orted acute and chronic pain by gender for respondents NoBD, mild and moderate haemophilia ported acute and chronic pain by gender for respondents NoBD, mild and moderate haemophilia Reported acute and chronic pain by gender for respondents NoBD, mild and moderate haemophilia



Chatree Chai-Adisaksopha, MD, PhD^{1,2}, Declan Noone^{3,4}, Randall Curtis⁵, Neil Frick⁶, Michael B. Nichol, PhD⁷, Federico Germini, MD^{1,8}, Brian O'Mahony^{9,10}, David Page¹¹, Jeffrey S. Stonebraker, PhD¹², Mark W. Skinner, JD^{8,13}, and Alfonso Iorio, MD^{8,14}

¹Department of Medicine, McMaster University, Hamilton, ON, Canada ²Department of Internal Medicine, Chiang Mai University, Chiang Mai, Thailand, ³Health Decisions Consultants, Dublin, Ireland; ⁴European Haemophilia Consortium, Brussels Belgium, ⁵Factor VIII Computing, Berkeley, US, ⁶National Hemophilia Foundation, New York, US, ⁷Sol Price School of Public Policy, University of Southern California, Los Angeles, US, ⁸Department of Health Research Methods, Evidence, and Impact, McMaster University, Hamilton, ON, Canada., ⁹Trinity College Dublin, Dublin, Ireland ¹⁰Irish Haemophilia Society, Dublin, Ireland, ¹¹Canadian Hemophilia Society, Montreal, Canada, ¹²Poole College of Management, North Carolina State University, Raleigh, US ¹³Institute for Policy Advancement Ltd, Washington, US ¹⁴McMaster-Bayer Endowed Research Chair in Clinical Epidemiology of Congenital bleeding Disorders, Department of Medicine, McMaster, Hamilton, ON, Canada.

BACKGROUD

- Mild haemophilia and moderate haemophilia are defined as a reduced coagulation factor of 5 to <40 IU/dL and >1 to 5 IU/dL1, respectively.
- There are limited data on the health status of people living with mild/moderate haemophilia.

OBJECTIVES

 This study aimed to investigate the overall health status of people living with non-severe haemophilia, compared to people without bleeding disorders.

METHODS

- Respondents were enrolled through non-government organizations (NGO) working in haemophilia and bleeding disorders.
- Among these, 862 people self-reported as having no bleeding disorder (NoBD), or mild or moderate haemophilia, and without history of an inhibitor were included in the analysis.
- Respondents were asked to complete the PROBE questionnaire, which comprise general health domain, hemophilic specific domain and health-related quality of life (HQRoL) domain.
- The primary outcome of the study was to compare the health status and HRQoL of people with NoBD and people living with non-severe (mild and moderate) haemophilia.

Health status of people living with non-severe hemophilia



RESULTS

Table 1. Model fit statistics for multivariable regression of categorical variables, analysed separately for VAS, EQ-5D and PROBE Score

VAS n = 740		EQ-5D n = 725		PROBE n = 578	
Coeff % C.I)	P-value	Coeff (95% C.I)	P-value	Coeff (95% C.I)	P-value
).002] - [-0.001])	<0.001	-0.001 ([-0.002] - [-0.001])	<0.001	-0.002 ([-0.003] - [-0.001])	<0.001
e Case					
.047 3] - [0.111])	0.148	0.049 (0.016 - 0.084)	0.004	-0.017 ([-0.077] - [0.043])	0.583
.034 9] - [0.099])	0.283	0.017 (0.029 - 0.096)	<0.001	-0.031 ([-0.090] - [0.027])	0.301
e Case					
.024] - [0.060])	0.174	0.014 ([-0.004] - [0.033])	0.126	0.040 ([0.009] - [0.070])	0.011
).042] - [-0.031])	<0.001	-0.021 ([-0.028] - [-0.014])	<0.001	-0.041 ([-0.050] - [-0.031])	<0.001
e Case					
).073] - [-0.033])	<0.001	-0.058 ([-0.080] - [-0.037)	<0.001	-0.120 ([-0.155] - [-0.084])	<0.001
).161] - [-0.114])	<0.001	-0.118 ([-0.143] - [- 0.094])	<0.001	-0.235 ([-0.276] - [-0.196])	<0.001
.134] - [-0.063])	<0.001	0.442 ([0.384] - [0.460])	<0.001	-0.025 ([-0.915] - [0.041])	0.451

CONCLUSIONS

 Majority of respondent with mild and moderate hemophilia did not receive prophylaxis. They reported varied amount of annualized bleeding episodes.

• They reported significant negative impact on pain and HRQoL compared to respondents without bleeding disorders.

Future research is needed to identify the optimal care management of patients with mild and moderate haemophilia.