

CARRIERS

Slieve Russell Hotel 5th March 2017

Anne Duffy
WFH Psychosocial Committee





Carriers and Non-Carriers

Making informed decisions

Family History



Women and Teenage Girls who are Carriers

Carrier diagnosis

Recognised medical condition

Support services and information

Genetic Counselling



The process of helping women affected by a genetic disorder to understand the condition, how it is passed through the generations, and other issues which may impact on family planning.

Diagnosis as a Teenage Girl



- Wide range of emotional reactions
- May be afraid
- Sense of loss, feeling different
- Denial and refusal to accept
- Anger at own body and parents
- Parents and listening
- Acceptance of own carrier status by mother
- Sense of relief
- Learning how to manage symptoms

Diagnosis as an Adult



- Adult diagnosis on birth of baby with haemophilia
- Reactions vary from shock to anger
- Time to adapt to diagnosis of self and baby

Siblings and extended Family



- No family history-sisters are possible carriers
- Families deal with issues differently
- Cultural differences
- Effect of carrier testing on extended family
- Informing possible carriers



Normal Emotional Reactions

Shock plus fear of impact on immediate relationships and within extended family

Anger at carrier status

Denial and refusal to accept

Loss at feeling different





Acknowledge all emotions

Importance of Communication:

 Young girls may need help to overcome embarrassment

 Older women with heavy periods need to discuss their symptoms with their doctor

Carriers



Symptomatic carrier:

Low factor levels and increased bleeding tendency

Non-symptomatic carrier:

Normal factor levels without increased bleeding tendency

Factor level check done at young age Carrier testing done at 16 years of age

Symptomatic Carriers



- Carriers can bleed more than other women particularly after medical interventions
- Women who grew up in families with haemophilia may see their bleeding symptoms differently from women in general
- In families where blood loss is the 'normal', abnormal bleeding may be overlooked
- Clotting factor levels may vary in different circumstances like pregnancy and stress:
 F8 increases in pregnancy, F9 does not.

Symptomatic Carriers



- All possible and obligate carriers need their factor levels checked before any medical interventions, and at a young age
- Surgeons and carriers need to know the clotting factor level prior to any surgery
- Factor levels in carriers are independent of family severity
- Important to measure factor levels during carrier testing

Symptomatic Carriers



- Day-to-day basis most carriers will have no symptoms
- Know your factor level and if FVIII or FIX
- Low level carriers and bleeding after trauma
- Always carry a medical ID card with treatment details and contact for Treatment Centre
- Inform Treatment Centre yourself of any planned surgery or dental work
- Pregnant carrier and birth plan
- Regular follow-up at Treatment Centre





Coping with Bruises – do not hide away

Loss of Virginity – consider carefully

Disclosure – individual and important

Tattoos & Piercings – not recommended

Living Positively with Bleeding Disorders



Empowerment important through education and information

Acceptance of support

Stay physically and mentally active

Maintain social contact with family and friends

Being more than a diagnosis

References



Alabek, M., Mohan, R., and Raia, M., Genetic Counselling for Hemophilia, WFH, Treatment of Hemophilia, July 2015, No. 25.

Plug et al. Bleeding in carriers of hemophilia, Blood, July, 2006, Vol 108, No 1.

Teenage Girls with Bleeding Disorders, Irish Haemophilia Society, 2014.

Women and Bleeding Disorders, Irish Haemophilia Society, 2010.



Thank you Any comments or questions?