



BASIC INFORMATION

DESCRIPTION

An increase of red blood cells in the body. It more often affects adults over age 50 (but has a range of ages from 15 to 90), and it is more common in men. The disease has 3 forms:

- Polycythemia vera, which involves overproduction of red blood cells, white blood cells, and platelets.
- Secondary polycythemia (reactive polycythemia), which is a complication of diseases or factors other than blood-cell disorders.
- Stress polycythemia (pseudopolycythemia), which involves decreased blood plasma.

FREQUENT SIGNS AND SYMPTOMS

- Some patients have no symptoms. Others may have any of the following:
 - Fatigue, headache, drowsiness, or dizziness.
 - Itching or flushed skin.
 - Enlarged spleen.
 - Unexplained bleeding.

CAUSES

- Polycythemia vera: unknown.
- Secondary polycythemia: congenital heart disease, chronic lung disease, cigarette or cigar smoking, living at high altitude.
- Stress polycythemia: use of diuretic drugs, smoking, or dehydration.

RISK INCREASES WITH

- Some anticancer drugs used to treat cancer.
- Jewish ancestry.
- Exposure to radiation.
- Family history of polycythemia.

PREVENTIVE MEASURES

Polycythemia cannot be prevented at present.

EXPECTED OUTCOMES

- Polycythemia vera is incurable, but symptoms can be controlled. With treatment, average survival ranges from 7 to 15 years, with some patients living 20 or more years.
- Other forms of polycythemia can usually be cured if the causes can be eliminated.

POSSIBLE COMPLICATIONS

- Blood clots in veins or arteries.
- Gout.
- Stroke.
- Heart attack.
- Peptic ulcer.
- Kidney stones.
- Leukemia.



DIAGNOSIS & TREATMENT

GENERAL MEASURES

- Your health care provider will do a physical exam and ask questions about your symptoms. Medical tests may include studies of bone marrow and blood (red-blood cell count, hematocrit), x-ray of the kidneys, and others to confirm the diagnosis.
- Treatment steps will depend on the age of patient, disease duration, type of polycythemia, complications, disease activity, and response to treatment.
- Treatment steps to keep the red blood cell range near normal and prevent clotting or hemorrhage include phlebotomy (withdrawal of excess blood) and drug therapy.
- For secondary or stress polycythemia, proper treatment of the underlying cause is important. Drug therapy or surgery may be recommended.
- Quit smoking. Find a way to stop that works for you.

MEDICATIONS

- Your health care provider may prescribe:
 - Drugs to suppress production of red blood cells and platelets.
 - Allopurinol if uric acid levels are high.
 - Low-dose aspirin for ages over 18 (sometimes).
 - Anti-itching drugs, such as antihistamines.
 - Drugs for stomach acidity.

ACTIVITY

Resume normal activity when symptoms improve.

DIET

No special diet. Drink 6 to 8 oz. of fluid every 2 hours to maintain adequate body fluid.



NOTIFY OUR OFFICE IF

- You or a family member has symptoms of polycythemia.
- Symptoms recur after treatment.
- New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

Special notes:

More notes on the back of this page