Participation of clinical psychologist in a non-hemophilia treatment center

愛媛大学 EHIME UNIVERSITY

AYA NAKAO, JUN YAMANOUCHI, TAKAAKI HATO

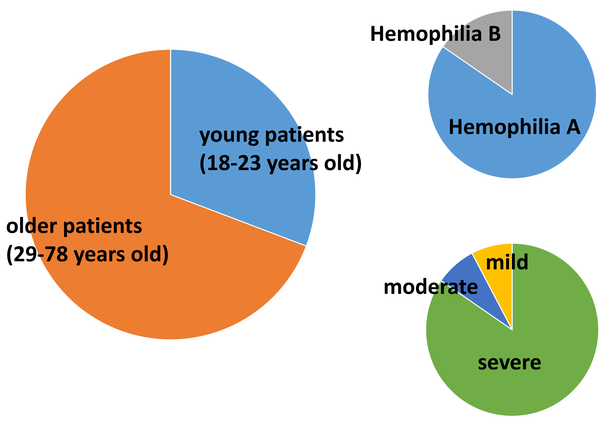
Departments of Hematology, Clinical Immunology, Infectious Diseases, Ehime University Graduate School of Medicine, Toon, Ehime, Japan

Introduction and objectives

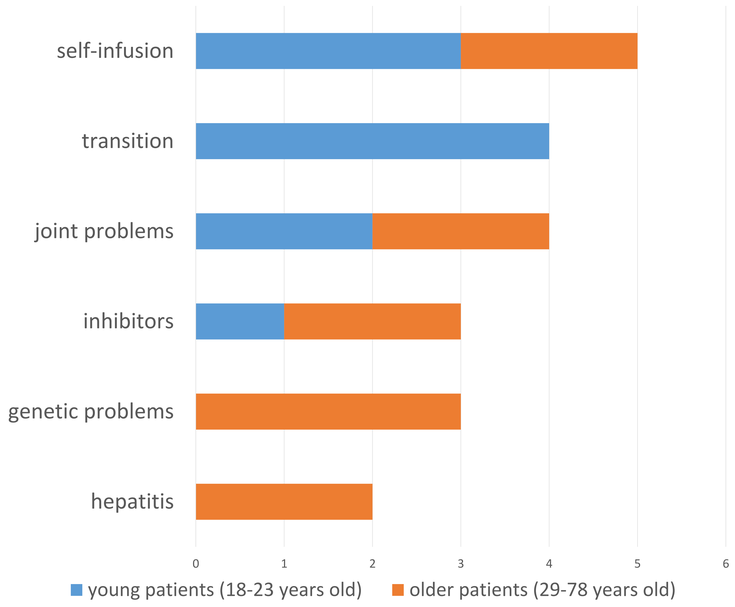
An innovative therapeutic management of hemophilia has been implemented at many hospitals in Japan. However, psychosocial support for hemophilia patients and their families is limited because there are few hemophilia treatment centers which can provide multidisciplinary care and support in Japan. Our hospital is a non-hemophilia treatment center and only medical doctors have seen patients with hemophilia. In 2013, one clinical psychologist joined the adult hemophilia care service. Since then the clinical psychologist has contributed to hemophilia health care, and resolved diverse medical and psychosocial issues. This study reports on the assessment of these issues.

Materials and Methods

We evaluated 13 patients with a median age of 36 (range; 18-78). Ten patients had severe hemophilia and one of them had inhibitors. All patients with severe hemophilia were on regular prophylaxis. A clinical psychologist had interviews with patients and/or families independently of doctor's medical examination.



Results



The main issues in young (18-23 years old) patients were self-infusion (24%) and transition from pediatric to adult services (19%). In older patients (29-78 years old), the major concerns were joint problems including decision of surgical management (19%) and genetic problems of offspring (14%). After the interviews with a clinical psychologist, considerable anxieties in the patients' mothers were relieved and the patients' worries were alleviated by the emergence of the conversation partner, but not by physicians. Such a psychological approach resulted in successful self-infusion and transition. In one patient, eradication of hepatitis C virus was achieved with continuous psychological support although he had discontinued the anti-viral therapy previously.

Case

Severe hemophilia A, without inhibitor. HIV−, HCV+, 41-year-old male, receiving prophylaxis treatment.

Patient has a history of treatment, with three courses of interferon initiated, however each was discontinued due to adverse effects such as depression.

In May 2014, PEGINTRON + REBETOL + SOVRIAD were administered as a three-drug combination treatment, with concurrent psychological therapy. The mood of depression in the patient increased as soon treatment commenced, and depressive symptoms persisted. The patient complained "This is too hard. I want to stop". So, while monitoring the malaise and mental distress, we also discussed ways to cope with the effects of therapy. During therapy, the patient spoke of his determination to complete this course of interferon, indicated that he had support from his family, and spoke of plans for after treatment was completed.

Thus, with psychological support, the treatment was completed. HCV was eradicated, and with improving health, the patient appeared happier, with no report of depression.

Conclusion

The clinical psychologist had a large impact on hemophilia health care and the health-related quality of life in hemophilia patients was greatly improved. Addressing the psychological problems in hemophilia is of great value and a clinical psychologist plays an important role even in a non-hemophilia treatment center.

Authors' Disclosures of Potential Conflicts of Interest

The authors indicated no potential conflicts of interest.