Immune Thrombocytopenia (ITP): Symptoms & Treatment [1]

What is immune thrombocytopenia?

Immune thrombocytopenia (ITP) is a rare autoimmune disease characterised by increased destruction and impaired productions of blood cells called platelets[1]. Platelets allow the blood to clot properly and keep blood vessels intact[2]. When platelet levels are very low, this can cause dangerous internal bleeding and bruising[1].

ITP is identified by diagnosis of exclusion, as doctors need to rule out other diseases that may cause the low platelet count[2]. Once diagnosed, patients might be in one of three phases, each with its own potential duration—acute (0-3 months), persistent (3-12 months) or chronic (12 months or longer)[3].

How many people are affected by ITP?

ITP affects approximately 1 in 50,000 adults each year and is slightly more common among adult women[2,4].

What are the signs and symptoms of ITP?

People with ITP may sometimes experience one or more of the following symptoms[2]:

- Unexpected bruises
- Tiny red or purple dots on the skin (petechiae)
- Bleeding too easily from gums, nose, and cuts
- Bleeding that’s hard to stop
- Blood in stool or urine
- A heavier than usual period flow (females)

The potential for decreases in platelet counts may cause emotional distress. Other challenges associated with ITP include fatigue, hindered ability to work, decreased libido and embarrassment due to the visible symptoms of the disease[5].

What is the goal of ITP treatment?

The main goal of treatment is to increase platelet counts to a healthy and safe level1. If treatment is required for ITP, it should be tailored to the individual patient. Patients should talk to their doctor about the risks and benefits associated with each treatment option.

Finding the right treatment and taking medicine as prescribed will help patients manage their chronic ITP and maintain healthy platelet levels. Patients should work closely with their doctor to determine their ideal platelet count.

In the case of extremely low platelet counts, it may become necessary for patients to be admitted into a hospital to receive platelet transfusions to prevent bleeding and to stabilize their platelet levels[6].

Additional resources

Infographic

- Understanding Immune Thrombocytopenia (ITP) (PDF 0.4 MB) [2]

Footnotes:

1. Saleh, Mansoor N., et al. "Safety and efficacy of eltrombopag for treatment of chronic immune thrombocytopenia: results of the long-term, open-label EXTEND study." Blood 121.3 (2013): 537-545.
2. “Immune Thrombocytopenia.” U.S. National Institutes of Health website. U.S. National Institutes of Health. Web. 2 August 2016.
3. Imbach, Paul. “Guide to Understanding ITP (Immune thrombocytopenia).” ITP Foundation and ICIS Basel Switzerland. 2011. PDF file.
4. Fogarty, Patrick F., and Jodi B. Segal. "The epidemiology of immune thrombocytopenic purpura." Current opinion in hematology 14.5 (2007): 515-519.
5. Mathias, Susan D., et al. "Impact of chronic Immune Thrombocytopenic Purpura (ITP) on health-related quality of life: a conceptual model starting with the patient perspective." Health and quality of life outcomes 6.1 (2008): 1.
6. Kistanguri, Gaurav, and Keith R. McCrae. “Immune Thrombocytopenia.” Hematology/oncology clinics of North America 27.3 (2013): 495–520.

Links
[1] https://www.novartis.com/our-focus/cancer/oncology-disease-areas/immune-thrombocytopenia-itp
[2] https://www.novartis.com/sites/www.novartis.com/files/adult-itp-infographic.pdf