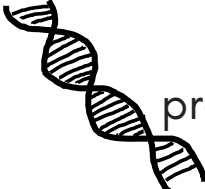


# WORLD HEMOPHILIA DAY – STRENGTHENING PHARMACISTS’ ROLE IN CARE

## WHAT IS HEMOPHILIA?



A rare genetic bleeding disorder where blood doesn't clot properly due to deficiency of clotting factors (Factor VIII or IX).  
Leads to excessive bleeding, even from minor injuries

## TYPES OF HEMOPHILIA

- 1** Hemophilia A – Deficiency of Factor VIII (more common)
- 2** Hemophilia B – Deficiency of Factor IX
- 3** Acquired Hemophilia – Non-genetic; caused by autoantibodies

## PATHOPHYSIOLOGY OF HEMOPHILIA

- Hemophilia is a genetic X-linked recessive disorder, primarily affecting males, while females are typically carriers.
- It results from mutations in the F8 (Factor VIII) or F9 (Factor IX) gene, leading to deficient or dysfunctional clotting factors.

The coagulation cascade is disrupted, specifically the intrinsic pathway, which is crucial for blood clot formation.





## SIGNS & SYMPTOMS

- ✓ Prolonged bleeding after injuries or surgery
- ✓ Spontaneous bleeding into joints (hemarthrosis) causing pain & swelling
- ✓ Easy bruising
- ✓ Bleeding gums & nosebleeds
- ✓ Blood in urine or stool

## ROLE OF PHARMACISTS IN HEMOPHILIA CARE

- ◆ Dispensing & Monitoring: Ensuring timely availability of clotting factors & recombinant therapies
- ◆ Counseling Patients: Educating on dosage, adherence, & storage of clotting factors
- ◆ Recognizing Bleeding Episodes: Referring patients for early intervention
- ◆ Promoting Prophylactic Therapy: Supporting preventive treatment plans to reduce complications
- ◆ Advocating Safe Medication Use: Advising against NSAIDs & anticoagulants that can worsen bleeding

## TREATMENT & MANAGEMENT

-  Replacement Therapy: Factor VIII / IX concentrates (Plasma-derived or Recombinant)
-  Desmopressin (DDAVP): For mild Hemophilia A to boost Factor VIII levels
-  Avoid Aspirin & NSAIDs – Risk of increased bleeding
-  RICE Therapy (Rest, Ice, Compression, Elevation) for joint bleeds

