Hemophilia

Name

Course

Tutor

Date

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**Introduction**

Hemophilia is a genetic disorder that interferes with the body’s ability to make blood clots. As a result, hemophilic people suffer from excessive bleeding after injuries, easy bruising, and higher risks of internal bleeding. The long term consequences of internal bleeding, therefore, are also manifestations of hemophilia. Symptoms may include permanent joint damage if the bleeding occurred in a joint or seizures, headaches, and increased levels of unconsciousness if the bleeding was in the brain. The condition occurs in two strains, hemophilia A and hemophilia B. The former is more prominent and is caused by the deficiency of factor VIII while the latter is less popular and a result of factor IX deficiency.

**Clinical Manifestations**

For a disease so rare, one would think that its diagnosis is quick and sure, and yet that isn’t the case with hemophilia. Its clinical symptoms are the normal manifestations of a diseased body, and as such, diagnosis is quite tricky as the symptoms may point to a hundred other conditions. However, the most common symptoms of the disease, as stated before, included excessive bleeding, nose bleeds, and unexplained bruises near the common areas that are hot to the touch. On a more individual basis, blood in urine or stool, pain swelling and tightness in the joints, as well as irritability in infants, could point to the clinical manifestations of the conditions. If bleeding occurs in the brain, a hemophilic is likely to exhibit lethargy, double vision, repeated vomiting, and a prolonged, painful headache. Clumsiness and seizures may soon follow as the condition continues to affect the body.

**Diagnostic Tests**

The complications around hemophilia are barriers to a quick and observational diagnosis. Consequently, there are diagnostic tests that a carrier or the potential patient may undergo to ascertain their status. The diagnostic criteria for hemophilia are classified into four categories. The categories are screening tests, clotting factor tests, preimplantation diagnosis, and prenatal testing. The screening tests of the condition include a complete blood count tests, prothrombin time test, and fibrinogen test, all of which look into the blood to establish the proportionality of its composition in regards to blood clots. Clotting factor test, on the other hand, determines the type of hemophilia and its severity and thus is influential in the treatment plan. The third test, preimplantation, is exclusively for female carriers. It entails external fertilization of the eggs, which are then tested, and the hemophilic ones discarded before implanting the healthy ones (Slocum, et al., 2019).

**Differential Diagnosis**

The necessity of diagnostic tests in hemophilic management is no different from other conditions since it enhances the accuracy of the diagnosis. The clinical manifestations of the disease aren’t unique, and as such, a physician may diagnose a patient inaccurately. There are diseases whose characteristic signs are similar to those of hemophilia, and these are its differential diagnoses. Some examples include Ehler-Danlos Syndrome, scurvy, platelet dysfunction, Von Willebrand disease, and Fabry Disease, among others. Each of the conditions is manifested by massive blood loss in case of injuries, as is hemophilia. Blood, therefore, is significant as a symptom in their diagnosis, and even child abuse is a differential diagnosis of hemophilia.

**EBP in Managing Hemophilia**

Hemophilia is a disease of the blood, and any progress towards its effective management is founded on bloodwork. Like with HIV and HPV, humanity has made numerous strides towards inactivating or eliminating potential contaminating viruses from plasma-derived factor concentrates. Methods like the rigorous selection of donors and nucleic acid testing on plasma pools have been sufficient to that extent. For hemophilia, though, the patients in high-income countries are assured of a near-normal life and a higher life expectancy thanks to randomized clinical trials (RCTs). As a measure of scientific study and infusion of modern technology in disease treatment, RCTs are a manifestation of the effective EBPs and guide the medication in a way that responds to the situation of a particular patient. Prophylaxis, the brainchild of RCTs, are the most effective medical management avenues for hemophilia. They are responsible for lower bleeding rates and better joint outcomes, and eventually, the quality of life (EAHAD Nurses Committee, et al., 2016).

**Special Client Needs**

The transitioning of pediatric hemophilic individuals from pediatric care to adult care is a complex process with special requirements for a guarantee of treatment success. There are many transitive actions for children with bleeding disorders and such actions include acceptance, self-care, education and skills orientation and movement to adult centers. Apart from age, the other definitive need for transition to alternative forms of treatment is defined by costs, severity of the condition for the individual and other health conditions of the individual. However, age and severity of the conditions are the two most important definitive factors for transitioning treatment (Oldenburg et al., 2017).

**Inter professional Collaboration in Treatment**

Treatment plans for hemophilia patients depend on the discretion of the professionals handling the patient. The complexity of the condition ensures that it requires the input of more than one healthcare professional at any particular time. Hematologists are the primary treatment for hemophilic professionals. However, they need physicians to determine the extent of damage that the blood loss has done to the rest of the body and a nurse practitioner as the primary caregiver. A patient may also require assisted living professionals due to their limited abilities to conduct their daily activities on their own. Therefore, there are numerous viable inter professional collaborations involved in the treatment process. The examples include hematologist-physician, physician-nurse, nurse-caregiver, hematologist-nurse and physician-caregiver (Melchiorre et al., 2016).

**Patient Impact**

The disorder affects the patients as well as their families and loved ones in myriad ways that include ruining their economic and social lives. For the patient, the activities open for exploration are limited regardless of their orientation. The exertion of the body, mental or otherwise, could trigger stress and as a consequence, bleeding, which they can’t handle. Therefore, most hemophilic patients are restricted indoors and robbed of economic and social interactions. In addition to that, patients are subject to pain and weakness for most of their waking time and live in perpetual fear of death. As for their loved ones, the economic cost of lifetime bills of healthcare is sure to cause financial strains. Also, the psychological torture of seeing someone loved in pain, yet you’re helpless to help causes untold suffering. The condition could also influence couples against conception as they dread the future of their children in cases where a parent is a carrier (McIntosh, 2016).

**Culture**

The culture of a patient is integral in establishing the treatment plan for the patient and a unique diagnostic tool in the initial stages of treatment for a patient. Individuals with hemophilia have established cultural practices as well and therefore, their daily routines pre-diagnosis could be used to treat their conditions. Eating tendencies for one, defines the nutritional value of a person’s life which is essential in the management of hemophilia. Also, exercising practices, professional inclinations and leisure activities dictate the administration of medical doses, doctoral activities prescribed and to some extent, the treatment regime employed (Pasi et al., 2017).

**Conclusion**

Hemophilia is one of the rarest diseases in the world, with a prevalence of 15 per 100000 males in the United States, and yet men are more susceptible to the condition than women. Its low prevalence rates are probably one of the reasons for ignorance surrounding the situation as scientists scramble to find its cure. Even though efforts to manage the conditions are top gear, more needs to be done to alleviate the suffering of its patients. Also, information available on the disease should increase as a way of ensuring the productive management of the disease.

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