The ITP Support Association Platelet Reprint Series

No. 16 – Chronic ITP: disease or risk factor?

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Title: **Chronic ITP: Should a persistent low platelet count be considered a disease, or only a risk factor for increased bleeding?**

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In some patients, ITP is a chronic, persistent condition that seems to last forever. Unless the platelet count is extremely low, and troublesome bleeding symptoms are frequent, our opinion is that the best management is basically to ignore the abnormal platelet count. In fact, it may be better to consider chronic ITP with only a mild or moderately low platelet count not as a specific disease but merely a minor risk factor for increased bleeding. Just as obesity is a risk factor for diabetes and a high blood cholesterol level is a risk factor for heart disease, a low platelet count is a risk factor for bleeding. Most patients who have chronic ITP are healthy and active; perhaps it is better to consider them as normal people who happen to have an abnormal laboratory value. Thinking of a low platelet count as a risk factor rather than a manifestation of a specific disease has much appeal.

Among children, chronic ITP is relatively uncommon. In most children, the onset of ITP is abrupt, with very low platelet counts and extensive purpura. However most children recover within several weeks or several months, with or without any treatment. The small number of children whose platelet counts remain low after 6-12 months are considered to have chronic ITP.

In adults the onset of ITP is typically gradual, and often the time when increased bruising or bleeding symptoms began is difficult to recall. In many adults, ITP is diagnosed not because of increased bruising or bleeding but because of the surprising observation of a low platelet count during routine testing. In contrast to children, chronic persistent ITP is the rule, rather than the exception, among adults.

The focus of this American Perspective is patients who have few or no bleeding symptoms. Or should we say “people” or “persons” rather than “patients”? “Patients” implies individuals who require regular visits to a doctor. People with only a low platelet count may need no treatment and may not need regular doctor visits. So maybe they should not even be considered to be “patients”!

These people do not need treatment aimed at raising their platelet count (like steroids) because the goal of treatment for persons with ITP should be to maintain a safe platelet count, not to achieve a normal platelet count. We think that if patients with ITP could sign a contract that their platelet count would always be between 20,000 and 30,000, never lower but also never greater, most would sign without hesitation. Why? Because this is a safe platelet count range for everything except a serious injury or surgery, so no regular treatment is necessary. Even lower platelet counts are safe in most people. Some people with chronic ITP may have minimal symptoms for many years even with platelet counts less than 10,000.

The important issue is when to treat chronic ITP. Treatment should be recommended only when the platelet count is low enough to cause bleeding problems or to cause concern for a serious risk for bleeding. If treatment is required, continuous use of steroids is not appropriate because continuing steroids for more than several weeks can lead to serious side effects. Splenectomy is the most effective treatment for chronic ITP, because 60-80% of patients will achieve safe platelet counts and require no further therapy. However, splenectomy has risks, both immediate and long-term, that we have previously described in this column (March, 1999). If splenectomy fails, then a variety of drugs may be used that suppress the body’s immune system and therefore block the accelerated destruction of platelets. However these drugs can have serious complications since they also decrease resistance of infection.

The most important rule for treatment of patients with chronic ITP is not to allow the treatment to become worse than the disease. This unfortunately happens to many persons with ITP who describe few symptoms of bleeding yet have major problems with complications of steroids and other treatments for ITP. We have described the stories of several patients on our website, http://moon.ouhsc.edu/jgeorge, emphasizing the few problems that many people have despite having very low platelet counts for many years, and contrasting that with numerous problems caused by treatments.

In summary, don’t think of chronic ITP as a disease. Just think about a low platelet count as a risk factor for bleeding. We all have risk factors for something potentially serious. Sometimes simply how we look at things changes our perspective. In this way, we encourage you to think of yourself as a healthy person with a risk factor rather than a person carrying the burden of a “disease”.