ASSESSMENT OF MUSCULOSKELETAL FUNCTION & ITS ASSOCIATION WITH SEVERITY OF HEMOPHILIA.....!

INTRODUCTION AND OBJECTIVE: Morbidity in hemophilia is predominantly caused by musculoskeletal dysfunction due to recurrent intra-articular and intra-muscular bleeding leading to hemophilic arthropathy and contractures. In India and other developing countries, due to the low socioeconomic status, poor knowledge regarding the disorder, exorbitant treatment costs, and lack of availability of clotting factor concentrates, the morbidity associated with hemophilia is high and gradual crippling disability is an inevitable consequence. In this study, we aim to assess the musculoskeletal function of the hemophilia population and to find its association with their severity of hemophilia and demographic factors.

MATERIALS AND METHODS: 101 patients with hemophilia were selected, majority of them were participants of Children & Youth Camps - Blossom, organized with the support of novo nordisk haemophilia foundation . Each patient's musculoskeletal function using the functional independence score in hemophilia (FISH) is measured & collected demographic, socioeconomic, clinical presentation & severity and life style factors for analysis.

RESULTS: Majority of patients are diagnosed after 1 year of age (66%) and belongs to hemophilia-A (86 %) followed by hemophilia-B (14%). 66% of these patients belong to severe category followed by moderate 31% and mild 4 %. Family history revealed that 51 patients having positive family history & 50 without showing no difference as consanguinity is being practiced widely in north karnataka. The factors that were found to significantly influence the FISH score in this study were: age, patient's literacy, parent's literacy and habit of exercises. The socioeconomic status was found to have no significant association with their FISH score. The severity of hemophilia was not found to have any significant association with the FISH score of the patient and their level of disability. The patient's habit of exercises was found to have a significant association with their FISH score.

CONCLUSION: The best opportunity to assess the level of disability, training them in regular exercises & follow up for their prevention of disability is organizing regular camps for children along with their mothers & youths are best among welfare activities of Hemophilia organizations/ Treatment Centers.

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Our Vision: Hemophilia without Disability, Children Free of Pain

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