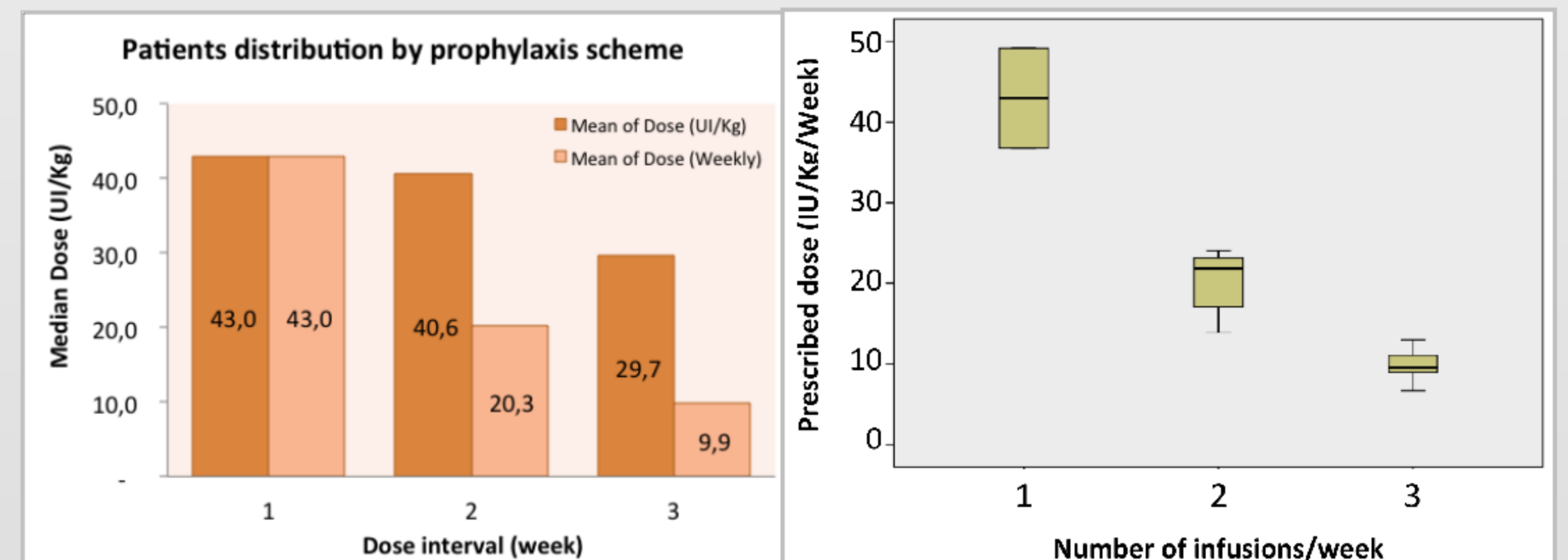


• **Type of Concentrated Factor used for prophylaxis:** The most commonly used was plasma-derived.

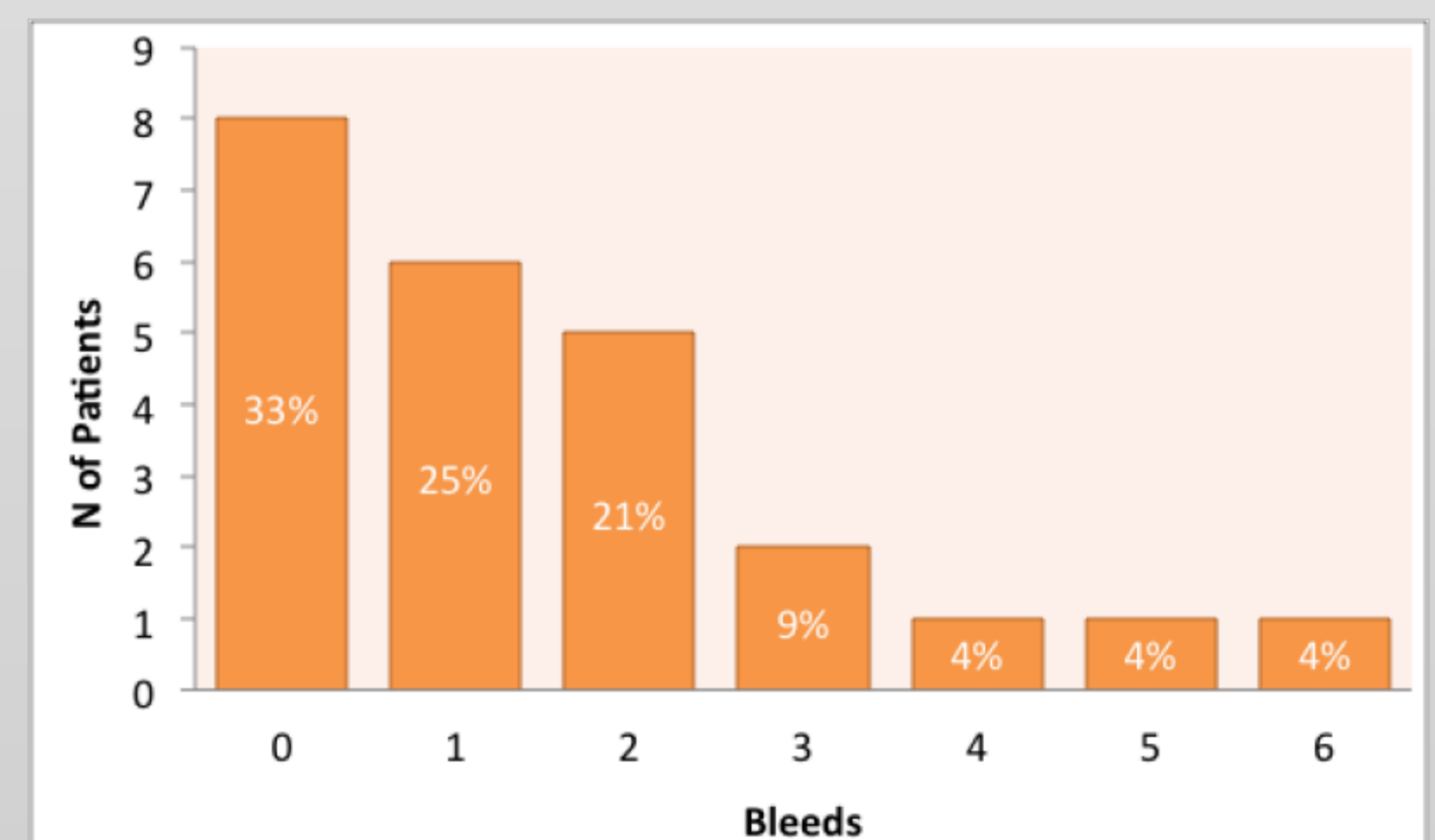


• **Infusions Frequency (number/week):** 2.5 (1-3) for Haemophilia A patients and 1.8 (1-2) for haemophilia B patients.

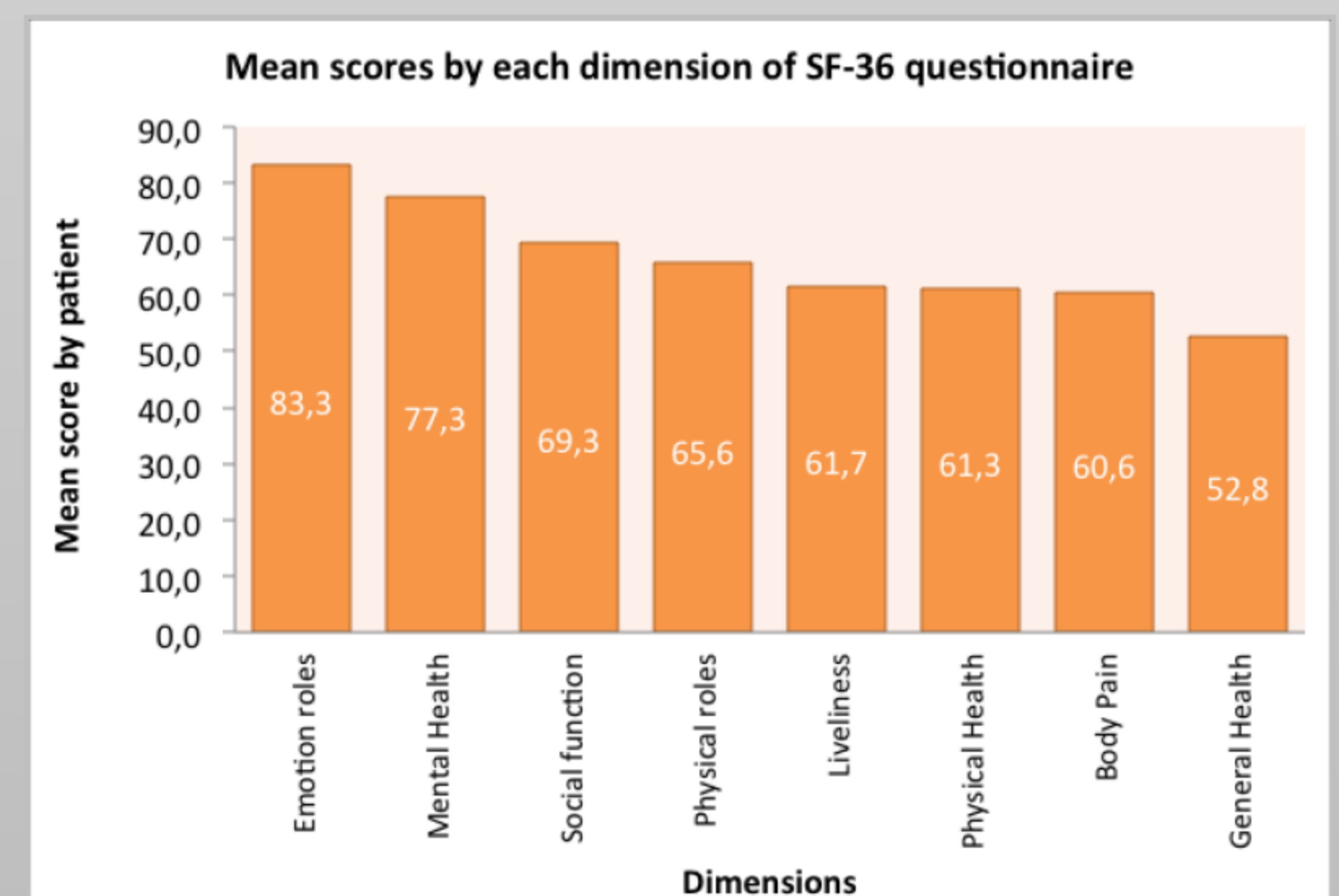
• **Prophylaxis dose (IU kg⁻¹ week):** 15.1 (6.6-49.1). Accomplishment for doses: 100% (based on home management by program nurses).



• **Bleedings and hospitalization rate:** Mean number of bleeds (in 6 months) was 1 (SD=1.7, Range 0-6). Most of bleedings were hemarthrosis. There were not life-threatening bleedings and were not hospitalizations due to hemorrhage.



• **Health-related Quality of Life:** Quality of life was assessed with SF-36 questionnaire.



Conclusions

- Secondary prophylaxis in hemophiliac adults with arthropathy is feasible in a developing country. Arthropathy degree in our population is relevant; physical limitation and subjective pain perception are parameters that correlates with muscle-skeletal injuries. This obligates to therapeutic intervention.
- Observed results allow to evidence low bleeding rates (1 per patient/six months), in comparison with high bleeding rates reported from demand managed patients. All joint events could be managed ambulatory and successfully.
- Severe bleeding events or another life risk events were not reported and hospitalizations caused by bleedings were not required, which are relevant issues also.
- Prophylaxis doses in adults are relatively low in comparison with established doses for other series and should be tailored according to specific characteristics for each patient.
- Quality of life analysis with SF-36 questionnaire evidences that secondary prophylaxis has a positive impact on emotional and social dimensions mainly. Although its high cost is the main barrier for management in hemophiliac patients, well results in this intervention suppose a cost-effectiveness intervention. We are developing a pharmacoeconomic model to support these findings.

