Discussion/Conclusion: In the French northwest area, the use of EHL FVIII has led to a decrease in the prescription of FVIII (−8.8% IU/kg/w) and in the number of infusions in PWHA undergoing prophylaxis (−0.4 inj/w). However, beyond this prescription-based study, these results will have to be confirmed by studying actual FVIII administrations. We will also assess the clinical efficacy of this prophylactic treatment by comparing the annual bleeding rate in both groups.

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P156 | SEQUENTIAL TREATMENT WITH APCC AND RFVIIA OF A PATIENT WITH HEMOPHILIA A AND INHIBITOR DURING MASSIF HEMORRHAGE

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Introduction: Bleeding episodes of the patients with inhibitor can be challenge for hematologist because it may show refractory to APCC or FVIIa and these two agents should be given sequentially at this situation.

Methods: A 68-year-old patient with Hemophilia A presented to the emergency with bruising at his left upper leg after slip and fall on the ice. Hemothoraks at left side, large hematoma that fills the abdomen all and replace internal organs around it and extending toward proximal of left extremity. Factor VIII level was 4%. The blood sample for inhibitor was send to laboratory but result was not expecting earlier than one week. Factor VIII replacement was targeted for 100% of FVIII. The hemothorax become bilateral on day 7 of factor replacement treatment. Increment at bleeding has thought us the existence of inhibitor. Tube thoracostomy and VATS (Video Assisted Thoracoscopic Surgery) were performed but bleeding couldn't controlled. The result of inhibitor was reached on 11 day of treatment. Factor VIIa (90 µg/kg-every 2 hours) administration was started for inhibitor level of 2 Bethesda Unit (BU). The bleeding couldn't controlled at the end of 48 hours. APCC (Active Protrombin Complex Concantrate) at dosage 50 Unit/kg every 12 hours was started in addition to rFVIIa. The timing of FVIIa administrations were starting after 6th hours of each APCC dosages and repeating every 2 hours till next APCC dosage. This treatment plan was consisting of 6 dosages of FVIIa and 2 dosages of APCC. When the amount of bleeding was increased rFVIIa dosages were administered after 3th hours of APCC and repeated every 4-6 hours. The amount of blood transfusion was 16 300 mL. Total 755 mg rFVIIa and 151 000 U of APCC were administered.

Results: The duration of hospitalization was 45 days. Bleeding was controlled at the end of 1 month. Abdominal hematoma decreased to 10 cm at day 45. Patient was discharged with prophylactic APCC 50 U/kg a day for one month at home. His condition went good.

Discussion/Conclusion: In here, we wanted to present this case because he has moderate hemophilia with Factor level of 4% and low inhibitor level and causing life treating bleeding. The cost of this treatment was also huge.

Disclosure of Interest: None declared.

P157 | ELECTRONIC MEDICAL RECORD ALERT IN PATIENTS WITH HEMOPHILIA AT A TEACHING HOSPITAL EMERGENCY DEPARTMENT

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Introduction: Patients with hemophilia are often not treated appropriately when they present out-of-hours to an emergency department (ED). Delays in replacement therapy can affect morbi-mortality. Clinical decision support systems include electronic medical record alerts (EMRA) and guidelines that assist in diagnosis and treatment.

Aim: Audit the computerized automated alert tool in the electronic medical record in order to notify the need of health care provision of hemophilia patients in ED.

Methods: Retrospective review (February 2015-March 2019) of health care alert notification emails regarding of hemophilia patients in our centre, received and generated by computer alert in the electronic medical record of the ED.

Results: 164 visits to ED were registered, corresponding to 39 (37.5%) of the 104 hemophilia patients (pts) from our center. 28 of 80 pts with hemophilia A (HA) and 11 of 24 pts with HB. Median age 25 years (range: 5-67). 31 were adults (median 33 years; range: 15-67) and 8 children under 15 (range 5-14). Distribution by type and severity: HA: severe 9, moderate 2, mild 17; HB: severe 8, moderate 1, mild 2. 16 were under prophylaxis and 23 on demand. 11 went once to ED, 9 twice, 5 pts 3 times and 14 (36.6%) >5 times (5 with associated comorbidities). Causes for consultation (59 due to trauma and 57 directly related to hemophilia): Cutaneous/muscle bleed 18 episodes (Iliopsoas 5, cutaneous 5, other muscle 8), Joint pain 38 (bleed 8, synovitis 5, sprain 6, contusion 9, knee pain 2, post-traumatic fracture 3, nonspecific pain 5), abdominal pain 14 (gastroenteritis 5, gastrointestinal bleed 4, inguinal hernia 1, nonspecific pain 4), traumatic incise wound 4, infection 14, treatment administration 15, gingivorrhagia 7, colic pain/hematuria 7, toothache 4, allergic skin reaction 4, epistaxis 3, head trauma 2 and other causes not related to hemophilia 34 episodes. 23 hospital admissions were made in16 pts. The

average length of stay of all patients admitted to ED was 4.8 hours as opposed to 2.4 hours (range: 0.1-44.3) in hemophiliacs.

Discussion/Conclusion: In our experience, only one third of patients consult with symptoms related to hemophilia at ED. The reason for hospital admission is mostly associated to other comorbidities. EMRA system allows early care provision, better compliance with the healthcare protocol, and shorten the length of stay and reducing morbidity in hemophilia patients.

Disclosure of Interest: None declared.

P158 | WORK LOAD IN DUTCH PATIENTS WITH HAEMOPHILIA: NO ROLE FOR SEVERITY?

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Introduction: With advanced treatment options, labour participation and life expectancy in Dutch patients with haemophilia (PWH) has improved. However, data on the physical demands of work are lacking. The aim of this study was to assess the physical demands of work and working hours in adult Dutch patients with haemophilia (PWH, 18-65) according to age and severity.

Methods: Data was collected as part of the Haemophilia in the Netherlands (HiN) study, a nationwide cross-sectional survey. The survey assessed physical demand of work using the Modifiable Activities Questionnaire (MAQ), which categorizes physical demand of work in three levels: light, medium, heavy, as well as labour force participation. Groups were compared according to age (below or over 45, based on median age), and haemophilia severity (severe vs non-severe). Type and physical demands of work x number of working hours were used as indicators for total physical work load or demands. Groups were compared using Chi Square.

Results: PWH were predominantly employed in low physical demand jobs (42.5 low vs 15.7% high physical demand, $P < 0.01$). Most PWH worked fulltime (>36 h/wk; 70.9%). Full time work was not associated with age (68.6% in PWH <45 years. 73.9% in PWH ≥ 45 years; $P = 0.36$), nor with severity (65.2% in severe vs 73.8 in non-severe; $P = 0.39$). No association between physical demands of work and age was observed (light: 50% in PWH < 45 years vs 53.4% in PWH ≥ 45 years; medium: 31.1 vs 27.2%; heavy: 18.9% vs 19.4%, respectively; $P = 0.82$). A similar proportion of patients with severe and non-severe haemophilia reported working in jobs with light (50.7 vs 53.5%), medium (26.8 vs 33.8%), and heavy (22.5% vs 12.7%; $P = 0.20$) physical demand. The interaction between physical workload and time was similar for age groups ($P = 0.64$) and severity ($P = 0.28$).

Discussion/Conclusion: Although most PWH reported working jobs with low physical demands, the type of work nor physical workload was associated with severity or age. Therefore, our assumption that older PWH with severe haemophilia are involved in less physically demanding work was not corroborated by the present data. However, more detailed analyses are needed to establish if physical workload is truly unaffected by haemophilia.

Disclosure of Interest: None declared.

P159 | TRENDS IN SPORTS PARTICIPATION IN YOUNG AND ADULT DUTCH PATIENTS WITH HAEMOPHILIA

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Introduction: Sports participation has been promoted in Dutch patients with haemophilia (PWH) in recent years. However, older patients were traditionally discouraged to participate in (contact) sports.

Methods: Data was collected as part of the Haemophilia in the Netherlands (HiN) Study, a nationwide cross-sectional survey. Participation was assessed by the Modifiable Activities Questionnaire (MAQ), self-reported limitations using the (Pediatric) Haemophilia Activities List ((Ped)HAL). Age, sports participation characteristics (frequency and duration) and (ped)HAL-results were grouped. Sports in categories 2.5 and 3 of 3 according to the National Hemophilia Foundation classification were considered high-risk (HR sports). Groups were compared using Chi-square testing.

Results: 635 adult and 125 young PWH were included. Sports participation in Dutch PWH was high in both children (68%) and adults (58.9%) and similar to the Dutch general population (69% and 58%, respectively). In PWH, an age-related decline in sports participation