

# Emotional Wellness and Hemophilia

This information is provided for educational purposes only and is not intended to replace discussions with a health care provider (HCP). Please speak to your treatment team if you have any questions about your/your child's care.

If you have concerns regarding your or another person's mental health, consult an HCP.

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## Impact of Emotional Wellness

Experiencing mental or emotional challenges and stress while living with a bleeding disorder isn't uncommon. Having a chronic condition, like hemophilia, can increase a person's risk for depression.<sup>1</sup> Emotional issues can occur at any age, and common conditions can include anxiety and depression.<sup>2</sup>

Identifying anxiety and depression may begin with recognizing symptoms. Reviewing the below list is a place to start. In addition, Mental Health America has free, confidential mental health screening tools for anxiety, depression, and more at [mhanational.org](https://mhanational.org).<sup>1</sup>

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## Depression<sup>3</sup>

Certain symptoms may indicate depression, particularly if they occur most of the day and nearly every day. These may include:

- Feelings of sadness or hopelessness
- Angry outbursts, feelings of irritability or frustration
- Agitation or restlessness
- Loss of interest in normal activities
- Changes in sleep patterns such as sleeplessness or sleeping too much
- Tiredness
- Changes in appetite and weight
- Speaking, thinking, or moving slower than usual
- Physical problems, such as back pain or headaches, that are not otherwise explained
- Feelings of worthlessness or guilt
- Trouble with memory, decision-making, and concentration
- Suicidal thoughts and/or attempts, frequent thoughts of death

If depression is suspected, it is important to seek professional consultation. A health care provider should provide a diagnosis of depression.

## Anxiety<sup>4</sup>

Certain symptoms may also indicate generalized anxiety disorder, particularly if they occur more than 50% of the time over 6 months. These may include: restlessness, difficulty concentrating, irritability, fatigue, muscle tension, sleep disturbance.

## Coping Strategies Can Help With Emotional Stressors

The hemophilia treatment center (HTC) is a great resource to help individuals understand and adapt to the added challenges that can come with hemophilia, including addressing emotional wellness issues. The HTC social worker may be a good point of contact to begin these discussions. Telemedicine—appointments where a provider sees a patient through videoconference—may also be an option to explore. Additionally, your primary care provider may be able to refer a mental health specialist.

If you are in crisis, there are resources available, including:

- Text **"HOME"** to **741741** to reach the Crisis Text Line
- Call **(800) 950-6264** to reach the National Alliance on Mental Illness Crisis Line
- Call **(800) 273-8255** for the National Suicide Prevention Lifeline.

**A 2020 meta-analysis revealed that at least 2 out of every 5 people with hemophilia suffer from depression and/or anxiety.<sup>5</sup>**

**References:** 1. Colorito R. Putting the spotlight on mental health and bleeding disorders. Hemaware website. Accessed August 26, 2021. <https://hemaware.org/mind-body/putting-spotlight-mental-health-and-bleeding-disorders> 2. Reeves WC, Strine TW, Pratt LA, et al; Centers for Disease Control and Prevention. Mental illness surveillance among adults in the United States. *MMWR Suppl.* 2011;60(3):1-29. 3. Depression (major depressive disorder) symptoms & causes. Mayo Clinic website. Published February 3, 2018. Accessed August 26, 2021. <https://www.mayoclinic.org/diseases-conditions/depression/symptoms-causes/syc-20356007> 4. American Psychiatric Association. Anxiety disorders. In: *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. American Psychiatric Association; 2013:189-233. 5. Al-Huniti A, Hernandez MR, Eyck PT, Staber JM. Mental health disorders in haemophilia: systematic literature review and meta-analysis. *Haemophilia*. 2020; 26(3):431-442.



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