

NURSING THE AGEING HAEMOPHILIAC: CARDIOVASCULAR CHALLENGES

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Sheffield adults oldest patient
with severe haemophilia -
91 years young!

Introduction

The rate of ageing in the world population is unprecedented, without parallel in human history, and the 21st century will see even more rapid ageing than was seen in the last century (UN, 2011). In the UK, by 2035 the number of adults aged 85 or older is projected to be 2.5 times larger than in 2010, reaching around 3.5 million and constituting 5% of the population (Govnet Communication, 2012). This ageing can be seen as a success story for public health policies and for socioeconomic development, but it also challenges society to adapt (WHO, 2012). An older population is more likely to experience complex health needs, especially those with chronic disease, placing demands on an already under pressure health service (Gerrish & McMahon, 2006).

Aim

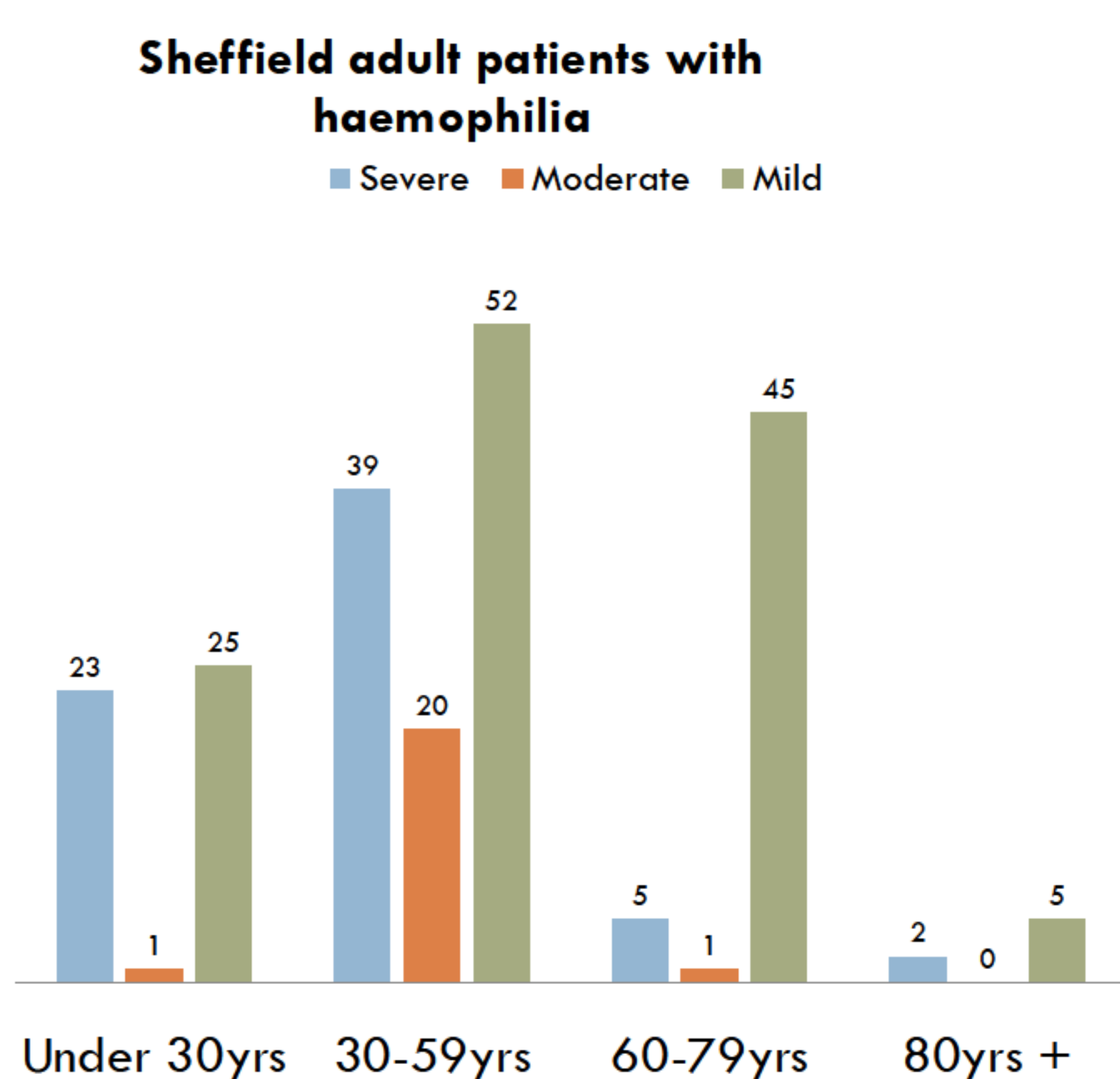
A review of the life expectancy of people with haemophilia (pwh) compared with the local population of people with haemophilia. A closer examination of cardiovascular issues in this population. Discuss the specialist nurse's role in meeting the needs of these affected individuals.

Method

A brief literature review of the life expectancy of people with haemophilia in the UK. A look at the Sheffield Haemophilia & Thrombosis Centre's current cohort of pwh and how old they are. Literature review of causes of death in pwh.

A review of the literature surrounding cardiovascular disease (CVD) in pwh and any case reports and current guidelines for managing these patients. Review of the literature on nurse specialists, and their role in caring for the patient with chronic illness.

Results



Amongst the local adult population of pwh 22% are aged 60-79yrs and 4% are over 80years. This would suggest the local population equals or better the findings from earlier studies (Plug et al, 2006; Darby et al, 2007), although the Sheffield population covering one centre is small in comparison to the other national studies.

Literature on whether having haemophilia protects against developing CVD is conflicting (Sramek et al, 2001; Kulkarni et al, 2005; Bilora et al, 2006; Foley et al, 2010). But there are reports of myocardial infarction and other arterial complications in patients with haemophilia (Konkle et al, 2009). Pwh are as at risk of exposure to risk factors as the general population age (Kannal & Vasan, 2009), race (Chaturvedi, 2003), smoking (Mannucci et al, 2009), and obesity (Hofstede et al, 2008). These in addition to being at increased risk of hypertension, physical inactivity, chronic renal disease (Kulkarni et al, 2003) and HIV (Fris-Moller et al, 2007). Increased risk of hypertension was observed locally with 53% of pwh who had their blood pressures taken in clinic recorded as higher than the NICE recommendation 140/90mmHg.

Literature reports that nurse practitioners manage patients in a comparable manner to physicians, with high levels of patient satisfaction, combined with increased advice on education, health promotion and follow up advice (Barr et al, 2000; Phillips, 2007; Chen et al, 2009; Jennings et al, 2009). Nurses are uniquely positioned to play a major role in promoting adherence to haemophilia treatment regimes and health promotion strategies. In adolescents adherence to regimes has been 7.3 times higher in those supported by nurses over those who haven't (Kyngas & Rissanen, 2001).

Conclusions

Despite the evidence being limited on the development of CVD in patients with haemophilia, both local evidence and international data on the ageing population reveal the need for specialist centres to identify patients at risk and provide education to their patient population. As this group of patients ages more data will become available on the exact numbers developing CVD but if centres start educating patients at an early age into the benefits of healthy lifestyle the risk of developing it may be reduced. The growing evidence on how to manage the disease once it develops and the local and international literature on managing surgical interventions will help other specialist centres in developing their techniques and procedures. Collaborative databases such as EUHASS will help establish evidence based guidelines for the care of this population.

To optimise the cardiovascular care of the ageing pwh, the nurse and patient need to work together to recognise the patient's problems. From the reviewed literature the aims when caring for the ageing pwh in relation to CVD are:

- Ensuring pwh are aware of risk factors associated with CVD e.g. Age, smoking, hypertension, hyperlipidaemia, HIV, race, diabetes and obesity.
- Ensure patients are aware of the need to have regular reviews from both the CCC and their primary physician to enable early detection of problems such as diabetes and hypertension.
- When CVD is diagnosed, support in the medical and surgical management of the disorder. Close liaison between haematology team, cardiologist and primary physician are essential.
- Ensure patient is able to maintain everyday activities independently or have support to maintain those normal activities of daily living.
- Ensure patient's self treating know that over treatment raises their risk of developing arterial thrombosis. Up to date weight measurements and evaluation of factor usage at clinics are essential in the monitoring of home treatment.

A major role for nurses caring for the ageing pwh will now need to include health education strategies, not just in the management of haemophilia but in the prevention of developing the usual ails of ageing such as CVD.

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