# Growing older with your HTC

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# Disclosures

- Honorarium and sponsorships
- CSL
- Pfizer
- Takeda
- Novonordisk
- Roche

# Ageing

- *The world's population has never been 'old' before. The ageing of the population is a new phenomenon. In this respect, there is no precedent for where we are going.*

- Getting older is a natural part of life
- How you will feel as you get older depends on many things, including health problems and the choices you make
- If you take good care of your body, you can slow down or even prevent problems that often come with getting older
- Many People with Haemophilia (PWH) who have access to safe, adequate supply of product are living well in to old age and can expect similar if not equal life expectancy compared to the rest of the population
- PWH now at risk of general age related disorders unrelated to haemophilia

## 2010 *The European Haemophilia Consortium calls for better social support to ageing patients*

- **An enhanced multidisciplinary care approach** with a comprehensive group of specialists available for ageing Haemophilia patients
- **Enhanced social integration of ageing patients,** including networking social groups for patients, and the promotion of physical activity
- **Robust strategies to ensure cost-effective treatment** for ageing patients and to guaranty healthy ageing
- **Increased information** on access to physiotherapy and other services which contribute to the well-being of patients
- **Adequate care that includes chronic pain management** which today dominates ageing Haemophilia patient's concerns

# HTC

- Presentations are different, less joint bleeds
- Increase in procedures
  - Screening >50's
  - Milds re engaging
- Diseases of Ageing need MDT
  - Assumption pain is from haemophilia; gout other arthritis
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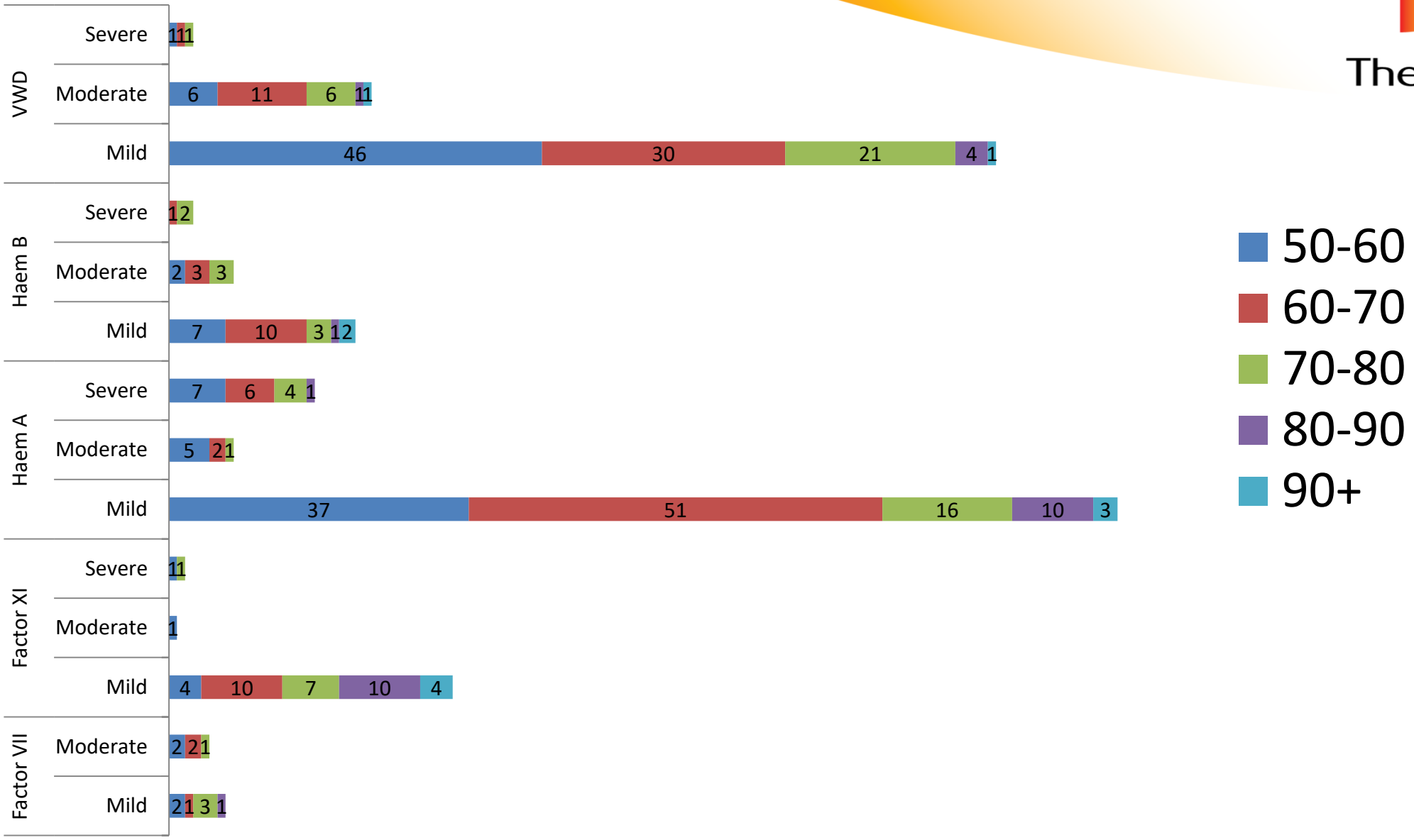
- Product of our success with increased wellness
- Losing history , losing nurse /patient relationship
- Patient numbers increasing staffing remaining static (>1200)
- Work efficiencies made through technology
  - ABDR
  - exploring Tele health (not funded for metro)
  - SMS

# PWH over 50yrs



Ageing is associated with a higher prevalence of some diseases (co –morbidity)

General Population and PWH are at risk

- Cardiovascular disease
- Cancer
- Arthritis
- Hypertension
- Diabetes

- Osteoporosis
- Renal disease
- Dementia
- High cholesterol
- Obesity
- Prostatic hypertrophy

# Malignancy

- PWH will be as susceptible to developing common cancers (prostate, colon, skin, lung)
- Mortality rates are same compared with general population
- PWH may experience delay in diagnosis &treatment- symptoms attributed to the underlying bleeding disorder & not a potential cancer
- PWH have typically been excluded from cancer clinical trials
- SCREENING AS per general population
  - National Bowel Cancer Screening Program
  - National Breast screen
  - National Cervical screen

# Cardiovascular disease

- Hypertension is associated with an increased risk of ICH and cardiovascular disease in the general population.
- PWH have a significantly higher prevalence of hypertension compared to the general population (approximately 50% compared to 40%) (Fransen van de Putte et al, 2012; von Drygalski et al, 2013)
- People treated for hypertension, only 27·1% of PWH were controlled, compared to 47·7% in the general population (von Drygalski et al, 2013)
- Clinicians can play an important role in educating PWH on cardiovascular risk, encouraging risk reduction (smoking, obesity, exercise), optimising other factors (hypertension, hyperlipidaemia) and using COX-2 selective inhibitors with caution.

# Obesity is a key health issue for older people

- 2014–15 NHS, 72% of people aged 65 and over (around 2.4 million) were overweight . Australian Institute of Health and Welfare Report September 2018

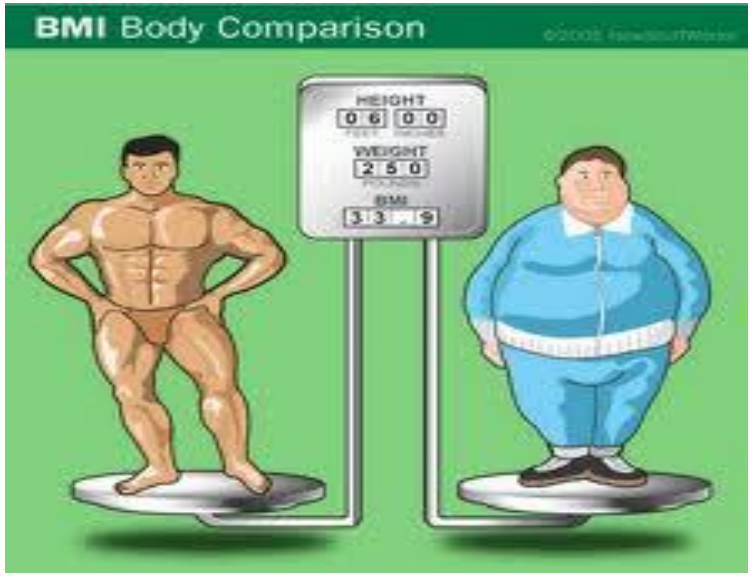
- For each increase in body mass by 1kg, risk of hand and knee OA increased by 9 -13% Journal Rheumatol, Cicuttini et al, 1996

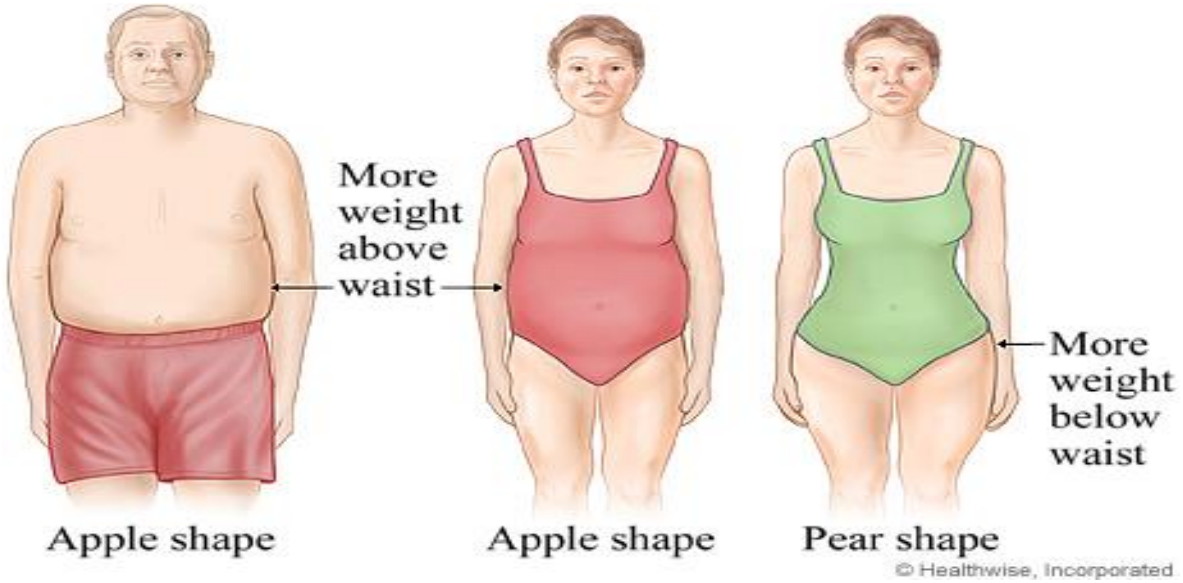
- For each increase in body mass by 5kg, risk of knee OA increased by 32% Journal Rheumatol, Cicuttini et al, 1996

Increases the risk of developing heart disease, type 2 diabetes and certain cancers

# There is more to obesity than BMI

- **Body mass index:** does not differentiate between fat and muscle
- **Fat mass**: related ↑ risk of diabetes, cholesterol, leptin, metabolic syndrome
- **Android/ gynoid fat distribution**: increased waist hip ratio (ie apple vs pear shape), ↑ risk of diabetes and cardiovascular disease



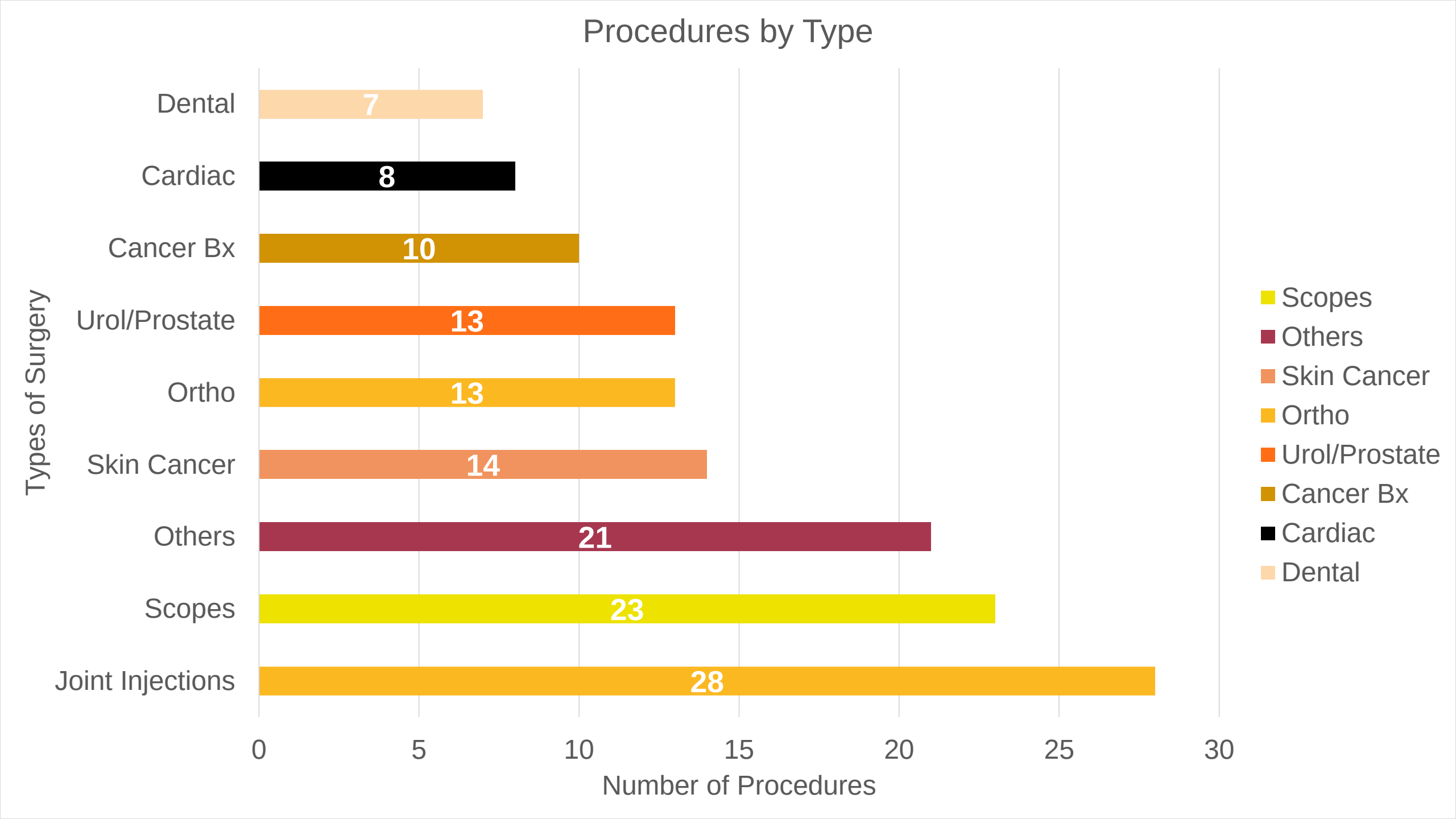
# Inhibitors

In mild and moderate haemophilia risk of inhibitor development accumulates  with age with increasing exposure days to Factor

At ages 5, 15, 50 and 75 the risks were 5%, 6%, !0% and 12% respectively

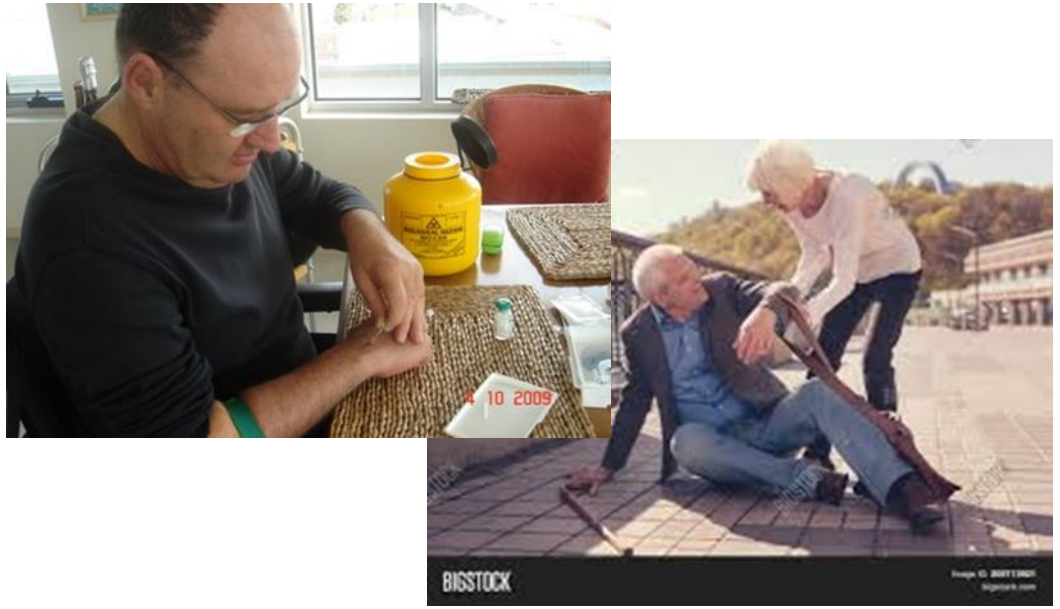
Need to be vigilant to the risk of inhibitor formation in older age

Susan shapirio & Mike Makris  BJH review December 2018


Procedures by Type
Dental
Cardiac
Cancer Bx
Urol/Prostate
Ortho
Skin Cancer
Others
Scopes
Joint Injections
7
8
10
13
13
14
21
23
28
Types of Surgery
0
5
10
15
20
25
30
Number of Procedures
Scopes
Others
Skin Cancer
Ortho
Urol/Prostate
Cancer Bx
Cardiac
Dental

# PWH

- Healthier
  - Declining eyesight, mobility, dexterity, ROM, vein health
- When do we stop prophylaxis? What is the criteria to continue?
  - New drugs on horizon change the landscape
- Most bleeds are due to trauma. Increased falls risk Increased ICH risk
- Medical decision maker, power attorney
  - Advanced care plan
- Under 65’s requiring support with NDIS
- Over 65’s with My Aged care number
- Centrelink
- Locating a good GP



# Aged Care

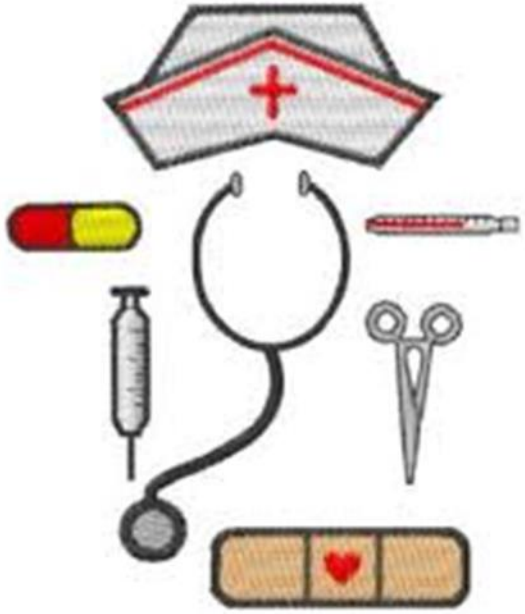
- There’s no clear sense of what is contemporary practice in looking after older people in their last years of life when they have three or four diseases. What are their choices, and how does that influence their care? Prof Ibrahim Monash Uni

- Cannot enjoy a good quality of life if multiple and chronic conditions such as diabetes, heart failure and arthritis are poorly managed by their doctors and nurses

- What about Haemophilia?

# Nursing Home

- Now referred to as Aged Care Facility
- Geriatric specialist nurses
- Personal care attendants



# Challenges

- “Patchwork” of care for older people
- Healthy ageing
  - Medicine management; Nutrition; Mental health; Physical activity; Injury prevention; Preventative health services
- Coordination of different specialists who are unfamiliar with haemophilia
- Who should coordinate care?
  - Haemophilia centre, geriatrician, GP

- Incorporate lifestyle issues & general screening programmes into treatment plans?
- Funding for more outreach & liaison to nursing homes, rehab

- Access to new style treatments

# Summary

- Adult PWH are susceptible to haemophilia-related AND non-haemophilia related co-morbidities in latter life stages
- Aim prevent or reduce co-morbidities (annual reviews and working with GP's)
- Haemophilia treatment centres play an integral role in co-ordinating care
  - Leading to improved QoL and maintain patient independence
  - need to be mindful of the needs of their ageing population

- ***Ongoing need to identify and improve gaps in care***

# Thankyou

Megan Walsh
Debra Belleli