

Coping with Idiopathic Thrombocytopenic Purpura (ITP)

Putting you
in control
of your life

Patient information

What is ITP?

Your doctor will have told you that you or your child has a condition called ITP which can involve the inability to prevent bleeding.



ITP is short for Idiopathic Thrombocytopenic Purpura. 'Idiopathic' means the cause is unknown, 'Thrombocytopenic' means there's a shortage of blood platelets and 'Purpura' means the skin or tissue becomes bruised, usually appearing as many small bruises.

Although the cause is not yet fully understood, it is known that the small particles in your blood (called PLATELETS) which help you form a blood clot after a cut or blow to the skin, are attacked and destroyed by your immune system.

Normally, these particles occur in huge numbers – between 150,000 and 400,000 per millilitre of blood (often described as a platelet count of 150 to 400).

In someone with ITP, this number could be as low as 5000 per millilitre of blood (a platelet count of just 5) because of platelet destruction.

Signs and Symptoms

Most often, ITP occurs spontaneously, that is, with no known reason for its development. However, sometimes it occurs after a viral infection or in association with certain medicines.

ITP is not a contagious disease. You can neither catch it nor pass it on.

If you have ITP, it is likely that you will experience one or more of the following symptoms:

- Inability to stop bleeding after injury
- Heavy multi-coloured bruising (often for no obvious reason)
- Many small reddish-brown bruises
- Frequent nosebleeds
- Mouthbleeds
- A rash of red pin-prick sized spots (called PETECHIAE or PURPURA)
- In women, very heavy periods
- Internal bleeding
- Anaemia



Treatment

Diagnosis is possible after a simple blood test to count your platelets. A low platelet count indicates the likelihood of ITP (though you may also be asked to have a bone marrow test to rule out other conditions that can cause purpura).

In the majority of cases in children, complete recovery occurs within 3 months or so and treatment is not required. However, if your doctor believes that one of your medicines is the probable cause, this medicine will be discontinued and an alternative provided.

If you do need treatment for ITP, there are several possible medicines which may be prescribed, for example steroid tablets, such as prednisolone, which slow the destruction of platelets, or immunoglobulin, a solution of human antibodies injected into a vein (intravenous), which blocks the destruction of the platelets by the immune system.

In rare severe cases or when the above medicines have been unsuccessful, another treatment is the removal of the spleen (splenectomy). This helps because, in ITP patients, the spleen is the usual place where platelets are removed from the circulation.

ITP and Children

There are about 520 new cases of ITP each year in the UK, of which by far the majority (400) are children.

In children, ITP usually appears for no obvious reason but sometimes appears after a viral infection such as a cold.

Most children with ITP have ACUTE ITP, that is, ITP that goes away within a few weeks. Seven or 8 of every 10 affected children will recover within 3 months and 9 out of 10 will have recovered within a year. Those children who have ITP longer than 6 months are said to suffer from CHRONIC ITP.

The majority of children recover quickly, and many have no need for any treatment at all. For those that do need treatment, the emphasis is on prevention of bleeding rather than just raising the platelet count.



ITP and adults

In adults, ITP is less likely to arise spontaneously and occurs much more often after a separate disease which effects the immune system, such as SLE (Systemic Lupus Erythematosus).

Adult ITP, which affects 3-4 times more women than men (particularly young women) tends towards the chronic condition, and spontaneous remission is not so likely as in children.

Treatment for adults may not be necessary unless the platelet count falls very low or there are bleeding tendencies. When treatment is required, it is aimed at maintaining the platelet count at a level capable of allowing the patient to have a normal, active life (achieved by a platelet count of 30 or more).

If in doubt... ..ask!

Remember – by far the majority of cases of ITP recover within a few months and need no treatment.

However, if you have any questions or worries about ITP, always ask your consultant, who will be able to set your mind at ease.

Your consultant is:

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Contact phone number:

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Don't worry, you're not alone!

Founded in 1995, the ITP Support Association is there to help you. Set up by ITP patients, the ITP Support Association provides patient support, advice on referrals and a telephone contact network with other sufferers and patients. In addition, the ITP Support Association publishes a range of useful booklets and factsheets including a quarterly newsletter.

If you or a member of your family has ITP, and you would like to know more about the ITP Support Association, please write (enclosing an A5 envelope with 2 first class stamps for a free information pack) to:

THE ITP SUPPORT ASSOCIATION

'Synehurste'

Kimbolton Road

Bolnhurst

Beds MK44 2EW

Website: www.itpsupport.org.uk

Patient information

A Patient Information Service from:



Bio Products Laboratory

Dagger Lane
Elstree
Hertfordshire
WD6 3BX
United Kingdom

Tel: +44 (0)20 8258 2200
Fax: +44 (0)20 8258 2604
Web: www.bpl.co.uk