Five years of comprehensive attention: Applying the world federation of hemophilia recommendations Hematology

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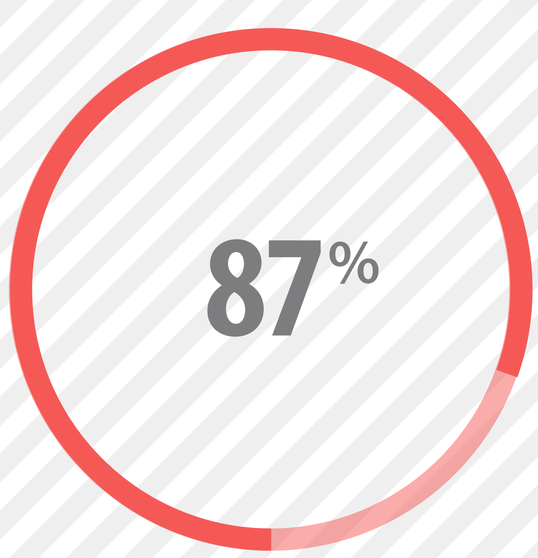
54 medical records of Hemophilia patients were reviewed, 47 (87%) suffers from Hemophilia A and 7 (13%) from Hemophilia B. 23 (48%) of the Hemophilia A patients, have no non-secondary comorbidities to the underlying disease.

The three most common diagnoses are Hepatitis C (8), Hypertension (5) and Peptic Ulcer Disease (4). 6 (85%) of the Hemophilia B patients, have no non-secondary comorbidities to the underlying disease. The most common diagnoses, Hepatitis C (1) and sequelae of cerebral hemorrhage (1). In terms of age, 74% of patients with Hemophilia A are in the 10-39 age group; on the other hand, the Hemophilia B group is heterogeneous.



In terms of severity, 39 patients have Severe Hemophilia A, 3 have Moderate and 5 Mild. 44 (93%) of these patients, receive pharmacological prophylaxis and only 2 severe, present inhibitors with high-titers of ≥5BU. In the case of Hemophilia B patients, 1 is severe, 5 Moderate and 1 Mild. None of them presents inhibitors and 6 (85%) receive pharmacological prophylaxis. 53 receive plasma-derived factor concentrates.



The clinical course of Hemophilia A patients, 70% (33) are better, 17% (8) are worse, and 12% (6) feel much the same. All of the Hemophilia B patients are feeling better.

In terms of motivation and compromise with self-care, 51% (24) of the Hemophilia A patients with comprehensive attention are responsible and motivated, 40% (19) show some interest and 4 (8%) are not. In the case of Hemophilia B patients with comprehensive attention, all of them (100%) are motivated and responsible.

To obtain these results, we have a multidisciplinary team consisting of an orthopedist, a physiatrist, a physical therapist, a nurse, a pharmacist, a dentist, a nutritionist, a social worker, a psychologist, a geneticist, a good laboratory and a hematologist for performing a full comprehensive attention.

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