

Physical functioning and pain in older men with haemophilia

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INTRODUCTION

It is well recognised that physical functioning can be impaired and pain common as **men with haemophilia (MWH)** age, due to complications from their bleeding disorder. However, it can be difficult to quantify the difference between their experience and that of **men without a bleeding disorder (MNBD)** of equivalent age in the general population.

The **PROBE (Patient Reported Outcomes Burdens Experiences)** questionnaire is an internationally validated tool defining the impact of haemophilia on quality of life from the patient perspective. In 2019-2020 Haemophilia Foundation Australia conducted a round of the PROBE Australia Study to compare experiences of adults affected by haemophilia to adults without a bleeding disorder.

AIM

Data was collected in the PROBE Australia Study to compare the experience of older MWH and MNBD (45 years and over) in relation to physical functioning and pain.

METHOD

106 questionnaire respondents aged 45 years and over (MWH: n = 57; MNBD: n = 49) were recruited via Australian community networks.

PROBE study questions on physical functioning and pain asked about the men's experiences in the last 12 months, in particular:

- use of a mobility aid or assistive device
- difficulties with activities of daily living
- acute pain
- chronic pain
- use of medications for pain.

RESULTS

Differences between MWH and MNBD were pronounced.

Figure 1 shows the **overall experience of MWH** in the last 12 months: 44% reported (25/57) that they used a mobility aid, 54% (31/57) had difficulties with activities of daily living, 58% (33/57) experienced acute pain, 74% (42/57) chronic pain and 79% (45/57) used medication for pain in the last 12 months.

The proportion of MWH experiencing physical functioning and pain (PFP) was markedly higher than **MNBD**. **Figure 2** shows that none/0% reported problems with mobility, 6% (3/49) reported problems with activities of daily living, 27% (13/49) had acute pain, 41% (20/49) chronic

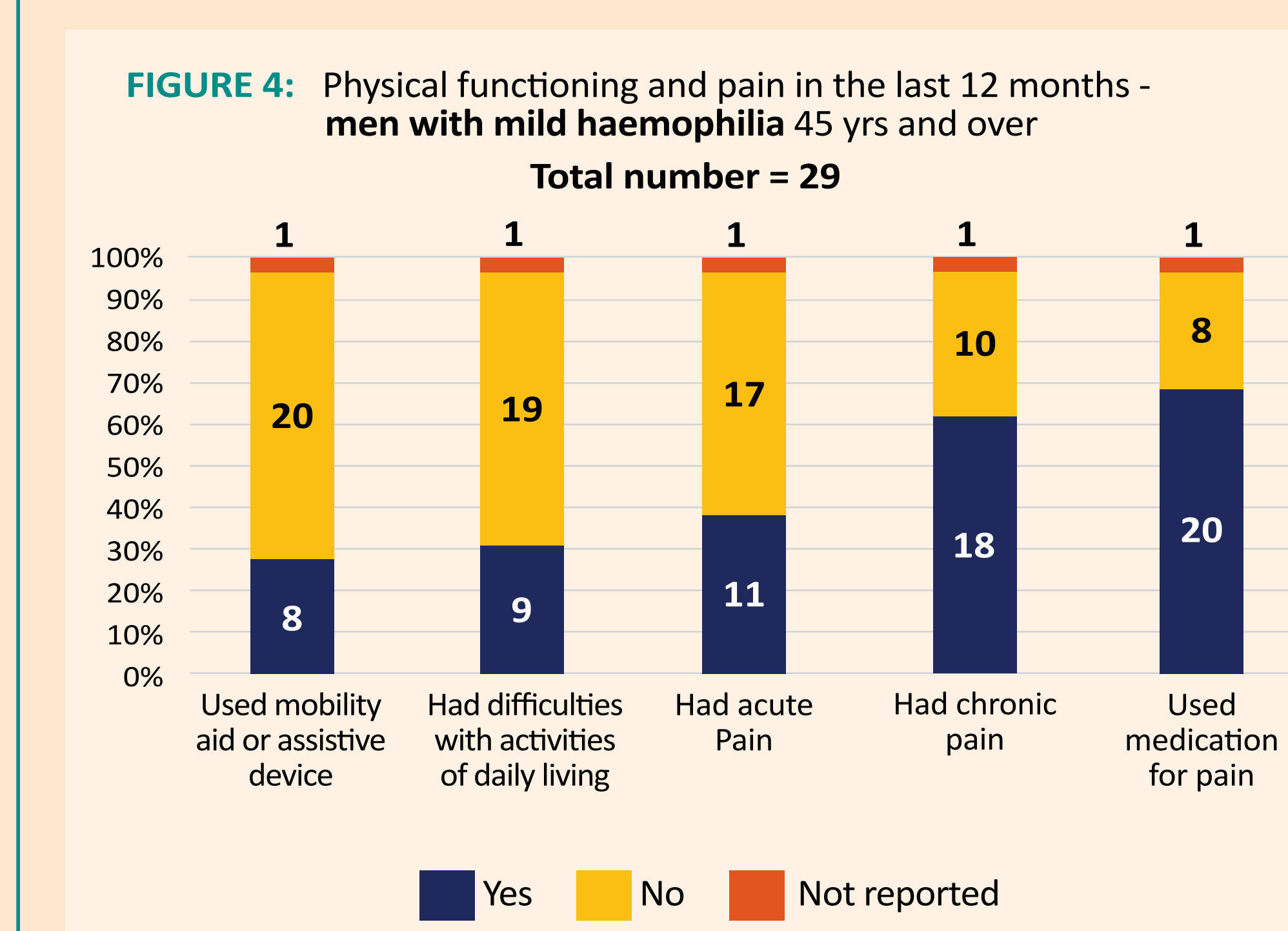
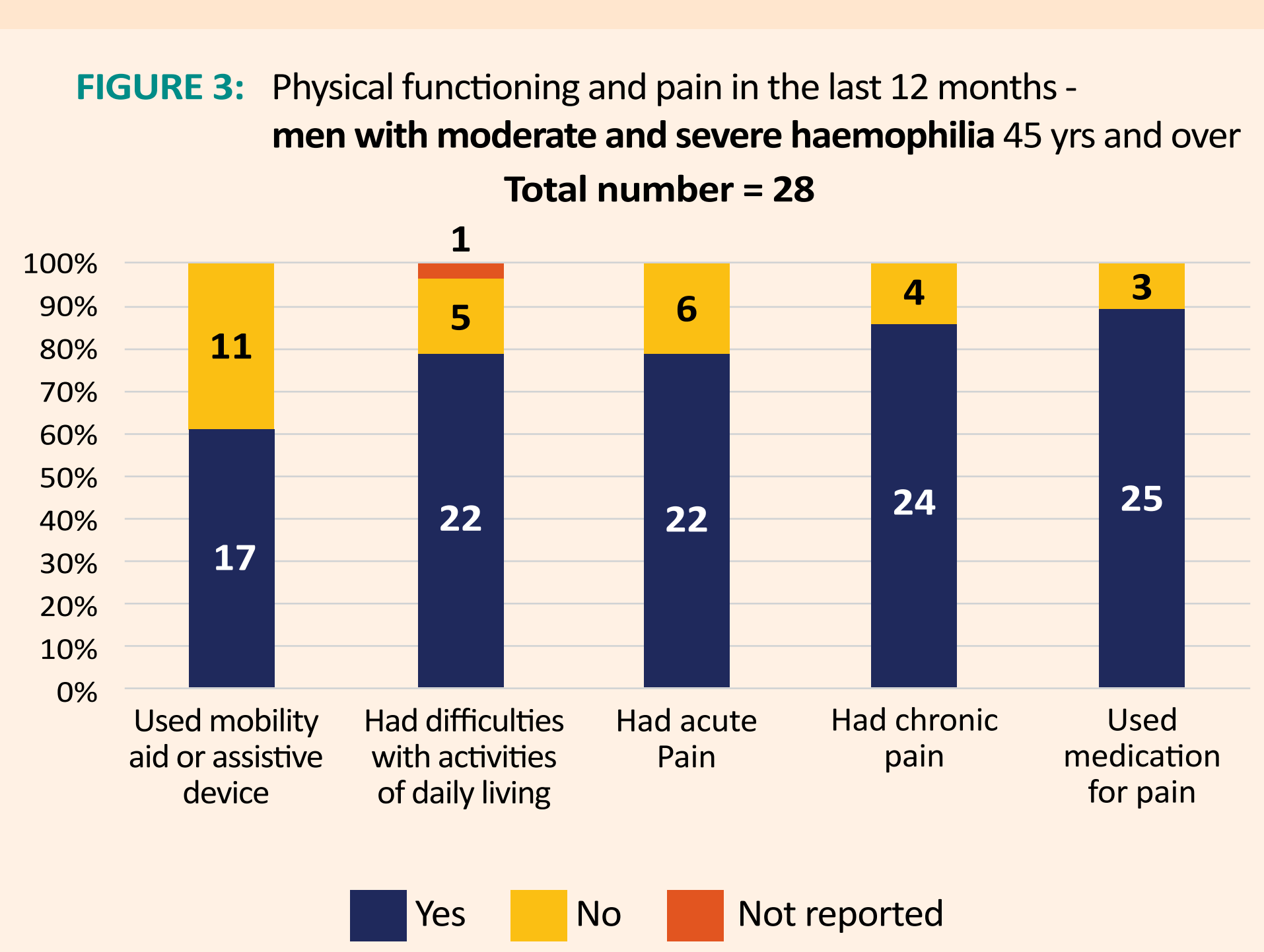
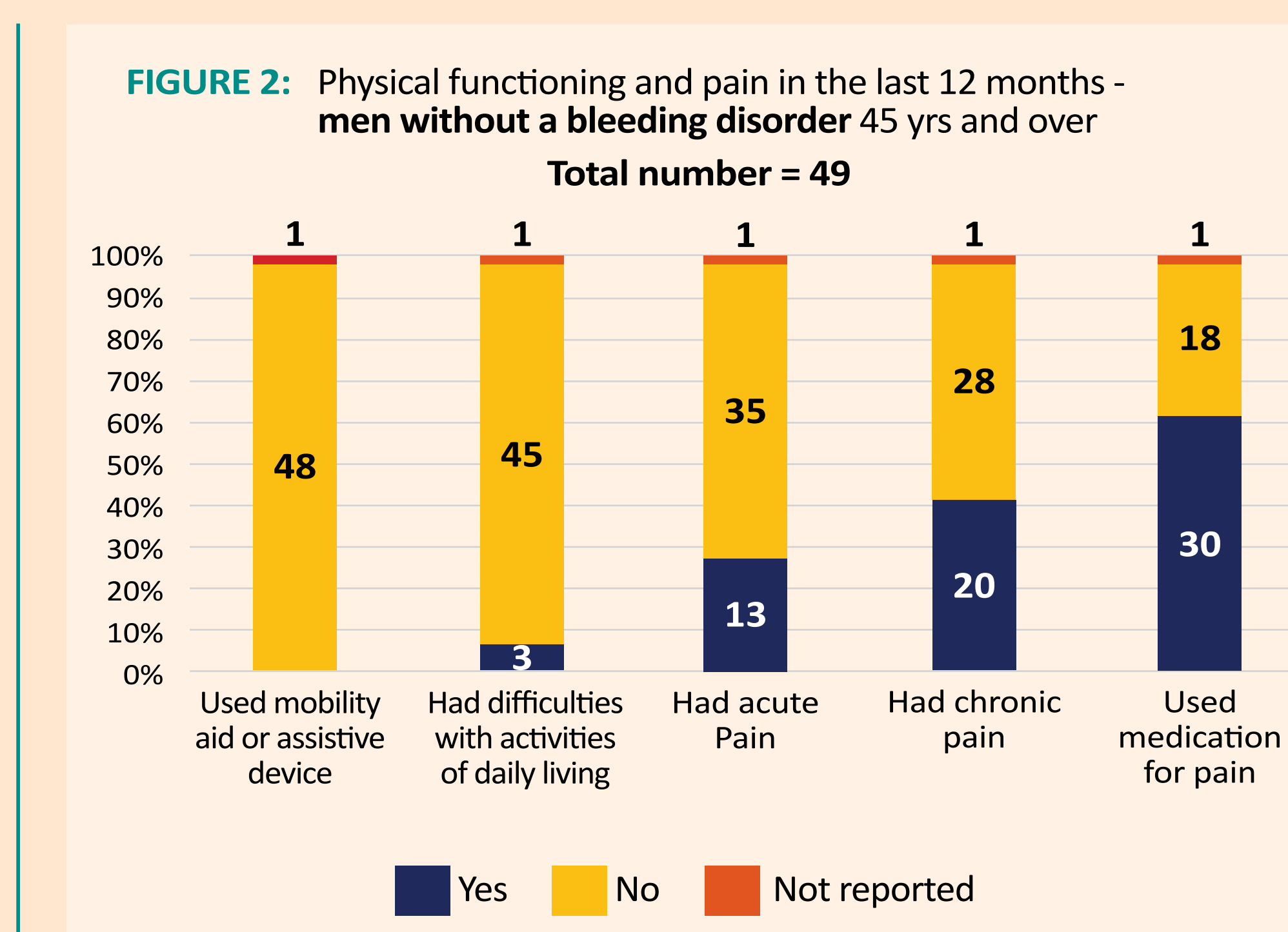
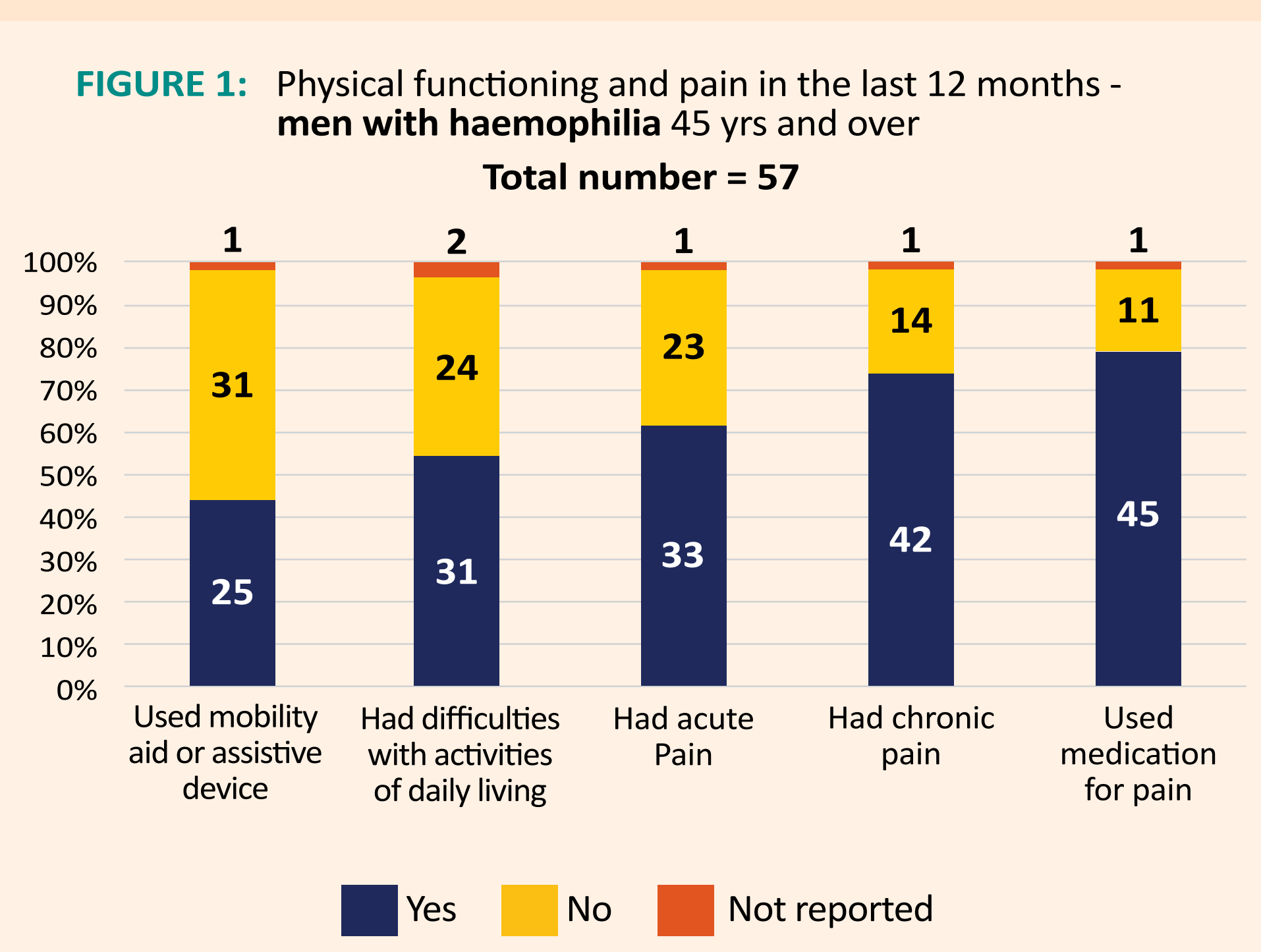
pain, and 61% (30/49) used medication for pain.

PFP experiences within MWH (grouped by severity) are demonstrated in Figure 3 and Figure 4.

Figure 3 shows that a high proportion of **men with moderate or severe haemophilia** (n = 28) reported physical function problems or pain: 61% (17/28) needed mobility aids, 79% (22/28) had difficulties with activities of daily living, 79% (22/28) had acute pain, 86% (24/28) chronic pain, and 89% (25/28) had used medication for pain.

In **Figure 4** it can be seen that men with mild haemophilia (n = 29) also reported problems and pain more often than MNBD, including 28% (8/29) reporting mobility problems and 31% (9/29) with activities of daily living.

Figures 1– 4: Physical functioning and pain in the last 12 months.



CONCLUSION

Validated haemophilia-specific tools such as PROBE are an important way to quantify the substantial differences in quality of life between older men with haemophilia and men without a bleeding disorder of equivalent age.

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