Rx FOR SUCCESS

Thrombocytopenia

Thrombocytopenia is a low platelet count. Platelets are microscopic particles in the blood that are necessary for normal blood clotting. A normal platelet count is 150,000 – 450,000/mm3. They are produced in the bone marrow.

An abnormal platelet count may be discovered incidentally when a complete blood cell count (CBC) is drawn for any reason or the test may be drawn to evaluate excessive bleeding or clotting.

Risk must be assessed in three ways: the underlying cause of the thrombocytopenia; the risk of dangerous bleeding; and possible adverse effects of treatment (for example, chronic steroid use or splenectomy). Spontaneous bleeding is unlikely until the count falls below 20,000; and excessive bleeding with trauma is unlikely unless the count falls under 60,000. Work-up of a low platelet count includes history, examination, and review of the blood smear. Specialized tests for specific diseases (such as HIV) are often necessary, including possible bone marrow aspiration.

Thrombocytopenia is underwritten for cause. An unexplained platelet count <100,000 is postponed. If no specific cause is found after clinical testing and the rest of the CBC is normal without hepatosplenomegaly, the likely diagnosis is Idiopathic Thromnocytopenia (ITP). Because there is no test for ITP, this diagnosis is made by ruling out other diseases—such as liver/spleen disease, bone marrow disease, leukemia, lymphoma, and others. Acute ITP is seen in children, often following a viral infection, and spontaneous recovery occurs in greater than 80%, most by 6 months. ITP in adults tends to be a chronic autoimmune disorder.

Increased mortality is due mainly to intracranial and GI bleeding, but most patients do well unless platelets drop below 20,000 (which is unusual). Most forms of treatment can be delivered as outpatient. Hospitalization is appropriate for persons with platelet counts under 20,000.

Patients with counts >50,000 do not routinely require treatment. Treatment is given when: 1) platelet counts <30,000; 2) there are signs of bleeding; or 3) platelets <50,000 with risk factors for significant bleeding (such as Hypertension (HTN), age less than 60 years, peptic ulcer disease, vigorous life style).

Persons who have responded inadequately (to keep platelets >30,000) to steroids or splenectomy are treated with a variety of other drugs. Use of these drugs implies a refractory disorder and the potential for harmful side effects.

UNDERWRITING CONSIDERATIONS

- A falling platelet count implies an unfavorable prognosis and is postponed.
- If chronic disease and no physician consulted within 5 years, postpone for current evaluation.
- If an adult, and it's unknown if disease is acute or chronic, underwrite as chronic disease.

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THROMBOCYTOPENIA, NOT ITP	
Resolved (caused by conditions such as transient infection, drug side effect, pre-eclampsia, etc.)	0
Persistently >100,000 including all (at least 2) within past year	Rate for cause (example: valve disease). If cause unknown, there is no splenomegaly, and rest of CBC (including white cell differential) is normal→0
Others	Usually decline

ITP, WITH OR WITHOUT SPLENECTOMY, 6 MONTHS OF STABILITY WITH NO THERAPY CHANGE	
Last 2 platelet counts ≥90,000, needs no therapy	0
Last 2 platelet counts 50,000 – 89,999, needs no therapy	Table B
Last 2 platelet counts 30,000 – 49,999, needs no therapy	Table C
Last 2 platelet counts >30,000, on low dose steroid (e.g., <10mg/day prednisone)	Table C
Last 2 platelet counts >30,000, therapy other than steroids	Individual consideration
Others	Decline

Ask "Rx"pert Underwriter (Ask Our Expert)

After reading the *Rx for Success* on Thrombocytopenia, use this form to Ask "Rx"pert Underwriter for an informal quote.

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

If your client has a history of Thrombocytopenia, please answer the following:

1. When was Thrombocytopenia diagnosed?

_____

2. What were the bone marrow results?

_____

3. How is it being treated?

_____

4. Enter the date and results of the most recent CBC.

- ☐ Hemoglobin (Hb) (Date) _____
- ☐ Hematocrit (Hct) (Date) _____
- ☐ White blood count (WBC) (Date) _____
- ☐ Platelet count (plct) (Date) _____

5. What other medical conditions does the client have?

_____

6. List all medications.

_____

7. Does the client smoke?

- ☐ Yes
- ☐ No