

To the editor:

We thank Ying Cui for commenting on our recent article (Long-term health-related quality of life and mental health in patients with immune thrombotic thrombocytopenic purpura) [1].

The latest advancements in treatment have significantly reduced mortality rates associated with the immune thrombotic thrombocytopenic purpura (iTTP), effectively transforming it into a manageable long-term condition despite the potential associated complications [2]. Our study sought to underscore the significant impact of iTTP on individuals, particularly in terms of psychological and cognitive aspects. The comments about the lack of detailed information regarding the suitability of psychological health assessment tools for all participants are correct. We acknowledge the need for more precise evaluation tools to effectively assess the impact of specific comorbidities, such as neurological conditions. However, given the rarity of the disease and the small number of patients in this study, it is challenging to consider all relevant aspects, including socio-demographic variables.

We strongly agree with the author's assertion that it is crucial to provide psychological support for patients diagnosed with rare chronic diseases that exhibit specific mental symptoms. It is essential to offer psychological treatment and guarantee that patients have access to the required expertise and resources. Accordingly, our study aims to explore innovative strategies to accomplish this objective. For the first time in iTTP patients, specific questionnaires were used to assess cognitive impact, previously employed mainly for oncological diseases [3,4]. This could facilitate the incorporation of tailored questionnaires within the iTTP framework.

This pilot study requires validation and confirmation of results through continuous patient monitoring. Our contribution highlights the importance of a holistic approach to managing these individuals.

References

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