

Alpha (α) thalassaemia

What is alpha (α) thalassaemia?

Thalassaemia is a group of blood disorders affecting haemoglobin production. Haemoglobin is a protein in the blood that carries oxygen around our bodies.

Thalassaemia is passed from parent to child in genes. Genes carry information about human characteristics such as eye colour, hair colour and haemoglobin.

Thalassaemia is inherited.

Thalassaemia is not contagious.

Thalassaemia is not transmitted by germs.

Sometimes changes occur to genes, resulting in medical conditions. Such changes occur to alpha globin genes in alpha (α) thalassaemia:

- A person normally inherits four α globin genes for the production of the alpha globin protein in haemoglobin.
- A person may have two or three of the normal four alpha globin genes for haemoglobin production. This person is called a **carrier of a thalassaemia** and is **healthy**.
- Carriers may be at risk of having a child affected with Haemoglobin H disease or Bart's hydrops fetalis if their partner is also a carrier of certain types of α thalassaemia.
- When a person has only one alpha globin gene, they have **Haemoglobin H disease** and require regular medical care. Individuals with Haemoglobin H disease may experience lifelong anaemia of mild to moderate degree. Occasionally it may be severe.
- When a person has no alpha globin genes, they have a severe condition called **Bart's hydrops fetalis**. Bart's hydrops fetalis affects a foetus long before birth, resulting in death during pregnancy or shortly after birth. This is a fatal condition which is dangerous for both the mother and baby during pregnancy.

Treatment

Those with Haemoglobin H disease may require blood transfusions to correct anaemia. There is no treatment or cure for Bart's hydrops fetalis.

The health of carriers of α thalassaemia

A carrier can expect to be **healthy**. It is important that their doctor knows they are a carrier of a thalassaemia.

Alpha thalassaemia and family planning

The genes for α thalassaemia are common in people of Asian origin, as well as those of African, Middle Eastern and Mediterranean origin.

Couples planning a family, or early in pregnancy, should have a blood test to determine whether or not they are carriers, if the origin of either of their families is one of the areas listed above; or if they have a family history of any blood disorder or anaemia. This test is needed to determine if there is any risk of having a child affected by a genetic blood disorder.

Those at risk of having an affected child have options. These conditions can be diagnosed as early as the 12th week of pregnancy. Termination of pregnancy can then be considered, if appropriate. People can adopt or can consider assisted reproductive techniques (such as preimplantation genetic diagnosis, the use of donor eggs or donor sperm). Others may choose to take the chance of having an affected child. All of these options can be discussed with a Genetic Counsellor.

Testing can be arranged by your local doctor or by contacting the hospitals listed at the end of this pamphlet.

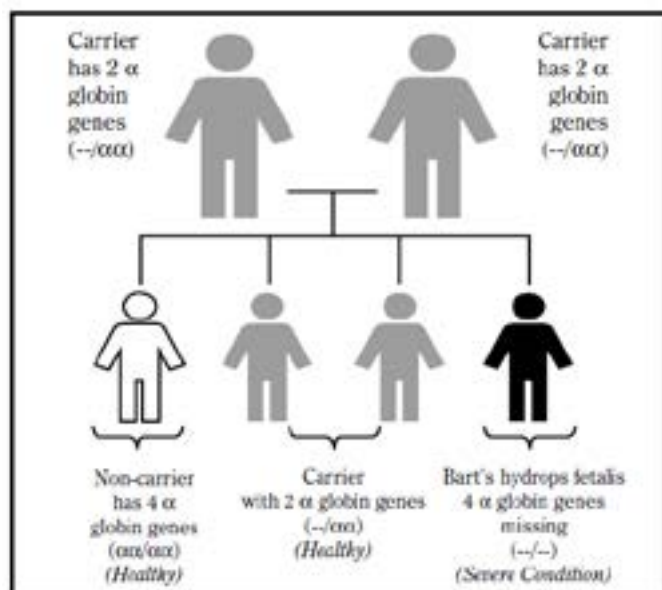
Important information for your family

If you are a carrier of alpha thalassaemia, other members of your family may also be carriers and at risk of having children with a severe form of alpha thalassaemia. It is recommended that other family members **and** their partners be tested for their carrier status **prior** to having children of their own. DNA testing is utilized to detect carriers of alpha thalassaemia.

Chances of having a child affected with α thalassaemia

Figure 1:

Carrier parents have 2 α globin genes

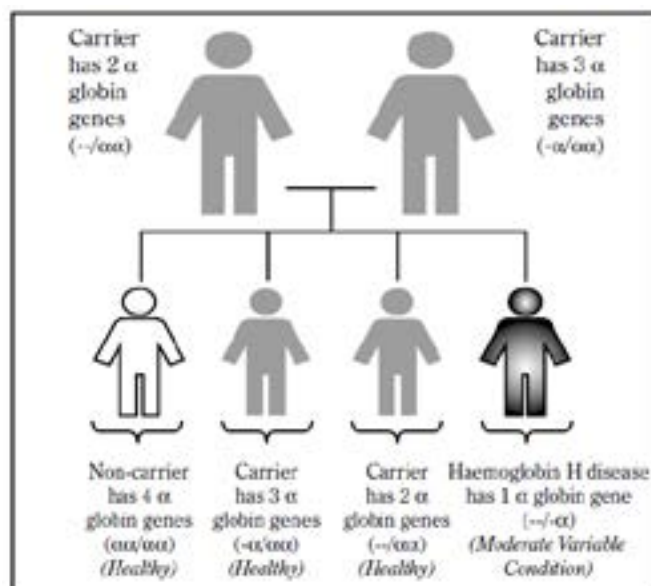


With **each** pregnancy, this couple has a:

- 1 in 4 chance of having a child who is not a carrier of α thalassaemia.
- 2 in 4 chance of having a healthy carrier.
- 1 in 4 chance of Bart's hydrops fetalis.

Figure 2:

Carrier parents have 2 and 3 α globin genes

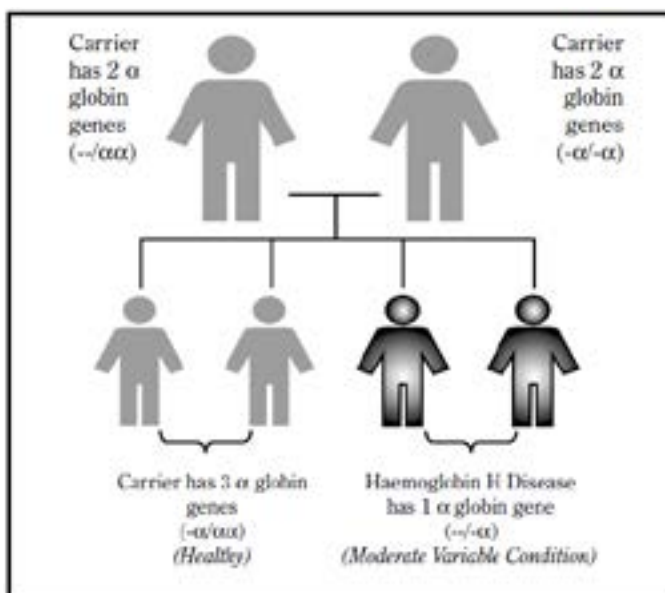


With **each** pregnancy, this couple has a:

- 1 in 4 chance of having a child who is not a carrier of α thalassaemia.
- 2 in 4 chance of having a healthy carrier.
- 1 in 4 chance of having a child with Haemoglobin H disease.

Figure 3:

Carrier parents have 2 α globin genes



With **each** pregnancy, this couple has a:

- 2 in 4 chance of having a healthy carrier.
- 2 in 4 chance of having a child with Haemoglobin H disease.

Useful contacts

[Royal Perth Hospital](#)

Wellington St, Perth WA 6000
Phone: +61 8 9224 2244

[Perth Children Hospital](#)

[Department of Oncology and Haematology](#)

15 Hospital Ave, Nedlands WA 6009
Phone: +61 8 6456 2222

[Genetics Services WA](#)

King Edward Memorial Hospital,
lvl 4, Agnes Walsh House

374 Bagot Road, Subiaco WA 6008

Phone: +61 8 6458 1625



Thalassaemia and Sickle Cell Australia
Moorleigh Community Village
92-94 Bignell Road
Bentleigh East
VIC, 3165, Australia

Phone : (03) 7015 5637
Email: info@tasca.org.au
Mail to: P.O. Box 3076
Moorabbin East
VIC, 3189, Australia