

Introduction

- Life expectancy of hemophiliacs has increased approaching to that of general population (1, 2).
- Improved life expectancy is attributed to the increased availability of coagulation factor concentrates resulting in decreased mortality due to the bleeding complications.
- Consequently, the prevalence of adult-onset medical comorbidities is expected to rise.

Aims of the study

Study the prevalence of the medical comorbidities in a cohort of 130 hemophilia A and B.

Materials and Methods

- Patients: total 130 pts; 108 Hemophilia A, 22 Hemophilia B.
- Age distribution: median age 33 yrs, range 3-70 yrs.
- Follow-up: average of > 5yrs by one comprehensive clinic
- Treated with VIII conc. 2 recombinant, 1 plasma-derived, IX with 1 recombinant conc.
- Average factor usage per patient: 5000 units/kg/yr
- Medical disorder monitored:
 - Obesity
 - Hyperlipidemia
 - Hypertension
 - Diabetes
 - Cardiovascular diseases
 - HCV infection

References

- Darby SC, Kan SW, Spooner RJ, et al. Mortality rates, life expectancy, and causes of death in people with hemophilia A or B in the United Kingdom who were not infected with HIV. *Blood*. 2007;110:815-825.
- 2014 Annual report. Korea Hemophilia Foundation.2014
- von Drygalski A, Kolaitis NA, Bettencourt R, et al. Prevalence and risk factors for hypertension in hemophilia. *Hypertension*. 2013;62:209-215.
- Hofstede FG, Fijnvandraat K, Plug I, Kamphuisen PW, Rosendaal FR, Peters M. Obesity: a new disaster for haemophilic patients A nationwide survey. *Haemophilia* 2008;14(5):1035-38.
- Kieting GM. Ledipasvir/Sofosbuvir: a review of its use in chronic hepatitis C. *Drugs* 2015;75:675-85.

Results

Table1. Age distributions

age	A	B	%
0~9	12	1	10
10~19	14	3	13
20~29	22	5	20
30~39	17	6	17.7
40~49	26	3	22.3
50~59	12	2	10.8
60~69	4	1	3.8
>70	1	1	1.5
Total	108	22	100

- The median age was 33 yrs with range from 3-70yrs
- 50/130pts (38%) were of over 40 yrs old group and are liable for adult-onset comorbidities.

Table2. Medical comorbidities vs. Age

Comorbid dis.	Total No pt(%)	Age >40	Age <40	P value
Total no of pt	130	80	50	-
Obesity	35 (27%)	17	18	NS
Hyperlipidemia	23 (18%)	17	6	<0.01
Hypertension	17 (13%)	15	2	<0.01
DM	10 (8%)	8	2	<0.01

- Adult-onset comorbidities, especially obesity (27%), hyperlipidemia (18%), hypertension (13%) and diabetes (8%) were prevalent as in general population.
- These medical comorbidities, except obesity, were more prevalent in the age group over 40 yrs.

Table 3. HCV antibody status in 105 hemophilic pts

HCV ab status	Total	HCVab-	HCVab+	P value
No. of pts (%)	105	65 (62%)	40 (38%)	-
Age±S.D. (yrs)	28±116.1	20±10.4	42±7.6	<0.01

- In this 105 hemophilic cohort HCV seropositivity was 38%
- The HCV seropositive group was older than the seronegative group (mean age 42 yrs vs. 20 yrs, P<0.01)
- This finding indicates that HCV seropositivity was due to the older factor VIII exposures before the era of sterilization

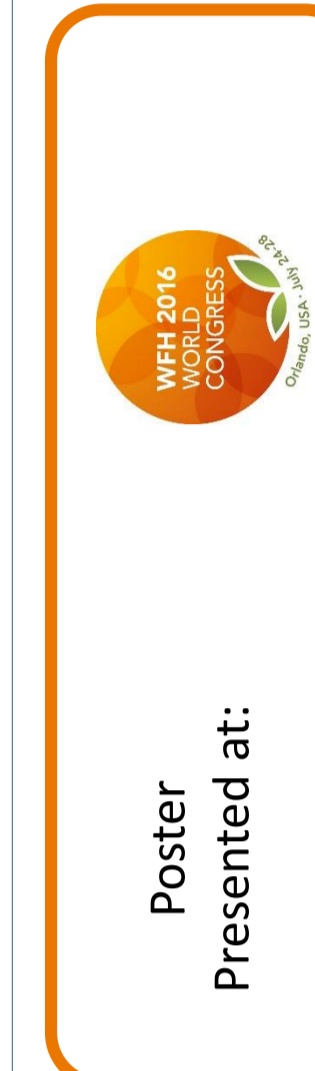
Table4. HCVab+ (seropositive pts) and their HCVrna status

	Total	HCVrna+	HCVrna-
HCVab+ No. of pts	40	5	35
		HCV treated	HCV never treated
No. of pts (%)	35	25 (65%)	10 (25%)

- Of 40 HCV seropositive pts 5pts remains HCV active infection, 35 are virus free; 25 with HCV treatment.
- 10 of 40 (25%) HCV seropositive pts never treated for HCV and therefore, naturally acquired immunity.

Conclusions

- Life expectancy of Hemophiliacs in Korea is approaching to that of the general population (69yrs vs. 77yrs) with improved availability of coagulation factors.
- With aging adult-onset diseases are prevalent among hemophiliacs
- Obesity with increased oral intake and reduced mobility is the culprit for hypelipidemia, lower extremity arthropathy especially for ankle and knees (4).
- Significant number of HCV seropositive pts (10 of 40 pts, 25%) acquired without HCV Rx, thereby natural immunity to HCV (5).
- Tighter monitoring and management for adult-onset diseases in hemophiliacs are warranted.



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Comorbidities
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51-PO-W

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