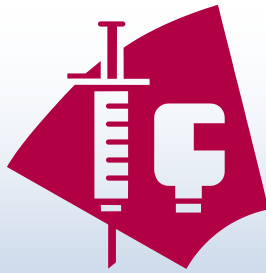




Diagnosis



Treatment



Care

Issue 3 of 2010

Haemophilia as a PMB

In this issue of CMScript, our e-newsletter dedicated to prescribed minimum benefits (PMBs), we discuss haemophilia and how it is covered by PMBs.

What is haemophilia?

Haemophilia is a lifelong hereditary disorder that impairs the body's ability to control blood clotting if a blood vessel is broken. The disease is predominantly found in men. Women are usually the carriers of the chromosome which causes haemophilia to develop.

What are the different types of haemophilia?

Haemophilia A, or classic haemophilia, is characterised by the deficiency of clotting factor VIII. This is the most common type of haemophilia, affecting about 1 in 10 000 men and boys.

Haemophilia B signifies the deficiency of clotting factor IX. Without either clotting factor, bleeding cannot stop. Haemophilia B affects nearly 1 in 35 000 men and boys.

What are the symptoms of haemophilia?

Symptoms of this disorder include:

- a lifelong history of excessive bruising
- spontaneous bleeding
- bleeding after mild trauma, such as a strain or a sprain

Keep a detailed history of your bleeding. Remember to include:

- your age
- when you started bleeding
- where you started bleeding (e.g. joints or skin)

- induced or spontaneous bleeding?
- type of bleeding (e.g. haematoma which is a collection of blood that is a result of internal bleeding)
- extent of bleeding (i.e. does bleeding affect one area or the whole body?)

What are the causes of haemophilia?

If your family has a history of excessive and/or spontaneous bleeding, particularly in men, you are more like to be a haemophiliac yourself. The disease is a genetic disorder linked to recessive mutations affecting the x chromosome. This means that it is more likely to affect men.

How do PMBs cover haemophilia?

Your health professional can prescribe the correct therapeutic intervention only if the correct diagnosis and classification has been done. When diagnosing and classifying haemophilia, your health professional should consider the following:

- a comprehensive history of your bleeding
- a complete physical examination
- screening tests for bleeding tendencies
- confirmatory tests

Essentially treatment involves introducing the absent clotting factor, i.e. factor VIII for haemophilia A and factor IX for haemophilia B. In some instances it may be required to have clotting factors infused before undergoing surgery. Intervention should prevent bleeding or stop bleeding if it has started.