Physical Activity in Children with Hemophilia

Opinion

Haemophilia is a congenital coagulation disorder, characterized for bleedings affecting to the patient in skeletal muscle parts frequently. In this concept, physical activity in haemophilia patients seems a contradiction, but is known that if the single in addition to pharmacologic treatment leads a sedentary life could develop a reduction in muscle strength, accompanied with loss of coordination and balance, with subsequent development of overweight. Certainly all these factors get worse due to the stability increasing the charge at joint level with new bleedings, a possible joint damage and even osteopenia in children with early arthropathy. Evidences of the benefit of physical activity in children with haemophilia. Some have been described:

I. Increasing strength, cardiovascular and respiratory capacity
II. Risk reduction of cardiovascular morbidity and mortality
III. Increasing sociability skills and self-esteem
IV. Improved quality of life
V. Reduction of bleeding, joint contractures and osteopenia.

Querol et al. [1] in a study about exercise and sports have observed that physicians usually recommend limited physical activity in children with haemophilia. There are few studies indicate that physical activity in children with haemophilia is adequate. Ever more paediatricians recommend physical activity in children and young hemophiliacs emphasizing its benefits. Children and young hemophiliacs are more physically active than non hemophiliacs. But clinical studies show that these children tend to be sedentary, following the current lifestyle. In the last decade researchers had been interested in the study of the damage caused in hemophiliacs by obesity Hofstede et al. [2] affirming that a sedentary style of life associate to overweight and obesity affects the illness course by increasing morbidity, quality life deterioration, aggravating the existing arthropathy, and predisposition to cardiovascular diseases Jones et al. [3]. In a review of the World Federation of Haemophilia have been found that in Germany physical activities recommended to hemophiliacs are swimming, cycling, running and skating while in Israel they are walk and run. Also swimming, tennis, gymnastic and cardio fitness are commonly recommended by paediatricians to these patients. The American Society of Pediatrics recommends practicing non contact sports and with low risk of injury such as swimming, table tennis, golf and cycling. In other research Wittmeier and Mulder [4] also recommend physical activity combined with physiotherapy.

Conclusion

There is a change of view on the need for physical activity for children and youth with hemophilia. Physical activity improves physical, emotional and social well-being of these patients.

References