Patients with ITP often report significant fatigue. Clinicians often ignore this symptom and claim it to be unrelated to ITP.

**Longitudinal observational study:**

**Outcomes assessed:**
1. Is fatigue a genuine concern in these children? Does fatigue affect health-related quality of life (HRQoL)?
2. Do therapeutic interventions alter the course of fatigue?

**CAUSE OF FATIGUE**
- (Largely unknown)
- Inflammatory mediators.
- Destruction of ab-coated platelets results in ongoing production of inflammatory cytokines.

**Key Message**
- ITP has a significant impact on HRQoL & is associated with substantial fatigue in both children & adolescents.
- Fatigue may be under-recognised by providers who are often focused on the risk of bleeding.
- Providers need to ask their patients about this important symptom.
- Children with significant fatigue may benefit from ITP-directed treatment even in the absence of bleeding symptoms.

**Results:**
- Median Age - 11.7 years, 50% had platelet count of <10 k, 53% had chronic ITP.
- Adolescents with newly diagnosed and persistent ITP had higher mean fatigue scores than those with chronic ITP (p=0.05).
- There is no correlation between fatigue and age or gender.
- Fatigue score did not correlate with bleeding symptoms, platelet count, or platelet response to treatment.

**Fatigue: Complicating Good Old ITP**

**Key Message:**
- ITP has a significant impact on HRQoL & is associated with substantial fatigue in both children & adolescents.
- Fatigue may be under-recognised by providers who are often focused on the risk of bleeding.
- Providers need to ask their patients about this important symptom.
- Children with significant fatigue may benefit from ITP-directed treatment even in the absence of bleeding symptoms.

**EXPERT COMMENT**
"This is the first study in children & adolescents with ITP formally assessing Fatigue and HRQoL separately. It presents an independent & quantitative assessment and shows that fatigue improves with second-line treatments. Fatigue is clearly a common symptom of paediatric ITP, and providers must consider its burden in patients with ITP when making treatment decisions."

Dr Manas Kalra MD, DNB, FNB, (PHO) 
Pediatric Hematology-Oncology & BMT Unit 
Sir Ganga Ram Hospital, Delhi