What is ITP?

Immune Thrombocytopenia (THROM-bo-si-to-PE-neah) or ITP is a rare autoimmune condition (disease/disorder) that can be as challenging to pronounce as it is to live with.

The main problem in ITP is a low blood platelet count. The condition was originally named Idiopathic Thrombocytopenic Purpura as ITP has historically had an unknown cause (idiopathic).

Today we know that ITP is an autoimmune disease in which the body's immune system destroys healthy platelets and limits the production of new platelets.

A low platelet count increases the risk of bruising and bleeding, including serious internal bleeding and rarely fatal bleeding. This can result in a daily roller coaster of emotions and sometimes the need for ongoing medical treatment.

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Where to get further help?

ITP Australia was started in 2018 by ITP patient Danielle Boyle, along with a number of leading Australian Haematologists.

Our mission at ITP Australia Ltd is to provide carers and patients of ITP in Australia with up-to-date and relevant information, provide them with support and advocate for ITP patients.

ITP Australia & New Zealand is an active member of the ITP International Alliance and works closely with our international partners to educate, build awareness and establish a global voice for patients with ITP.

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Understanding your recent diagnosis of **Immune Thrombocytopenia (ITP)**

What are Platelets?

Platelets form part of the blood, along with white and red blood cells. Platelets are relatively small, disc-shaped cells that circulate within the blood throughout the body and bind together when there are damaged blood vessels, resulting in a clot. For example, when you get a cut, platelets bind to the site to create a blood clot and stop the bleeding.

What is a normal platelet count?

A normal platelet count is between 150,000 and 450,000 per microliter of blood (150x10^9/L to 450x10^9/L) . When getting a platelet count result from your doctor, the platelet count will usually be given to you as a simple number, e.g. 50, where 50 means 50 x 10^9/l (a safe but moderately low count). If you see platelet results from American sites, they will usually use the term thousand, where 50 thousand would mean 50 x 10^9/l.

For a diagnosis of ITP to be made, the platelet count must be lower than 100,000 or 100 x 109/L, with no other reason for the low platelets. Although platelet counts between 101-149 x 10^9/l are lower than normal, a person with a platelet count in this range is not considered to have ITP.

What causes ITP?

The specific cause for ITP and why it develops in patients is usually unknown and can differ from patient to patient. ITP has been known to develop:

- After a viral or bacterial infection
- After certain immunisations (rarely) – this is not a reason to avoid the COVID vaccine
- In association with other illnesses, such as lupus or HIV (Human Immunodeficiency virus)

The Phases of ITP

Newly Diagnosed ITP (Acute)
Within 3 months of diagnosis

Persistent ITP
Between 3 to 12 months from diagnosis

Chronic ITP
Lasting longer than 12 months

What are the symptoms of ITP?

The symptoms of ITP vary greatly from person to person with some showing little to no symptoms. Symptoms can include:

- Purpura - easy or excessive bruising – this includes spontaneous or unexplained bruises
- Petechiae (peTEEK-ee-ay) – tiny red dots on the skin caused by broken blood vessels or leaks in the capillary wall
- Bleeding from the gums or nose
- Prolonged bleeding from cuts
- Blood in urine or stools
- Unusually heavy or prolonged menstrual flow
- Feeling tired or fatigued

How is ITP diagnosed?

There is no single test currently available to determine that a person has ITP and there are many possible causes for a low platelet count. The most important part of the diagnosis is a careful history taken by your doctor or specialist (haematologist), particularly focusing on family history, any past infections, bleeding history and prescribed and non-prescribed medications.

Currently, patients who are diagnosed with ITP go through a variety of tests to determine the diagnosis of ITP. These may include:

- Physical Examination
- A full blood count
- Basic chemistry tests checking kidney and liver function and “LDH”, which if raised can suggest an alternative cause for the low platelets
- Viral and auto-immune screening process (an ANA test)
- HIV and hepatitis tests as a type of ITP are much more common in people with these viruses and treatment may be different.
- Some patients will then undergo a bone marrow biopsy – This is not always required but can be recommended in people older than 60 years.

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Providing information, support and advocacy for ITP patients and carers.



How is ITP treated?

Once it has been established that a person has ITP, the primary goal is to minimize bleeding episodes and return the person to a stable platelet count of greater than 50x109/L and to improve the person’s quality of life.

To do this, your primary health professional will work with you to develop a treatment plan as each treatment’s effectiveness is different from person to person. Steroids, particularly prednisolone or dexamethasone are the most commonly used medication in newly diagnosed ITP patients with a severely low platelet count.

For more information on the latest treatment guidelines for adult ITP patients in Aust. & NZ visit:
https://itpaustralia.org.au/thanz-aus-nz-itp-guidelines/

To learn more about the treatments, visit:
https://itpaustralia.org.au/treatments/