

Conclusion

- Inhibitor development in persons with nonsevere hemophilia A aggravates the burden of bleeding with the majority (83%) needing treatment for bleeding episodes at a median of 2 bleeding episodes per year.

Introduction and Objectives

- Inhibitors may increase bleeding frequency and compromise management of bleeding episodes in persons with nonsevere hemophilia A.
- Median annual bleeding frequency in patients without inhibitors is described to be 0 (IQR 0-3) for mild hemophilia and 1 (IQR 0-13) for moderate hemophilia.
- The aim was to evaluate burden of bleeding and describe treatment strategies used for bleeding episodes in a large unselected cohort of persons with nonsevere hemophilia A with inhibitors.

Results

- Fifty-seven persons with nonsevere hemophilia A (56%) had high titer inhibitors (>5 BU/mL) and in 30 patients the FVIII:C level was decreased ≤ 1 IU/dL.
- Eighty-nine persons with nonsevere hemophilia A with inhibitors (83%) received treatment for bleeding episodes.
- The median number of bleeding episodes per inhibitor year was 2 (IQR 1-5).
- To treat bleedings FVIII concentrate was used in 59 (58%), FVIII bypassing agents in 50 (50%) and desmopressin in 18 (18%) persons.

Fig. 1 Reason for treatment

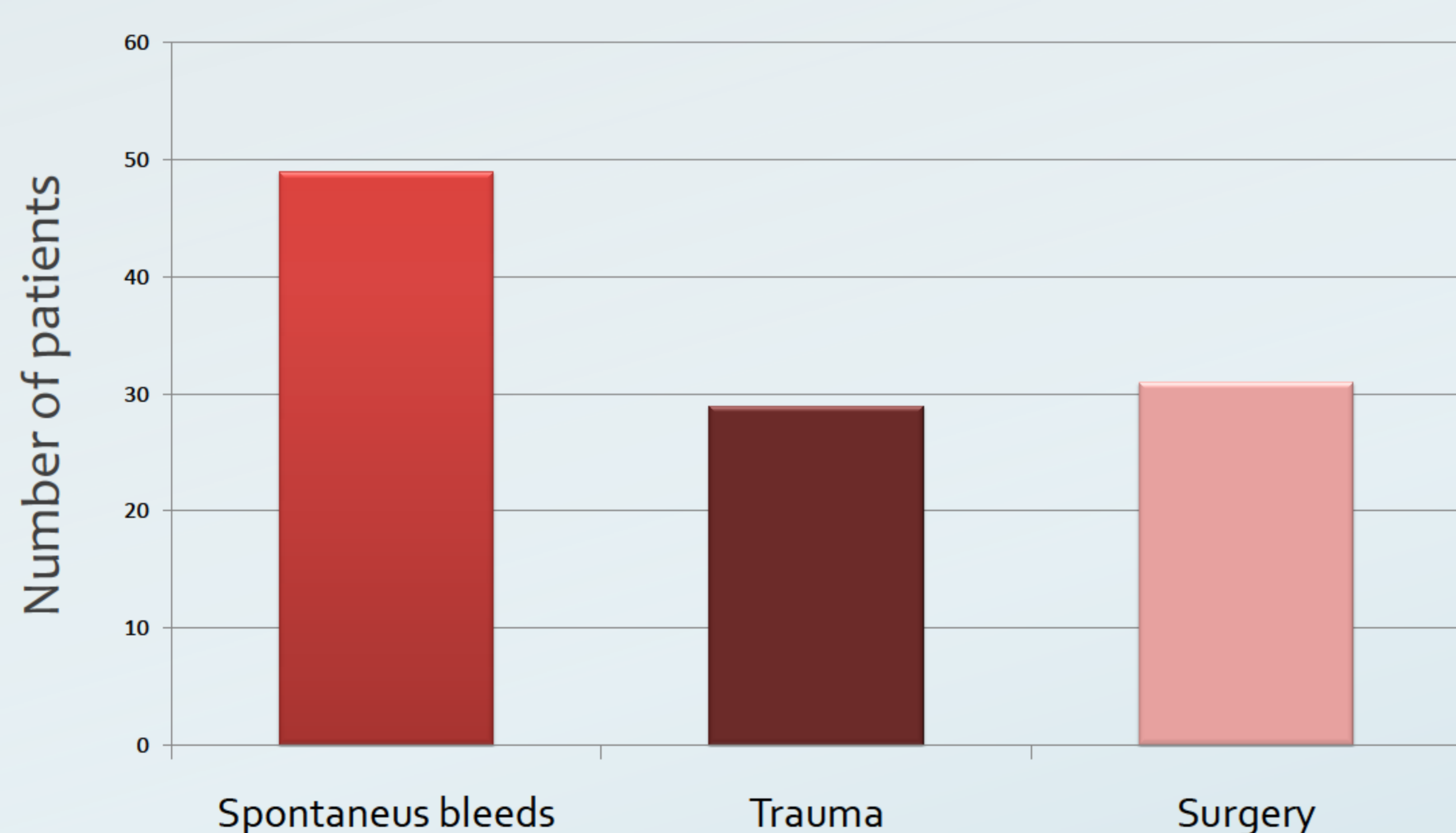
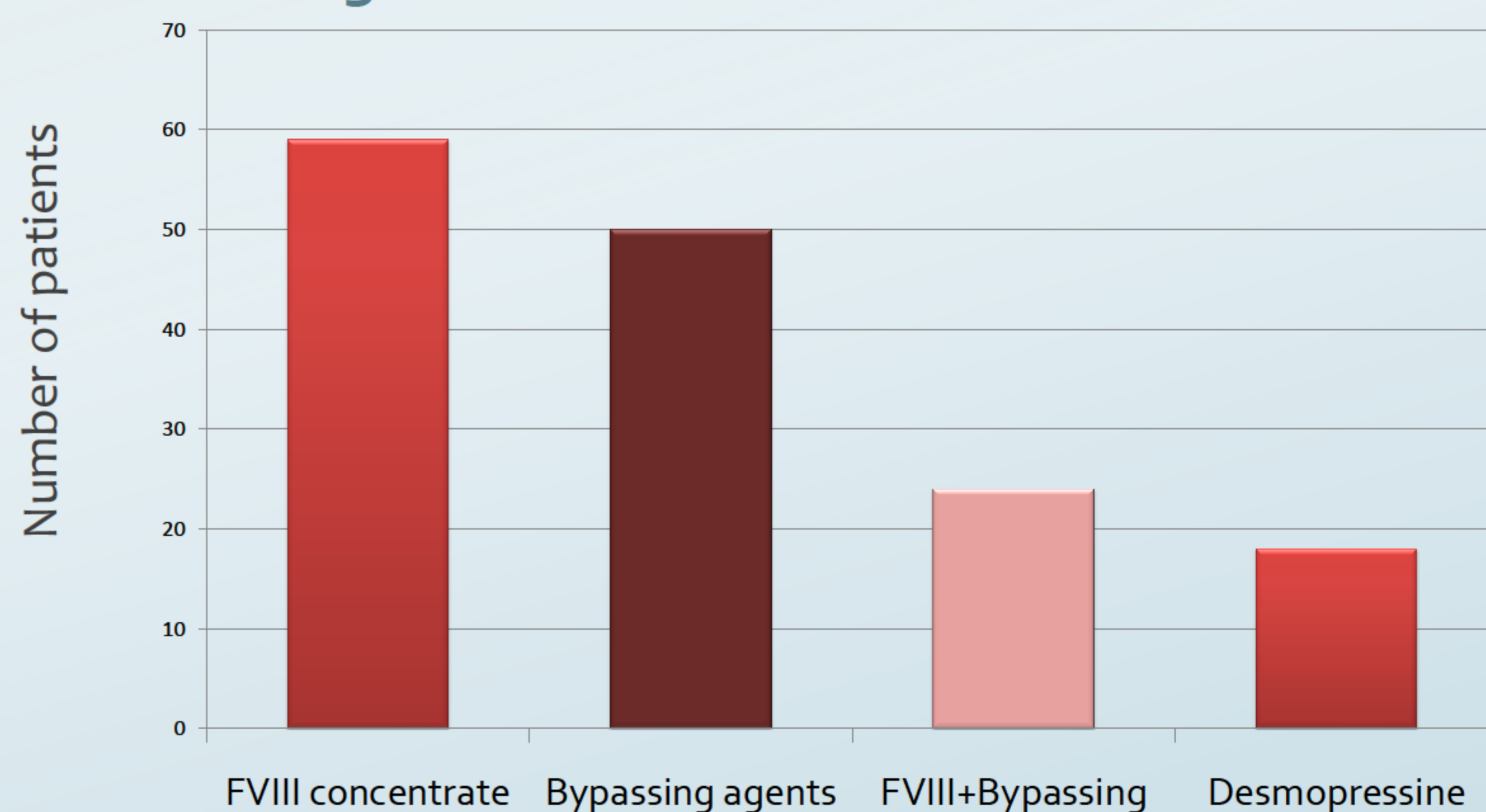


Fig. 2 Product used for treatment



Methods

- Clinical data were collected of 107 persons with nonsevere hemophilia A and inhibitors, derived from a source population of 2,709 persons with nonsevere hemophilia A that were treated between 1980 and 2011 in 34 European and Australian centers.
- Data of the 1st inhibitor period were analyzed.

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