BSH2020

Paediatrics

BSH2020-416

Heath-related quality of life following initial diagnosis of childhood immune thrombocytopenia

Phoebe Greenwood[*1], Nichola Seymour[2], John Grainger[2]

[1]University of Manchester, [2]Central Manchester Hospitals, Manchester, United Kingdom

Please indicate your preferred method of presentation: Poster or Oral

Do you wish to be considered for a BSH Abstract Scholarship?: Yes

I agree to the below terms for the Abstract Scholarship: Yes

Has this abstract been presented at a UK national haematology meeting before?: No

Has this abstract been presented at an overseas meeting?: No

Does your abstract relate to any aspects of paediatrics?: Yes

Please select your position from the following list:: Medical Student

Abstract Content: Health-related quality of life (HRQoL) is one of the outcomes that should be considered in children with immune thrombocytopenia (ITP). ITP is a generally benign illness, that is usually self-limiting with a good prognosis, and therefore it is important to consider the effect of treatment and other disease related parameters on the HRQoL of these children.

The objective of this study was to assess how HRQoL changes in the six weeks and six months following a diagnosis of ITP, taking into account differences in platelet counts and treatment methods between patients. The data used for the purposes of this study were taken from the UK paediatric ITP registry. HRQoL in these patients was measured using the UK version of the Kids' ITP Tools.

139 patients were included in this study; these were patients who had KIT scores recorded at diagnosis and with at least one more KIT score recorded in the following presentation. 86 patients had a repeat platelet count at 6 weeks following diagnosis and these patients form the focus of this report.

Of the patients whom had a count available at 6 weeks post presentation 30 (35%) had a platelet count $<30 10^9$/L, 56 (65%) had recovered to $\geq 30 10^9$/L. 53 patients had no platelet count recorded at six weeks but were recorded at later time point(s).

In the six weeks following diagnosis 109 (80%) children were managed without therapy (watch and monitor), 14 (10%) with immunoglobulin and 13 (10%) with steroids. In addition two patients had combination therapy and the detail of therapy was not complete in one child.

There was a significant ($p<0.001$) improvement in HRQoL for the whole cohort at both six weeks and six months after diagnosis ($p<0.05$). All of the subgroups showed improvements in HRQoL after six weeks, however these were not statistically significant. The subgroup that had the greatest improvement in HRQoL six weeks after presentation was those who were treated with IVIG.

In conclusion, this study shows that there is a general improvement in HRQoL in the six weeks that follow a diagnosis of ITP and that improvement is more likely following platelet recovery to over 30 or following IVIg treatment.

Disclosure of Interest: None Declared