Stem cell transplantation is the only curative therapy for thalassaemia. But lack of facilities, donors, expertise and expenses refrain patients from this approach. Regular transfusion and chelation are the standard of treatment for transfusion dependent thalassaemia (TDT) patients and sometimes in non-transfusion dependent thalassaemia (NTDT) patients. TDT patients need transfusions 2-4 weeks apart. Regular arrangement of blood is very difficult for them. A good number of patients cannot have transfusion due to unavailability of blood.

Eighty-five percent of blood is contributed by friends and relatives, and 15% is donated by volunteers. Another challenge is availability of standard blood transfusion centre. Many patients live in remote places. Even in upzilla level, they don’t have blood transfusion facilities. The patients have to attend district or divisional hospitals for transfusion. But they cannot bear the expense. Safe blood transfusion is another difficult issue. Patients have to be transfused improperly screened blood from many centres in emergency situations. Hepatitis B
has effective vaccine and Government has included this vaccine in the immunization schedule. Due to lack of effective vaccine against HCV and transfusion of improperly screened blood, higher HCV positive patients are found among multi-transfused thalassaemic patients.

TDT and NTDT patients have iron overload. Iron chelation is part of standard treatment. Combination or single agent chelator is used, but many patients cannot afford chelator.

As there is no health care insurance at the national level, patients have to bear their own expenses. Very few public hospitals have facilities for these patients. Private and corporate hospitals also lack adequate facilities for them and expenses are beyond most of the patients’ capabilities. There are only a few foundation hospitals to help these patients. National health insurance and subsidized or free treatment from government healthcare facilities will help the patients take proper treatment. If safe blood transfusion and chelators can be ensured, patients will get minimum standard of treatment.

Measures should be taken to reduce the number of thalassaemic patients. Prevention is the most effective and viable strategy. It should include pre-marital and pre-natal screening.

Reference:


DOI: https://doi.org/10.37545/haematoljbd202299