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Henoch-Schoenlein Purpura

Version of 2016

3. EVERYDAY LIFE

3.1 How might the disease affect the child and the family's daily life and what kinds of periodic check-ups are necessary?

In most children, the disease is self-limited and does not cause long-lasting problems. The small percentage of patients who present persistent or severe renal disease may have a progressive course, with possible renal failure. In general, the child and family are able to lead a normal life.
Urine samples should be checked several times during the course of the disease and 6 months after the HSP is no longer present: this is to detect potential kidney problems as, in some cases, renal involvement may occur several weeks or even months after the disease onset.

3.2 What about school?

During acute illness, all physical activity is usually limited and bed rest may be needed; after recovery, children can go to school again and lead a normal life, participating in all the same activities as their healthy peers. School for children is equivalent to work for adults: a place where they learn how to become independent and productive young people.

3.3 What about sports?

All activities can be performed as tolerated. Therefore, the general recommendation is to allow patients to participate in sports activities and to trust that they will stop if a joint hurts, while advising sports

teachers to prevent sport injuries, in particular for adolescents. Although mechanical stress is not beneficial for an inflamed joint, it is generally assumed that the small risk of damage is outweighed by the psychological impact of being prevented from playing sports with friends because of the disease.

3.4 What about diet?

There is no evidence that diet can influence the disease. In general, the child should observe a balanced, normal diet for his/her age. A healthy, well-balanced diet with sufficient proteins, calcium and vitamins is recommended for a growing child. Overeating must be avoided in patients taking corticosteroids, because these drugs may increase appetite.

3.5 Can climate influence the course of the disease?

There is no evidence that climate can affect the disease manifestations.

3.6 Can the child be vaccinated?

Vaccinations should be postponed and the time of missed vaccinations will be decided by the child’s paediatrician. Overall, vaccinations do not seem to increase the disease activity and do not cause severe adverse events in PRD patients. However, live attenuated vaccines are generally avoided because of the hypothetical risk of inducing infection in patients receiving high dose immunosuppressive drugs or biologics.

3.7 What about sexual life, pregnancy, birth control?

The disease presents no restrictions on normal sexual activity or pregnancy. However, patients taking medications should always be very careful about the possible effects of these drugs on a foetus. Patients are advised to consult their physician about birth control and pregnancy.