



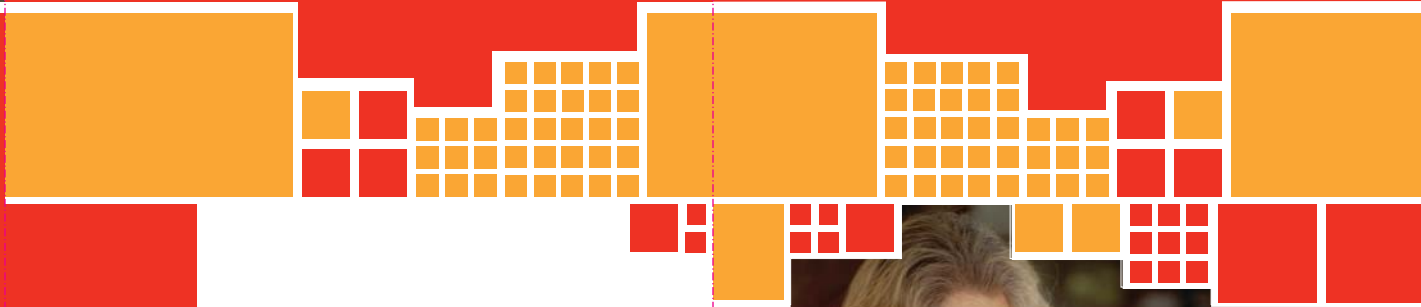
If You Have Been Diagnosed With Heparin-Induced Thrombocytopenia...



INTRODUCTION

Heparin is among the most widely used agents for prevention and treatment of clotting disorders. Since its discovery in 1916, heparin has become the anticoagu-

lant of choice to prevent or stop clot formation in the arteries or veins of patients. Heparin is commonly used in patients who are undergoing open-heart surgery, coronary angioplasty, and other surgical procedures. Despite heparin's widespread use, complications can occur, including heparin-induced thrombocytopenia (HIT).



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What is heparin-induced thrombocytopenia (HIT)?

HIT is a serious yet uncommon reaction to heparin administration. Heparin is a “blood thinner” commonly used in hospitalized patients during and/or after medical and surgical procedures to prevent and treat the formation of blood clots. Heparin is one of the most widely used blood thinners and most frequently prescribed medications in the United States.



What happens when a person develops HIT?

In HIT, the body's immune system triggers clotting cells called platelets to become overactive, causing blood clots to form that can lead to serious, even life-threatening consequences. These can include amputation, stroke, and death.

Why do some patients get HIT?

Approximately 3 to 5 percent of patients exposed to heparin develop HIT. Unfortunately, there is not yet a method of predicting who will experience an immune reaction to heparin. However, if you have had HIT in the past and are given heparin again, then you have a greater chance of developing it again.

How is HIT recognized?

If you receive heparin in the hospital, your doctor will check your blood frequently. If the number of platelets begins to decrease, this may be a potential sign of HIT. Other indicators include blood clots or skin lesions near injection sites. Your doctor will confirm your diagnosis with specific laboratory testing.

How soon after being exposed to heparin can HIT occur?

For patients who have never received heparin, platelets may fall between 5 to 14 days following heparin exposure. For patients previously exposed to heparin, the platelets may fall sooner—within hours or days—if they receive heparin again.

How is HIT treated?

If you have been diagnosed with HIT, heparin should be stopped. Alternative blood thinners approved by the Food and Drug Administration are available if necessary. Your healthcare providers' goal is to prevent any further blood clotting while treating existing blood clots.

How long will my HIT treatment last?

HIT treatment varies from several days to several weeks, depending on the patient and how quickly the platelet count returns to normal. Your physician will decide the blood thinner and length of therapy which is best for you.

If I have been diagnosed with HIT, can I receive heparin again?

Inform your doctor if you have had a previous reaction to heparin. Your physician will decide what current blood thinner therapy is best for you.

What should I do following my HIT treatment?

Follow your doctor's instructions. Remember to always inform all of your healthcare providers that you were once diagnosed with HIT or that you have had an allergic reaction to heparin. This information will help your healthcare providers to better manage your health.

