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Title: ITP in the Elderly

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Some have suggested that ITP is more dangerous in the elderly than in younger patients. There are reasons that this may be true, but there is also experience that it is not true. Perhaps because older people have more routine blood counts, ITP is diagnosed more often in older people. Typically, we think of ITP in adults as principally affecting young women, and many reports describe ITP as twice as common in women as in men. This is different from ITP in children, which occurs nearly equally in boys and girls. However, more recent surveys have suggested that ITP may be just as common in older people as it is in younger persons, and may be just as common among older men as in women. Therefore, doctors have recently focused on specific issues related to ITP in the elderly.

The risk for bleeding may be greater in older patients, because they frequently have other health problems that contribute to bleeding, such as high blood pressure, stomach ulcers, and risk for stroke. Therefore, a very low platelet count, such as less than 10,000, may cause minimal problems in a healthy young person but may be a risk for serious bleeding in an older person with high blood pressure. Some doctors have therefore suggested that older patients with ITP should be treated to maintain a higher platelet count. But the problem with this approach is that older patients are also at greater risk for complications from treatment. Steroids are particularly risky. Steroids can cause thinning of the bones (osteoporosis), already a common problem in older people, particularly women, even without any steroid treatment. Steroids can also increase the risk for cataracts, already common in older people. The elderly may also not tolerate chemotherapy medicines as well as younger patients.

Accordingly it seems to us that that the management of ITP should be the same for all adults, regardless of age. Of course, when other health problems are present, they need to be recognized and treated effectively. A good example of how an older woman can do very well with no treatment in spite of severe thrombocytopenia is told in "Crystal's Story" on our website, <http://moon.ouhsc.edu/jgeorge>. Crystal was 75 years old when I first met her, and her platelet count was only 9,000. She was taking daily prednisone. She had already had a splenectomy and she had also been treated with IVIG and anti-D. However, she was very healthy, her blood pressure was normal, and she was taking no other medications. This, of course, is unusual because most people her age have health problems that require medications. Crystal was very insistent that the prednisone be stopped. She hated its side effects, the puffiness of her face, the bruising on her arms and trouble sleeping. She also insisted that she wanted no further treatment. Her husband supported her in this decision. Her son, who had come for California for this visit, also provided support. I was nervous about discontinuing prednisone treatment and just observing her but I thought this was the right thing to do and the right way to do it. She had never had any bleeding problems except for minor purpura. When there is no firm evidence to guide medical decisions, the responsibility for what is to be done medically needs to be shared by the doctor, patient, and family.

Over the next 5 weeks we gradually tapered and then discontinued her prednisone. During this time her platelet count remained between 4000 and 9000, but she had no bleeding symptoms. Then she had platelet counts done every two weeks. Two months after we stopped the prednisone, when her platelet count was once as low as 1000, her primary doctor thought that some treatment was necessary, even though she continued to have minimal symptoms. She was treated with 4 weekly injections of vincristine (we believe this was not a good decision.) Although her platelet count temporarily went up to 38,000, she felt bad with the expected side effects of vincristine, constipation and numbness and tingling in her fingers. So then our plan was to stop doing platelet counts so often! Over the next year, her platelet count gradually increased to 53,000, and now, 3 years after I first saw her, her platelet count is normal, 213,000.

I think of Crystal (the pseudonym we gave for this patient when she told her story for our website) as an example for how ITP can be successfully managed without steroids or other treatment, in spite of the patient's age. Her recovery without treatment may not be common, and therefore her story may not be the best one to tell. But I learned valuable lessons from Crystal. We doctors always learn a lot from our patients.