

5 signs of bleeding



Easy bruising with indurations



Frequent or prolonged nosebleeds



Heavy menstrual periods



Prolonged bleeding after injury, childbirth and surgery



Prolonged bleeding / mucous membrane bleeding during dental work

« The signs indicate a possible coagulation disorder? Turn around and verify your suspicion!

www.signsofbleeding.com

Brochures on coagulation disorders are also available for other major medical disciplines

Relevant links to more information on von Willebrand disease and other coagulation disorders

www.wfh.org
www.ehaweb.org
www.esh.org
www.hematology.org
www.allaboutbleeding.com

www.nhlbi.nih.gov
www.ehc.eu
www.hemophilia.ca
www.intreavws.com

Address of local haemophilia center:

We would like to thank the international faculty for essential support:

Dr. Andra James (MD)
 Dr. Pieter Kamphuisen (MD)
 Dr. Johannes Rischewski (MD)
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Debra Pollard (RN)
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Literature:

^[1] Peyvandi F, et al. Genetic diagnosis of haemophilia and other inherited bleeding disorders. Haemophilia 2006; 12 (Suppl 3): 82–89
^[2] Plug I, et al. Bleeding in carriers of hemophilia. Blood 2006; 108: 52–56
^[3] Makris M, et al. Immunization of patients with bleeding disorders. Haemophilia 2003; 9: 541–546

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information about coagulation disorders



general practitioners

Identification of a coagulation disorder

- Approximately 1% of the general population have an atypical von Willebrand factor gene
- von Willebrand disease (VWD) and haemophilia A & B account for 95 – 97% of all inherited deficiencies of coagulation factors^[1]
- Prolonged nosebleeds (more than 10 mins) are four times more common in female carriers of haemophilia A or B than in non-carriers^[2]
- Gynaecologists underestimate inherited coagulation disorders as an underlying cause for menorrhagia^[3]

It would be prudent to spend 5 minutes on '5 signs' in any of the following situations – these could all indicate a coagulation disorder

- Haematoma following intramuscular vaccination
- Prolonged nosebleeds (epistaxis)
- Prolonged bleeding (5 mins) after trivial injuries
- Heavy periods (menorrhagia)

When discussing bruising or bleeding, ask the patient about other symptoms of potential coagulation disorders. It only takes 5 minutes – better safe than sorry!

5 minutes

5 signs

to be safer

Management of coagulation disorders in general practice

In patients with untreated coagulation disorders

- Symptoms of hereditary disorders may not be considered as abnormal by some families and, therefore, may not be mentioned unless prompted
 - A family history should always be obtained
- One-third of babies with severe haemophilia do not have a family history of the disease^[3]

Vaccinations

- In patients with coagulation disorders most vaccines can be, and should be, given subcutaneously, including^[3]
 - Diphtheria, tetanus and pertussis
 - Measles, mumps and rubella
 - Meningitis C
- Patients with coagulation disorders should be vaccinated against hepatitis A & B^[3]

If you suspect a coagulation disorder, please determine the patient's 'bleeding history'

» Bleeding history

For further investigation, please ask these questions:

Medication and treatment

- Are you currently taking or have you recently received
- Antithrombotic medication: aspirin, heparin, clopidogrel, ticlopidine, vitamin-K antagonists (e.g. Marcumar, Warfarin)?
 - Non steroidal anti inflammatory drugs: diclofenac, ibuprofen?
 - Antibiotic medication: penicillin, tetracycline, sulfonamides, fluoroquinolones (e.g. Ciprofloxacin)?
 - Other drugs interacting with the coagulation system: valproic acid, megadoses of vitamin E?
- Have you ever had anaemia that required treatment, or have you received a blood transfusion?

Coagulation

- Have you ever had a spontaneous nosebleed that either persisted for 10 mins or required medical attention?
- Have you ever experienced prolonged bleeding (duration of 15 mins, or spontaneous recurrence within 7 days) from minor wounds?
- Women only: Have you ever had heavy menses where you needed to change a pad, or a tampon, more than hourly?
- Have you ever experienced heavy, prolonged or recurrent bleeding following a surgical procedure?

Family History

- Can you recall any coagulation disorders among family members (these must be blood relatives)?
- Do any members of your family (blood relatives) regularly experience any of the '5 signs of bleeding'?

If an answer concerning coagulation or family history is positive, consider referring the patient to a haematologist