

LETTER TO THE EDITOR

## Management of Haemophilia in India: Integration of Psychiatry and Medicine

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To The Editor:

Haemophilia A and B are relatively rare hereditary coagulation disorders characterized by recurrent, internal or external, spontaneous/traumatic bleeding. The treatment involves administration of Factor VIII/IX and or plasma/cryoprecipitate. However, the anxiety for the risks of bleeding and the fear for infections transmitted by blood products can lead onto stress and difficulty in coping (Saviolo-Negrin et al, 1999) making these individuals prone to psychosocial problems (Saviolo-Negrin et al, 1999) and psychological morbidity (Gargallo, 2000). The management of haemophilia in a less developed country like India is fraught with difficulties due to the meager resources and infrastructure, and the disproportionate doctor-patient ratio. These management difficulties can be further compounded by associated psychiatric morbidity.

The data on psychosocial and psychiatric aspects in India is not available and to evaluate these in haemophilia, we are in the process of conducting a prospective study wherein 44 patients with haemophilia have been assessed as regards the stress experienced, their coping styles, associated dysfunction, perceived quality of life (QOL), and presence of psychiatric morbidity. All patients were male, had a mean age of 26±12 years, were predominantly single, with average 9 educational years, of low socio-economic status, belonging to nuclear family, and of rural background. Out of 44 patients, 22% were mild haemophilics, 30% moderate haemophilics and 48% were severe haemophilics. All had experi-

enced/ were experiencing stress and had a mild degree of psychosocial dysfunction. They were utilizing various coping strategies, most commonly 'denial of illness' and 'non-expression/sharing of distress'- ones' that have been associated with possible development of psychiatric illnesses later on (Cooper & Faragher, 1992). Additionally, nearly 40% were suffering from psychiatric illnesses as per initial screening on GHQ-12 (Goldberg, 1972) and detailed assessment for psychiatric morbidity using the ICD-10 (World Health Organization, 1992); most commonly adjustment reactions/disorders in relation to their underlying illness (and its associated dysfunction). Despite this profile, the subjective QOL experienced by these patients was not low.

Our data suggests that patients with haemophilia in India experience a reasonable degree of psychosocial and psychiatric morbidity that may tend to interfere with the medical management of this illness. Recognition of the importance and role of psychological variables in haemophilia needs to be understood and highlighted, as these patients suffer from a chronic, debilitating disease that tends to compromise their life span (or functioning). By involving mental health professionals in the management of haemophilia, an integrated biopsychosocial approach to haemophilia may be implemented successfully. By this, one can hope to provide a health status to these people as per the WHO concept of Health.

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