

# Aging and health status in persons leaving with hemophilia and controls without a bleeding disorder

F. Germini<sup>1,2</sup>, S. O'Callaghan<sup>3</sup> C. Chai-Adisaksopha<sup>2,4</sup>, R. Curtis<sup>5</sup>, N. Frick<sup>6</sup>, M. B. Nichol<sup>7</sup>, D. Noone<sup>8</sup>, B. O'Mahony<sup>8,9</sup>, D. Page<sup>10</sup>, J. S. Stonebraker<sup>11</sup>, M. W Skinner<sup>1,12</sup>, and A. Iorio<sup>1,13</sup>

### **INTRODUCTION**

People with hemophilia (PWH) have a life expectancy disadvantage as compared to the general population but little is known about the impact of aging on health status and health-related quality of life (HRQL). The aim of the analysis was to assess the characteristics of the association between aging, health status and HRQL in PWH and people with no bleeding disorders (PWNoBD).

### **METHODS**

A cross-sectional, multinational study was conducted as part of the Patient Reported Outcomes, Burdens and Experiences (PROBE) project. PWH and PWNoBD were asked to complete the PROBE questionnaire. Measures of health status and HRQL were the PROBE score, the EQ-5D-5L utility index, and the EuroQol visual analog scale (EQ-VAS) of global health. The association between these measures and the age of participants was explored using a multivariable model adjusting for sex (all) and disease severity (PWH only) and stratifying by country.

### AFFLIATION

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

# RESULTS

#### **Table 1:** Characteristics of the study population

	People w	People with no bleeding disor						
		Age category				A		
	18 - 44	45 - 64	65 – 74	≥ 75		19 – 44	45 - 64	
n (%)**	732 (63)	331 (29)	73 (6)	21 (2)	n (%)**	335 (49)	272 (39)	
Income***					Income***			
Low Middle	65 (9)	10 (3)	0 (0)	0 (0)	Low Middle	12 (4)	3 (1)	
Upper Middle	302 (41)	40 (12)	2 (3)	3 (14)	Upper Middle	95 (28)	53 (19)	
High	365 (50)	281 (85)	71 (97)	18 (86)	High	228 (68)	216 (79)	
Male (%)	706 (96)	317 (96)	71 (97)	20 (95)	Male (%)	144 (43)	116 (43)	
No. Of Comorbidities [Median (range)]	1 (0 -8)	1 (0 -9)	1 (0 - 7)	1 (0 – 4)	No. Of Comorbidities [Median (range)]	0 (0 - 6)	0 (0 - 6)	
PROBE Score (n = 982) [median (Q1; Q3)]	0.76 (0.64; 0.85)	0.68 (0.57; 0.78)	0.71 (0.64; 0.80)	0.67 (0.52; 0.84)	PROBE Score (n = 580) [median (Q1; Q3)]	0.92 (0.83; 0.98)	0.90 (0.79; 0.96)	
EQ-5D (n = 1109) [median (Q1; Q3)]	0.82 (0.70; 0.92)	0.75 (0.62; 0.84)	0.76 (0.63; 0.88)	0.68 (0.52; 0.86)	EQ-5D (n = 666) [median (Q1; Q3)]	0.92 (0.83; 0.98)	0.94 (0.87; 1.00)	
VAS (n = 1228) [median (Q1; Q3)]	0.75 (0.60; 0.90)	0.70 (0.50; 0.80)	0.73 (0.60; 0.84)	0.62 (0.50; 0.80)	VAS (n = 675) [median (Q1; Q3)]	0.85 (0.75; 0.90)	0.80 (0.75; 0.90)	
Hemophilia severity					*Unless otherwise specified **			
Mild (FL 0.05 – 0.40 IU/mL)	72 (10)	70 (21)	23 (32)	7 (33)	refers to the average per-capita income of the country according to the Woi Q1: first quartile; Q2: third quartile; PROBE = patient reported outcomes bu			
Moderate (FL 0.01-0.05 IU/mL)	136 (19)	50 (15)	7 (10)	8 (38)	1157 PWH and 690 PWN 2019. Eight percent of th			
Severe (FL < 0.01 IU/mL)	524 (72)	211 (64)	43 (59)	6 (29)				

#### Table 2: Results of the multivariable analyses

	PROBE Score n = 1562			tility index 1775	EQ VAS n = 1803	
Explanatory variable	Coeff*	95% CI	Coeff*	95% CI	Coeff*	95% CI
Age	-0.0010	-0.0017; -0.0004	-0.0003	-0.0012; 0.0007	0.0000	-0.0009; 0.0009
Interaction Age*PWH	-0.0015	-0.0022; -0.0008	-0.0031	-0.0041; -0.0021	-0.0030	-0.0047; -0.0014
Male sex	0.0125	-0.0145; 0.0396	0.0129	-0.0145; 0.0404	0.0061	-0.0182; 0.0304
NoBD	Ref	-	Ref	-	Ref	-
Mild	-0.0282	-0.0749; 0.0184	0.0634	-0.0028; 0.1297	0.0851	-0.0001; 0.1702
Moderate	-0.1241	-0.1668; -0.0813	-0.0461	-0.1233; 0.0312	0.0014	-0.1011; 0.1039
Severe	-0.1152	-0.1582; -0.0722	-0.0780	-0.1524; - 0.0036	-0.0143	-0.0942; 0.0657
Constant	0.9130	0.8855; 0.9405	0.9166	0.8720; 0.9613	0.8161	0.7686; 0.8636

<sup>0.80</sup> (0.75; 0.90) (0.80; 0.90) (0.65; 0.88) categories), all other percentages are within risk categories. \*\*\*Th ording to the World Bank

ders (n = 690 Age category

65 – 74

71 (10)

0 (0)

15 (21)

56 (79)

36 (51)

0 (0 - 5)

0.86

(0.79; 0.93)

0.94

(0.83; 1.00)

0.85

≥75

12 (2)

0 (0)

4 (33)

8 (67)

4 (33)

1.5 (0 - 3)

0.75

(0.69; 0.89)

0.84

(0.50; 1.00)

0.80

\*The regression coefficients can be interpreted as the adjusted mean difference in the score. For the PROBE score and VAS, that ranges from 0 to 3 the coefficient times 100 is equal to the percentage variation in the score, with a negative sign indicating a reduction. For EO-5D utility value, that anges from -0.594 to 1, the coefficient needs to be reported to a scale 0-100 before being int

0 PWNoBD completed the questionnaire in 33 countries from 2016 to It of the PWH and 12% of the PWNoBD were aged  $\geq 65$  years.

As expected, the EQ-5D utility index and EQ-VAS did not show a variation with aging in PWNoBD, while in PWH they were reduced respectively by 0.031 (95% confidence interval [CI] 0.021-0.041) and 0.030 (95% CI 0.014-0.047) every 10 years. Aging was associated with a mean reduction in the PROBE score of 0.010 (95% CI 0.004 to 0.017) every 10 years in PWNoBD. PWH showed an additional reduction in the PROBE score of 0.015 (95% CI 0.008 to 0.022) every 10 years.

### **CONCLUSIONS**

Aging is associated with a steeper decrease in health status and HRQL in PWH than in PWNoBD. PROBE is more sensitive than EQ5D in measuring the association of aging for the specific domains measured in both PWH and PWNoBD.

# **DISCLOSURE**

PROBE is an independent investigator led research project with grant / research support from: Bayer, CSL, Novo Nordisk, Roche, Sanofi, Sobi. Takeda and collaboration of the US National Hemophilia Foundation and McMaster University.



Submission ID: 20