

THE DEADLY PERIL OF STICKY BLOOD

It is essential for blood to clot when we injure ourselves to prevent excessive bleeding. But when a clot forms inside a blood vessel that hasn't been cut or injured it's known as a thrombosis. It can happen in arteries or veins and can be fatal

A CLOT in an artery can stop the blood supply to a vital organ. This is what happens in a heart attack, when one of the coronary arteries that supply blood and oxygen to the heart is blocked.

Many strokes are caused by clots inside an artery that supplies the brain. Arterial clots are usually due to the artery narrowing and are more common in people over 40.

A clot in a vein - a venous thrombosis - is slightly different. They can occur in any vein although the ones most commonly affected are the deep veins inside the leg - a deep vein thrombosis (DVT). The most dangerous type is when a vein inside the lungs is blocked.

In women under 40, venous thrombosis is five times more common than the arterial kind and is usually caused by a fault in the blood's clotting system.

This complex function involves several chemicals that act together to form a clot when a blood vessel is injured. A shortage of just one of these - as in the case of

haemophilia where there's a lack of clotting factor 8 - can lead to an increased risk of bleeding from just a minor injury.

At the other extreme, a different type of fault can mean the blood is more sticky than normal, a condition known as thrombophilia which can increase the risk of venous thrombosis.

It's now known that about 6 per cent of the UK population have inherited a genetic fault that leads to thrombophilia. There are different inherited types but by far the most common is factor V Leiden, discovered in 1993.

Some people have inherited this faulty gene from just one parent. Their risk of a thrombosis is reckoned to be between four and eight times greater than other people.

Those who have inherited the faulty gene from both parents have up to an 80 times increased risk. And the higher the risk, the greater the chance of a thrombosis under the age of 30.

Very occasionally, people with factor V Leiden develop a clot in a vein out of the blue. This can happen especially in small veins in the retina at the back of the eye or more rarely in the veins around the gut or in the liver. More commonly, people with factor V Leiden

develop a thrombosis when there's another added risk factor involved, such as a long-haul flight or after major surgery.

In women, any increase in oestrogen can mean a greater chance of a thrombosis. This means those with factor V Leiden are much more likely to get a DVT

if they take the combined pill or go on HRT.

The increase in hormones during pregnancy means all expectant mums slightly increase their risk of a thrombosis but, again, factor V Leiden can make that risk up to

avoiding the combined pill or HRT, taking aspirin and wearing special support stockings during long-distance travel.

'Six per cent of Britons have inherited a fault in their blood'

16 times higher. Research has shown that 60 per cent of women who have a thrombosis during pregnancy have factor V Leiden.

Not only that but "sticky blood" during pregnancy can affect the blood supply to the placenta. Women with the syndrome appear to be more vulnerable to miscarriage - particularly after the 12th week - or having a baby with retarded growth.

Many people with factor V Leiden are completely unaware of it and never have a clot. However, anyone who's had a thrombosis under 50 -

or more than one - should ask for a diagnostic blood test.

People with a strong family history of thrombosis (ie more than one close relative who's had one) should also ask if they need a test. If the test is positive, their children should be tested, too.

Anyone with the syndrome should take steps to reduce their risk. This usually means

THERE'S no drug that merely counteracts the effects of factor V Leiden and returns the blood to normal. Although anticoagulant drugs such as heparin or warfarin that make blood less sticky are available, both increase the likelihood of bleeding.

They're usually taken only when a blood clot has occurred and sometimes used as preventative treatment for people at considerable increased risk of a thrombosis.

Heparin is also occasionally given to pregnant women with factor V Leiden who've suffered several miscarriages.

• A new charity called *Lifeblood* has been set up to provide patients with information about thrombosis and to promote more research into it. Write to them at PO Box 1050, Spalding, Lincs PE12 6YF.

Families 'excluded from hepatitis payouts'

James Meikle
Health correspondent

Widows and children of haemophiliacs who died from hepatitis infection caused by contaminated blood products could be excluded from a government aid package for infected patients, campaigners warned last night.

The Haemophilia Society fears that ex gratia payments, promised to infected patients in England and Wales will go no further than a package outlined for Scotland, where the executive has proposed £20,000 payments, with an extra £25,000 to those with an advanced condition.

The society believes more generous payments should be made, the final size depending on the number of dependants.

More than 210 of around 5,000 Britons infected with hepatitis C in the 70s and 80s after being given contaminated blood-clotting concentrates have died from liver cancer and other liver diseases.

Haemophilia is a condition that affects men, although women can carry the gene responsible. The government package is expected to include related, less common conditions, which can affect women. Dependents, and many patients who have been successfully treated for the virus

after years of suffering, are unlikely to benefit from the "compassionate" payments.

It is also unclear whether the 500 people co-infected with HIV and hepatitis C, or surviving close relatives, would get the award. In all, 1,240 patients infected with HIV have received payments totalling £33.5m since 1988 but only 400 of these are still alive.

Patients given payments for HIV infection had to sign a waiver promising not to pursue compensation for hepatitis, but campaigners argue that such a waiver was unfair. Society representatives are meeting the health minister Melanie Johnson today to

press for a better settlement.

The organisation's chief executive, Karin Pappenheim, said: "Surely those who have died from this terrible virus have suffered the most serious consequences of the contaminated blood disaster. It seems inconceivable that the government could even consider excluding their dependants from this scheme, yet we fear this is what is being considered."

The government has never accepted responsibility for the infections, but John Reid, the health secretary, is keen to end the embarrassing row with the haemophiliac community.

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