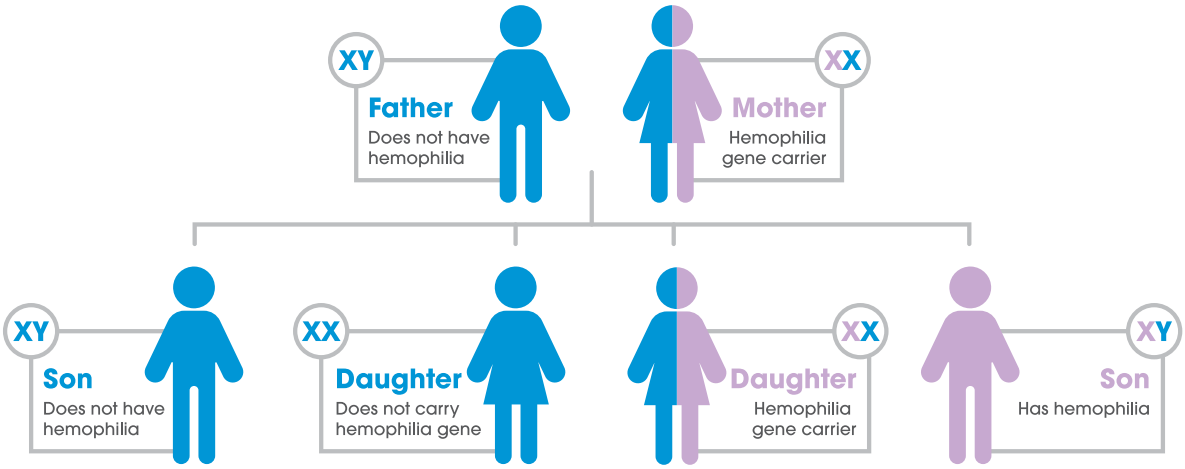
Understanding Hemophilia A

Hemophilia A is a bleeding disorder that reduces the ability of blood to clot.

Affecting about 76% of the hemophilia population, hemophilia A causes people to bleed for longer than those without hemophilia. This happens because they are missing or have defective factor VIII (FVIII or Factor 8), which is an important clotting protein in the blood.

Hemophilia inheritance

Hemophilia A is most common in males and often inherited. It is caused by a mutation to a gene located on the X chromosome. This mutation causes the body to produce less or faulty factor VIII. About 30% of hemophilia A cases are caused by a spontaneous gene mutation, meaning there is no family history.



Males

Since males have one X and one Y chromosome (XY), they will have hemophilia if they inherit an X chromosome carrying the hemophilia gene. Males inherit their X chromosome from their mother, so hemophilia is always passed down from a mother to a son.

Females

Since females have two X chromosomes (XX), they can inherit an unaffected gene on at least one of their X chromosomes. Women with a mutated gene are considered carriers and can pass it down to their children.

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Hemophilia and severity

People with hemophilia A have less than 50% of FVIII in the blood compared to someone without the condition. Depending on factor level, or severity, people with hemophilia can experience bleeds differently. Doctors will classify severity as mild, moderate, or severe.

Mild

5% to <40% FVIII in the blood*†

Bleeding can occur from injury or surgery

Spontaneous bleeding is **rare**

Moderate

1% to 5% FVIII in the blood*†

Bleeding can occur from injury or surgery

Spontaneous bleeding is **possible**

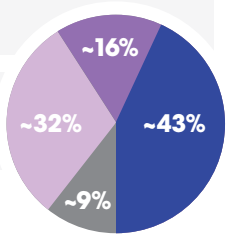
Severe

<1% FVIII in the blood*†

Bleeding likely from injury or surgery

Spontaneous bleeding is **frequent**—often into joints and muscles

Severity in the hemophilia A population Mild Moderate Severe Other



*Severity classifications may be different for women with hemophilia
†Factor levels may not reflect bleeding patterns

Muscle and joint bleeds

For people with hemophilia, bleeds can happen in muscles or joints, commonly elbows, knees, or ankles.

20%

Nearly 20% of bleeds occur in muscles

80%

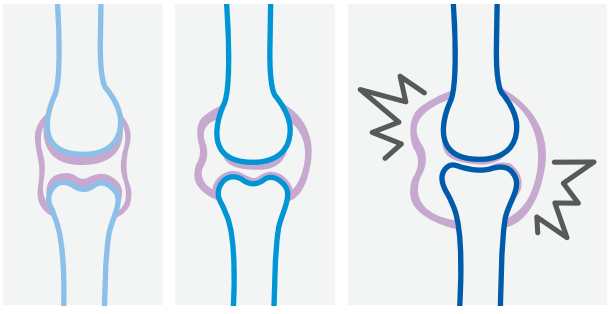
Nearly 80% of bleeds occur in joints

3+

Target joints are joints with 3+ bleeds within a 3-to-6-month period

Frequent joint bleeds can lead to arthritis in people with hemophilia.

Prevention and care of joint bleeds play an important role in avoiding arthritis.



Progressive joint damage

Hemophilia A treatment

Hemophilia A can be treated through factor replacement therapy, infusions of clotting FVIII to replace what is missing in the blood. Treatment can be for bleed prevention or bleed management:

Bleed prevention:
Regular infusions of factor, or prophylactic treatment, to help prevent bleeds before they happen.

Bleed management:
On-demand infusions to resolve a bleed when it occurs. On-demand treatment is especially important for managing bleeds during surgery.

Detecting and managing a bleed

Recognizing the signs and symptoms of a bleed is an important part of managing hemophilia A. People with hemophilia should talk to a doctor before medical or dental procedures and if any of these symptoms are present:

Swelling, pain, or tightness in the joints, particularly the knees, elbows, or ankles

Bleeding after having shots, which could lead to muscle bleeds

Heavy menstrual periods

Bruising on the skin

Blood in the urine or stool

Being diagnosed as iron deficient or anemic

Bleeding in the mouth and gums that's difficult to stop

Frequent and hard-to-stop nosebleeds

Remember: When experiencing a bleed, use the RICE method to help manage it:

Rest
the affected area to avoid further injury

Ice
the affected area to help reduce pain

Compress
the affected area to help limit bleeding

Elevate
the affected area to help reduce swelling

Always talk to a doctor about any bleeding episodes.

Ask your doctor

Ask your doctor about hemophilia A

Here are a few suggestions to help start the conversation.

1. How severe is my hemophilia A?
2. What types of activities are safe for me?
3. If I experience a prolonged or spontaneous bleed, what should I do?
4. What can I do to help prevent joint bleeds?

Notes

For additional resources on navigating life with a bleeding disorder, reach out to your Sanofi CoRe Manager.

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