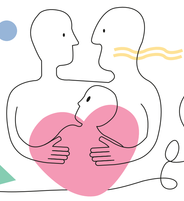
About moderate and mild haemophilia A

Haemophilia is an inherited, **serious bleeding disorder** where a person's **blood does not clot properly**, leading to uncontrolled bleeding, which can occur spontaneously or after trauma.

Haemophilia occurs when **someone lacks or doesn't have enough clotting factors** – proteins that work together to form blood clots and help stop bleeding.

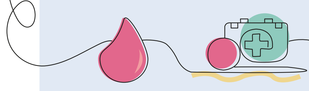
Haemophilia A

where people **lack** clotting **factor VIII** is the most common form – affecting **900,000 people worldwide**[1,2]



Mild

~48% of those with haemophilia A[3]



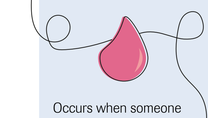
Occurs when someone has between **5–40%** of the normal amount of **clotting factor**.[4]

Usually becomes apparent after a **wound or medical procedure**.[5]

Women may also have **problems controlling bleeding** associated with **menstruation or childbirth**.[5]

Moderate

~14% of those with haemophilia A[3]



Occurs when someone has between **1–5%** of the normal amount of **clotting factor**.[4]

Symptoms are **similar to mild haemophilia A**, but can also cause:[6]

Bruising

Bleeding into muscles and joints, which if not treated can lead to long-term pain, swelling and stiffness

Severe

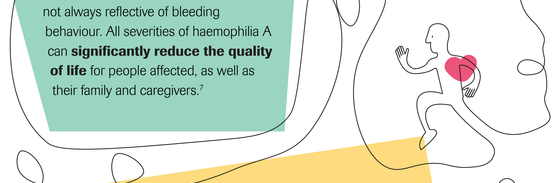
~30% of those with haemophilia A[3]

Occurs when someone has less than **1%** of the normal amount of **clotting factor**.[4]

Potentially **life-threatening and joint bleeding** is more frequent and severe.[6]

Can also cause **spontaneous, prolonged and uncontrolled bleeding**.[6]

However, the severity of haemophilia A is not always reflective of bleeding behaviour. All severities of haemophilia A can **significantly reduce the quality of life** for people affected, as well as their family and caregivers.[7]



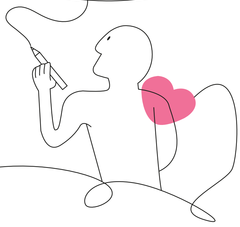
While the treatment and management of severe haemophilia A are well-established, there is **less information** and treatment guidance on **moderate and mild haemophilia A**. Due to the **more ambiguous symptoms**, these patients are often not included in clinical trials or other disease burden or quality of life studies.[8]

Considering this population may not use preventative treatments, they may experience **worsened clinical burden**, with less than **30% of people with moderate or mild haemophilia A living a bleed-free life**.[8,9]

For people with **haemophilia A**, **every bleed matters.**

The goal for its management should be to **eliminate all preventable bleeds** regardless of disease severity.

It is essential to build a **better understanding of moderate and mild haemophilia A through dedicated research**, in order to provide better care and treatment options, to enhance the **quality of life of those affected.**[8]



References

1. Iorio A, et al. Establishing the prevalence and prevalence at birth of hemophilia in males. *Ann Intern Med* 2019 Oct 15;171(8):540-546.
2. Srivastava A, et al. WFH guidelines for the management of hemophilia, 3rd edition. *Haemophilia*. 2020; 26 (Suppl 6): 1-158.
3. World Federation of Hemophilia. Report on the annual global survey 2020. [Internet; cited 2021 December] Available from: http://www1.wfh.org/publications/files/pdf-2045.pdf.
4. White GC, et al. Definitions in hemophilia. Recommendation of the scientific subcommittee on factor VIII and factor IX of the scientific and standardization committee of the International Society on Thrombosis and Haemostasis. *Thromb Haemost*. 2001 Mar;85(3):560.
5. Haemophilia Foundation Australia. Living with mild haemophilia. [Internet; cited 2021 December] Available from: https://www.haemophilia.org.au/HFA/media/Documents/Haemophilia/Mild%20haemophilia/Understanding-mild-haemophilia.pdf.
6. NHS. Symptoms of haemophilia [Internet; cited 2021 December]. Available from: https://www.nhs.uk/conditions/haemophilia/symptoms/.
7. Flood E, et al. Illustrating the impact of mild/moderate and severe haemophilia on health-related quality of life: hypothesised conceptual models. *European Journal of Haematology* 2014; 93: Suppl. 75, 9–18.
8. Walsh C et al. Identified unmet needs and proposed solutions in mild-to-moderate haemophilia: A summary of opinions from a roundtable of haemophilia experts. *Haemophilia*. 2021 February 01; 27(S1):25-32.
9. Nissen F, et al. An Insight into clinical outcomes in mild, moderate, and severe hemophilia A (HA): A preliminary analysis of the CHESS II study. *International Society on Thrombosis and Haemostasis (ISTH) 2020 Congress*, 12–14 July, 2020; Abstract OC 09.3.

M-XX-00007729