SCHOOL ATTENDANCE PRE AND POST HOME INFUSION THERAPY. L. Hummel, William Paterson College of New Jersey, Wayne, New Jersey, U.S.A.

To compare the relationship between home infusion therapy and school attendance, 21 official school records of hemophilic boys on home infusion therapy were analyzed. The records show a mean absence of 40.4 days for one year pre and 25.3 days post home infusion therapy. Data included 18 subjects with two year pre and post home infusion therapy records. These 18 subjects had a mean absence of 40.9 days for two years pre and 26.4 days for two years post home infusion therapy. Data indicate boys on home infusion therapy have better school attendance than they did before home infusion therapy. The length of time they were on home infusion therapy did not seem to be significant. The grades in which the children were studied was also not significant.

HOME THERAPY FOR HAEMOPHILIA IN NORWAY: EFFECT ON TRANSFUSION FREQUENCY AND ABSENTEEISM. S. A. Evensen, R. Thaulé and K. Grøan, Institute for Haemophilia and Rikshospitalet, Med. Dept. A, Haematology Section, Oslo, Norway.

Twenty-seven patients with haemophilia A or B (factor level of 1% or less) have so far been instructed to administer concentrates of the deficient factor (mean dose: 14 units/kg) in case of episodic, uncomplicated bleedings without prior consultation with a physician. Twenty-five patients (21 with haemophilia A and 4 with haemophilia B) are at present included in the program. They represent 19% of all patients with severe haemophilia in Norway and range in age between 7 and 45 years. For 15 patients data from one year on home therapy have been compared with data from the preceding year. There was 77% reduction in days lost from work. The number of infusions increased 22%. Use of factor VIII and IX increased 37% because the mean dose per bleed was 27% higher than the dose previously received by the patients. Liver function tests remained within normal limits for all but 2 patients receiving factor IX concentrates. None were HBsAg positive, 4 turned HBsAg positive. Home therapy is practical and safe and improves the quality of life considerably.

HOME TREATMENT FOR CHILDREN WITH HEMOPHILIA. N.B. McWilliams, R. Ownby and L.C. Anderson, Medical College of Virginia, Richmond, Virginia, U.S.A.

Twenty-four hemophilic boys between the ages of 2 and 21, 4 with factor IX and 20 with factor VIII deficiency, have been on a home transfusion program for 2 to 22 months. Criteria for participation include: moderate or severe disease, family cooperation, accessible veins and attendance at Comprehensive Hemophilia Clinic. Strict guidelines are given to families for treating hemorrhages without physician consultation at home, versus those that must be seen by a physician.

Only 1 child has required hospitalization for bleeding. One child has had clinical hepatitis on 2 occasions. No patient has developed an inhibitor. No complications related to non-professional I.V. administration have occurred. Of 18 boys tested for hepatitis B antibodies, 17 were positive. None has been positive for hepatitis B antigen. Of 12 boys with established severe arthropathy, 8 have had symptomatic improvement and 4 are stable. Of 12 boys with minimal or no arthropathy, all are stable except 1 who has developed chronic synovitis.

Psycho-social benefits include a new found independence, improved living routine for family units and opportunities to participate in more activities. The mean cost/boy/month was \$397.

We conclude that home treatment for hemophilic children is both safe and effective and should be available to all children meeting the above criteria.