Azienda Ospedaliera Universitaria di Ferrara

U.O. Complessa di Medicina Interna Ospedaliera

DONAZIONE DI SANGUE:
LA SALVAGUARDIA DEL DONATORE E DEL RICEVENTE

Sabato 06 Ottobre 2012

“La donazione di sangue non aumenta il rischio di insorgenza di malattie ”

Massimo Gallerani

LA DONAZIONE PUÒ COMPORTARE DEI RISCHI PER IL DONATORE ?

Grazie all'accurata selezione per un adulto sano la donazione di sangue non comporta alcun rischio.

Esistono precise disposizioni che regolano la raccolta del sangue:

- la quantità del sangue che viene prelevata mediamente ad ogni prelievo è minima ed è stab
- tra un
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- i controlli e le visite periodiche effettuate a ciascun donatore prima di ogni donazione sono uno strumento di medicina preventiva, a tutela dello stato di salute generale del donatore, inoltre il decorso della donazione viene sempre sorvegliata da personale medico.

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La tutela della salute e della sicurezza sia del donatore che del ricevente sono fondamentali.

Promuovere la salute del donatore relazioni e rapporti affettivi

Florio Ghinelli
U.O.Malattie Infettive
AVIS provinciale di Ferrara
Bologna, 27 novembre 2004

Promuovere la salute del donatore

Bologna 27 novembre 2004

Pietro Fagiani

Casale G, Bignamini M, de Nicola P.

Does blood donation prolong life expectancy?

Vox Sang. 1983;45(5):398-9.

Casale G, Bignamini M.

Study of survival in 332 blood donors and 399 non-donors.

Riv. Emoter. Immunoematol. 1983;30(3):304-11.

Heart 1997;78:188–193

Possibile associazione della riduzione di eventi cardiovascolari con la donazione di sangue

Table 2 *Cardiovascular events and procedures*

Event	*Donors (n = 655)*	*Non-donors (n = 3200)*	*P value*
Angina	24 (8·66%)	253 (17·64%)	< 0·001
Myocardial infarction	12 (9·45%)	115 (17·25%)	0·022
PTCA	5 (5·68%)	83 (17·26%)	0·002
CABG	6 (8·11%)	68 (17·16%)	0·022
Claudication/bypass/ angioplasty/endarterectomy	29 (11·24%)	229 (17·40%)	0·010
Stroke	5 (5·56%)	85 (17·26%)	0·001
Nitroglycerin use	7 (5·79%)	114 (17·35%)	< 0·001

Subjects are classified by their single most profound vascular event: myocardial infarction > stroke > CABG > PTCA > angina > claudication > nitroglycerin.
CABG, coronary artery bypass graft; PTCA, percutaneous transluminal coronary angioplasty.

American Journal of Epidemiology

Vol. 148, No. 5
Printed in U.S.A.

Dona

The Ku

Jukka T

Lo studio sembra suggerire che la frequente riduzione dei livelli ematici correlati con la donazione in soggetti volontari sani si associ ad una riduzione del rischio di infarto miocardico

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and all other predictive coronary disease risk factors, blood donors had a 86% reduced risk (relative hazard = 0.12, 95% confidence interval 0.02–0.86, $p = 0.035$) of acute myocardial infarction, compared with non-blood donors. These findings suggest that frequent blood loss through voluntary blood donations may be associated with a reduced risk of acute myocardial infarction in middle-aged men. *Am J Epidemiol* 1998;148:445–51.

Carter C, McGee D, reed D, Yano K, Stemmermann G.

Hematocrit and the risk of coronary heart disease: the Honolulu Heart Program.

Am Heart J 1983; 105(4):674-9.

Blood Donations and Risk of Coronary Heart

Donazioni di sangue e rischio coronarico

Background—In experimental animals, iron overload appears to promote atherosclerosis and ischemic myocardial damage, but the results of epidemiological studies that relate iron stores to risk of coronary heart disease (CHD) have been inconsistent.

Methods and Results—We prospectively studied blood donations, which effectively reduce body iron stores, in relation

Lo studio non dimostra l'ipotesi che la riduzione dei livelli di ferro si associ ad una riduzione del rischio coronarico

of myocardial infarction in analyses restricted to men with hypercholesterolemia or those who never used antioxidant supplements or aspirin.

Conclusions—The study results do not support the hypothesis that reduced body iron stores lower CHD risk. **(*Circulation*. 2001;103:52-57.)**

The impact of different intensities of regular donor plasmapheresis on humoral and cellular immunity, red cell and iron metabolism, and cardiovascular risk markers

B. Tran-Mi,[1] H. Storch,[2] K. Seidel,[3] T. Schulzki,[1] H. Haubelt,[1] C. Anders,[1] D. Nagel,[4] K. E. Siegler,[5] A. Vogt,[1] D. Seiler[4] & P. Hellstern[1]

Background and Objectives Major studies are still lacking on the impact of differing intensities of long-term donor plasmapheresis, not only on total serum protein, albumin and immunoglobulin G (IgG), but also on humoral and cellular immunity, red cell and

not at increased cardiovascular risk.

Conclusions Regular donor plasmapheresis of up to 45 l of plasma per year appears to be as safe as more moderate plasmapheresis programmes, with respect to the parameters analysed in this study. Individuals donating under these conditions did not develop impaired humoral and cellular immunity, iron store depletion, or increased cardiovascular risk with regard to established biochemical risk markers. Prospective studies are required to determine more exactly than in retrospective analyses the reasons why donors withdraw from plasmapheresis programmes.

La regolare plasmaferesi non si associa a alterazione del sistema immunitario, né ad un aumento del rischio cardiovascolare

Donation Frequency, Iron Loss, and Risk of Cancer Among Blood Donors

Gustaf Edgren, Marie Reilly, Henrik Hjalgrim, Trung Nam Tran, Klaus Rostgaard, Johanna Adami,

La donazione abituale non è associata ad un aumento del rischio di sviluppare neoplasie.

Sono necessari studi per escludere un'associazione tra donazione di sangue e aumentato rischio di linfomi

J Natl Cancer Inst 2008;100:572–579

Movement Disorders
Vol. 21, No. 6, 2006, pp. 835–838

Blood Donations, Iron Stores, and Risk of Parkinson's Disease

Questo studio non supporta l'ipotesi che la riduzione sistemica delle riserve di ferro si associa ad una riduzione del rischio d'insorgenza di Malattia di Parkinson

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Professionals Follow-Up Study, a large cohort investigation of U.S. men. Our hypothesis was that blood donation reduces the risk of PD by lowering systemic iron stores. Although the number of blood donations was inversely related to the ferritin levels in a subsample of the study population, no association … support the hypothesis that reduced systemic iron stores lower the risk of PD. © 2006 Movement Disorder Society

Key words: iron; blood donation; Parkinson's disease; risk cohort studies


Dipartimento Medico
AVIS
Progetto aspettativa di vita dei donatori di sangue
Servizio Trasfusionale
Servizio Informatico A.U.S.L - Fe

IPOTESI

- **Aumento dell'aspettativa di vita per i donatori**
- **Nessuna differenza nell'aspettativa di vita tra donatori e non donatori**
- **Aumentato rischio di alcune malattie nei donatori di sangue**

SCHEDA PROGETTO PER L'IMPIEGO DI VOLONTARI IN SERVIZIO CIVILE IN ITALIA

2009

ENTE

1) *Ente proponente il progetto:*

Azienda Ospedaliera Universitaria di Ferrara (NZ02325 – prima sezione albo regionale – classe quarta) Corso Giovecca, 203 – Ferrara - Tel. 0532/236111 – www.ospfe.it
L'Ospedale di Ferrara, struttura di integrazione tra Servizio Sanitario Nazionale e Università, cura e assiste, educa e produce cultura professionale, contribuisce allo sviluppo delle conoscenze mediche attraverso la ricerca scientifica. L'Azienda Ospedaliero-Universitaria di Ferrara ha l'obiettivo di erogare ai cittadini prestazioni sanitarie che siano: efficaci, appropriate, sicure, accettabili, efficienti, accessibili, continuative. Nei confronti della comunità l'Azienda si impegna a lavorare osservando i seguenti principi: eguaglianza, imparzialità, partecipazione e trasparenza.

CARATTERISTICHE PROGETTO

4) *Titolo del progetto:*

Donatore di sangue: una ricchezza per la società o salvaguardia per l'individuo?

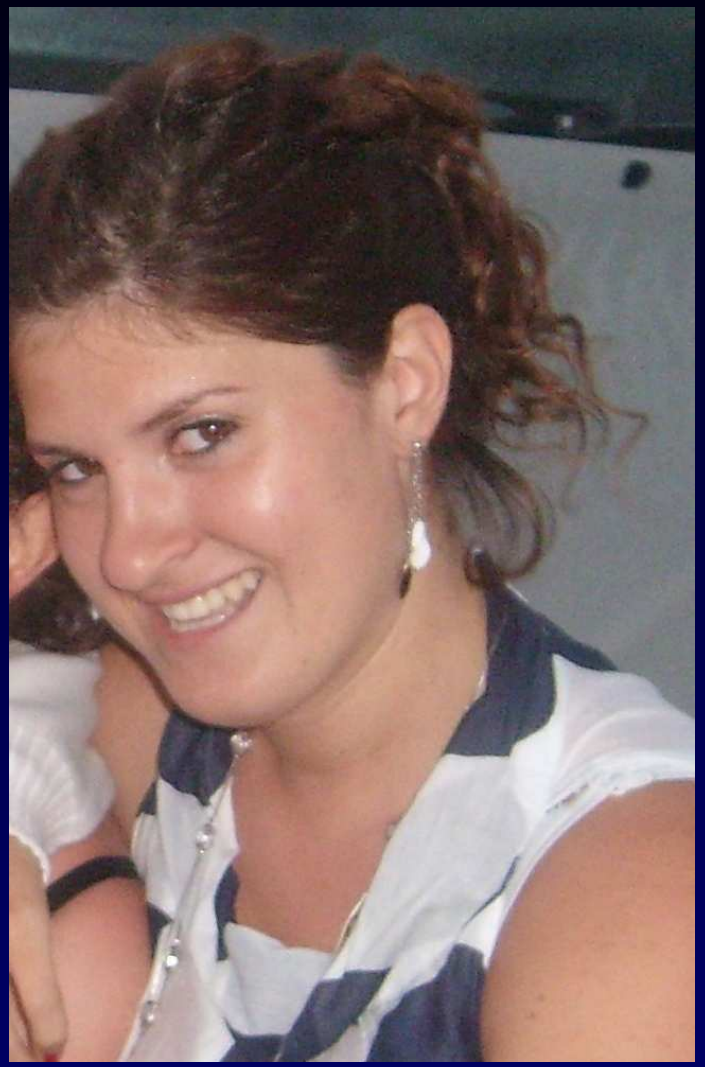
Ottobre 2008

Archivio storico AVIS

Banca dati AVIS

Informatizzata

- **giugno 2009: il progetto di Servizio Civile viene accettato**
- **viene quindi bandito il concorso di partecipazione**
- **ottobre 2009: espletamento del concorso**
- **7 gennaio 2010: inizio del servizio**



Chiara Gallerani

Agata Fogli

≈ 35000 schede

Relative a

≈ 23500 donatori

Richiesta al comitato etico di eseguire lo studio

Richiesta al comitato aziendale per la privacy

Settembre 2010

Contatto con il CED azienda U.S.L. di Ferrara per dati relativi ai ricoveri avvenuti nella nostra provincia negli ultimi 5-10 anni

MATERIALS AND METHODS

We considered all subjects included in the database of AVIS Province of Ferrara, but the analysis included only residents who had donated at least once. Non-residents were excluded.

For each BD from the master archive of the province of Ferrara, using a special computer program, four non-donors controls with same sex, country, and date of birth (initially choosing the same year, month and as far as possible up to the same day) were selected.

MATERIALS AND METHODS

From the electronic databases of Emilia Romagna Region, all hospitalizations of donors and "non-donors" from January 2005 to December 2010 were extracted.

Regional electronic database track all Discharge Hospital Sheets (DHS) of patients admitted to hospitals.

The DHS lists: name and surname, gender, date of birth, date and hour of hospital admission and discharge, department of admission and discharge, vital status at discharge, length of stay, primary and up to 15 secondary discharge diagnoses, and the most important diagnostic procedures, based on the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM).

PRINCIPAL CARACTERISTICS OF SAMPLE

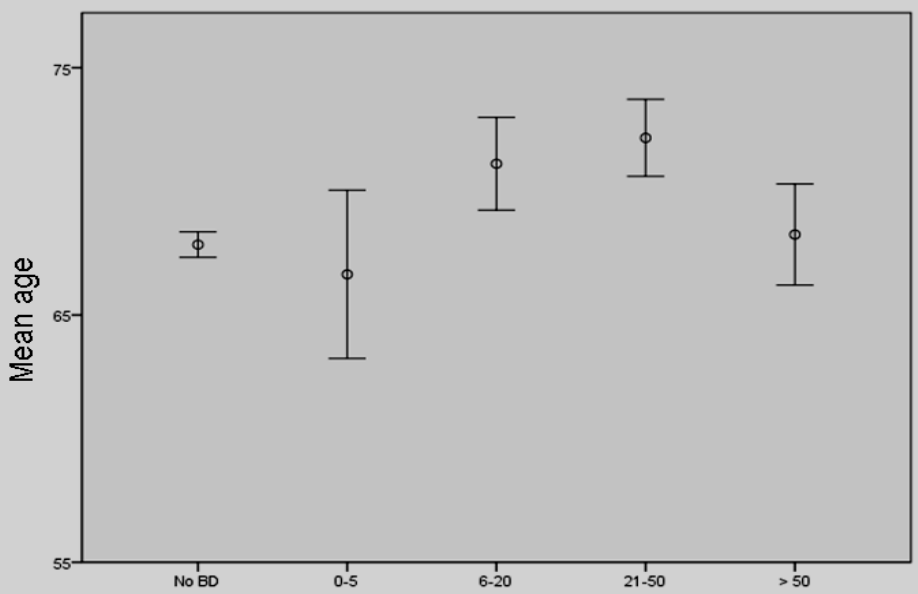
	All	Blood donors	Non-blood donors	p
n° subjects	**55,000 (100%)**	**11,862 (21.5%)**	**43,138 (78.5)**	
n° admission	**124,825 (100%)**	**26,140 (21.2%)**	**98,685 (78.8%)**	
Males (n %)	**82,533 (66.1%)**	**17,332 (66,3%)**	**65,201 (66.1%)**	**.481**

PRINCIPAL CARACTERISTICS OF SAMPLE

	All	Blood donors	Non-blood donors	p
n° admission	**124,825 (100%)**	**26,140 (21.2%)**	**98,685 (78.8%)**	
Age at hospital admission (mean/SD)	**53 ± 16.6**	**53.6 ± 16.2**	**52.8 ± 16.7**	**< .001**
Number of in-hospital admissions (mean/SEM)	**2.8 ± 0.009**	**2.57 ± 0.016**	**2.83 ± 0.011**	**< .001**
Length of stay (mean/SEM)	**19.2 ± 0.145**	**16.9 ± 0.286**	**19.8 ± 0.17**	**< .001**
Number of diagnoses (mean/SEM)	**2.20 ± 0.004**	**2.12 ± 0,009**	**2.23 ± 0.005**	**< .001**
CCIa (mean/SEM)	**1.4 ± 0.005**	**1.28 ± 0.011**	**1.48 ± 0.006**	**< .001**

CCIa = Charlson index modified for use with ICD-9-CM administrative databases and adjusted by age

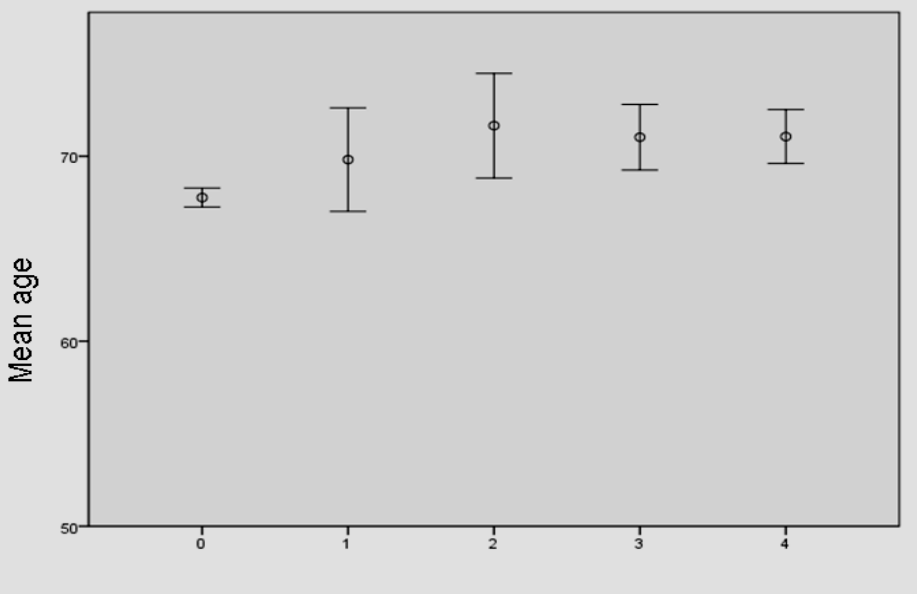
(a)



	BD subgroups for years of donations		
0	Non-blood donors (n = 2189)	67± 12	^ F = 9.82 P < 0.001
1	***0-5 Donations (n = 76)***	67 ± 15	
2	***6-20 Donations (n = 155)***	71 ± 12	
3	***21-50 Donations (n = 153)***	72 ± 10	
4	***>50 Donations (n =63)***	68 ± 8	

^ analysis of variance comparing mean age of NBDs and subgroups of BDs

(b)



	BD subgroups for years of donations		
0	Non-blood donors (n = 2189)	67± 12	^ F = 10.24 < 0.001
1	1 m - < 4y 11 m (n = 93)	70 ± 14	
2	5 y - 9 y 11 m (n = 83)	72 ± 13	
3	10 y – 19y 11m (n = 115)	71 ± 10	
4	≥ 21 y (n =130)	71 ± 8	

^ analysis of variance comparing mean age of NBDs and subgroups of BDs

	All	Blood donors	Non-blood donors	p
Rate of mortality	**2636 (2.1%)**	**447 (1.7%)**	**2189 (2,2%)**	**< .001**
Age of mortality (mean/SD)	**(n = 2636) 68.3 ± 12.2**	**(n = 447, 3.77%) 70.3 ± 11.5**	**(n = 2189, 5.07%) 67.8± 12.3**	**< .001**

MAIN DRG OF IN-HOSPITAL ADMISSIONS OF BLOOD DONORS AND NON BLOOD DONORS

		BLOOD DONORS			NON-B DONORS			p
DRG	DRG Description	rank	n	%	rank	n	%	
373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	1	807	3.1	1	3077	3.1	.814
410	CHEMOTHERAPY	2	800	3.1	2	2853	2.9	.154
162	INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W/O CC	4	650	2.5	3	2333	2.4	.258
127	HEART FAILURE & SHOCK	11	339	1.3	11	1251	1.3	.731
364	D&C, CONIZATION EXCEPT FOR MALIGNANCY	12	325	1.2	12	1204	1.2	.785
311	TRANSURETHRAL PROCEDURES W/O CC	14	302	1.2	16	1003	1.0	.054
408	MYELOPROLIF DISORD OR POOR DIFF NEOPL W OTHER O.R. PROC	21	221	0.8	26	752	0.8	.185
40	EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE >17	26	202	0.8	33	658	0.7	.072
270	OTHER SKIN, SUBCUT TISS & BREAST PROCEDURE W/O CC	27	199	0.8	32	674	0.7	.191
131	PERIPHERAL VASCULAR DISORDERS W/O CC	29	194	0.7	34	648	0.7	.144
494	LAPAROSCOPIC CHOLECYSTECTOMY W/O CDE W/O CC	30	189	0.7	30	694	0.7	.766
139	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC	31	182	0.7	27	733	0.7	.457
87	PULMONARY EDEMA & RESPIRATORY FAILURE	33	161	0.6	29	703	0.7	.103
203	MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS	35	157	0.6	31	680	0.7	.130

MAIN DRG OF IN-HOSPITAL ADMISSIONS OF BLOOD DONORS AND NON BLOOD DONORS

		BLOOD DONORS			NON-B DONORS			p
DRG	DRG Description	rank	n	%	rank	n	%	
485	KNEE PROCEDURES W PDX OF INFECTION W MCC	3	749	2.9	4	1904	1.9	< .001
229	HAND OR WRIST PROC, EXCEPT MAJOR JOINT PROC, W/O CC	5	503	1.9	10	1312	1.3	< .001
119	VEIN LIGATION & STRIPPING	6	498	1.9	6	1472	1.5	< .001
158	ANAL & STOMAL PROCEDURES W/O CC	7	468	1.8	8	1448	1.5	< .001
359	UTERINE & ADNEXA PROC FOR CA IN SITU & NONMALIG W/O CC	8	446	1.7	7	1450	1.5	< .001
55	MISCELLANEOUS EAR, NOSE & THROAT PROCEDURES	10	356	1.4	17	1002	1.0	< .001
266	SKIN GRAFT &/OR DEBRID EXC FOR SKN ULCER, CELLUL W/O CC	13	323	1.2	15	1016	1.0	< .004
227	SOFT TISSUE PROCEDURES W/O CC	15	298	1.1	24	772	0.8	< .001
323	URINARY STONES W CC, &/OR ESW LITHOTRIPSY	16	292	1.1	14	1092	1.1	< .001
231	LOCAL EXCISION & REMOVAL OF INT FIX DEVICES EXC HIP & FEMUR	18	275	1.1	21	885	0.9	< .022
500	BACK AND NECK PROCEDURES EXCEPT SPINAL FUSION WITHOUT CC/MCC	19	259	1.0	28	723	0.7	< .001
209	MAJOR JOINT & LIMB REATTACH PROC OF LOW EXT, EXC HIP, EXC COMP	20	222	0.8	45	534	0.5	< .001
225	FOOT PROCEDURES	23	218	0.8	42	567	0.6	< .001
360	VAGINA, CERVIX, & VULVA PROCEDURES	25	206	0.8	39	587	0.6	< .001

MAIN DRG OF IN-HOSPITAL ADMISSIONS OF BLOOD DONORS AND NON BLOOD DONORS

		BLOOD DONORS			NON-BLOOD DONORS			p
DRG	DRG Description	rank	n	%	rank	n	%	
381	ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	9	377	1.4	5	1655	1.7	< .001
82	RESPIRATORY NEOPLASMS	22	219	0.8	18	1000	1.0	< .011
183	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORD AGE>17 W/O CC	24	213	0.8	19	993	1.0	< .005
14	STROKE WITH INFARCT	28	197	0.8	22	875	0.9	<0.042
316	RENAL FAILURE	32	166	0.6	20	912	0.9	< .001
430	PSYCHOSES	34	160	0.6	13	1118	1.1	< .001

LOGISTIC REGRESSION ANALYSIS FOR THE RISK OF DISEASE IN BDS. IN THE MODEL WERE INCLUDED AGE, GENDER AND NUMBER OF ADMISSIONS. NBDS ARE THE REFERENCE GROUP.

ICD-9 index	DONORS	NON-DONORS	p	OR	C.I. 95%	
					Inferior	Superior
INFECTIOUS DISEASES (1-118)	107 (0.9%)	483 (1.1%)	.042	0.804	0.651	0.992
PARASITIC DISEASES (120-139	14 (0.1%)	92 (0.2%)	.039	0.553	0.315	0.971
NEOPLASMS (140-239)	*1485 (12.5%)*	*5389 (12.5%)*	.273	0.980	0.944	1.016
DISEASES OF THE CIRCULATORY SYSTEM (390-459)	*2780 (21.3%)*	*9082 (21.7%)*	.091	0.957	0.909	10.007
DISEASES OF THE RESPIRATORY SYSTEM (460-519)	*887 (20.6%)*	*10975 (21.7%)*	.082	0.934	0.865	10.009
DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE (680-709)	*343 (21.1%)*	*11519 (21.6%)*	.728	0.979	0.867	1.105
SYMPTOMS, SIGNS, AND ILL-DEFINED CONDITIONS (780-789)	*822 (20.6%)*	*11040 (21.6%)*	.115	0.938	0.866	10.016
INJURY AND POISONING (800-999)	*1147 (21.2%)*	*10715 (21.6%)*	.621	0.983	0.918	10.053

LOGISTIC REGRESSION ANALYSIS FOR THE RISK OF DISEASE IN BDS. IN THE MODEL WERE INCLUDED AGE, GENDER AND NUMBER OF ADMISSIONS.

ICD-9 index	DONORS	NON-DONORS	p	OR	C.I. 95%	
					Inferior	Superior
ENDOCRINE, NUTRITIONAL-METABOLIC DIS., AND IMMUNITY DISORDERS (240-279)	952 (8.0%)	3758 (8.7%)	.007	0.902	0.836	0.972
Nutritional deficiency (260-269)	26 (0.2%)	186 (0.4%)	.001	0.498	0.330	0.752
DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS (280-289)	267 (2.3%)	1295 (3.0%)	.000	0.737	0.645	0.843
Blood loss anemias (280.0)	117 (1.0%)	602 (1.4%)	.001	0.707	0.580	0.863
Deficiency anemias (280.1-281.9, 285.9)	209 (1.8%)	967 (2.2%)	.001	0.769	0.661	0.895
MENTAL DISORDERS (290-319)	276 (2.3%)	1706 (4.0%)	.000	0.584	0.542	0.628
Drug abuse (292.0, 292.82-292.89, 292.9, 304-00-304.93, 305.20-305.93)	10 (0.1%)	141 (0.3%)	.000	0.261	0.137	0.496
Alcohol abuse (291.1, 291,2, 291.5, 291,8, 291.9, 303,90-303.93, 305.00, 304.00-304.93)	47 (0.4%)	360 (0.8%)	.000	0.474	0.350	0.643
Psychosis (290-299)	104 (0.9%)	616 (1.4%)	.000	0.655	0.531	0.809
Depression (300.4, 301,12, 309.0, 309.1, 311)	131 (1.1%)	755 (1.8%)	.000	0.658	0.545	0.794
DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS (320-389)	798 (6.7%)	3198 (7.4%)	.006	0.894	0.824	0.969
CEREBROVASCULAR DISEASE (430-438)	359 (19.1%)	11503 (21.7%)	.002	0.831	0.738	0.936
CHRONIC OBSTRUCTIVE PULMONARY DISEASE AND ALLIED CONDITIONS (490-496)	177 (16.5%)	11685 (21.7%)	.000	0.699	0.594	0.823
DISEASES OF THE DIGESTIVE SYSTEM (520-579)	1691 (20.0%)	10171 (21.9%)	.000	0.887	0.837	0.939
Liver diseases (570-573)	264 (2.2%)	1347 (3.1%)	.000	0.702	0.615	0.803
DISEASES OF THE GENITOURINARY SYSTEM (580-629)	102 (17.1%)	11760 (21.6%)	.005	0.734	0.592	0.911
Renal failure (585)	199 (1.7%)	864 (2.0%)	.007	0.705	0.547	0.910
Nephritis nephrosis (580-589)	286 (2.4%)	1219 (2.8%)	.005	0.827	0.725	0.944
COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM (631-679)	1062 (18.5%)	10800 (21.9%)	.000	0.804	0.746	0.867
Collagen and vascular diseases (701.0, 710.0-710.9, 714.0-714.9, 720.0-720.9, 725)	76 (0.6%)	392 (0.9%)	.004	0.698	0.545	0.893

LOGISTIC REGRESSION ANALYSIS FOR THE RISK OF DISEASE IN BDS. IN THE MODEL WERE INCLUDED AGE, GENDER AND NUMBER OF ADMISSIONS. NBDS ARE THE REFERENCE GROUP.

ICD-9 index	DONORS	NON-DONORS			C.I. 95%	
			p	OR	Inferior	Superior
Varicose vein of lower extremity (454)	*374 (3.2%)*	*1146 (2.7%)*	*.005*	*1.188*	*1.055*	*1.337*
DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE	**1897 (26.4%)**	**9965 (20.8%)**	*.000*	*1.363*	*1.287*	*1.442*

LOGISTIC REGRESSION ANALYSIS FOR RISK OF IN-HOSPITAL DEATH IN BD SUBGROUPS IN RELATION TO THE NUMBER AND TIME OF DONATIONS. IN THE MODEL, AGE, GENDER AND NUMBER OF ADMISSIONS ARE INCLUDED.

	Subgroups	% of patients			95% CI for EXP(B)	
			p	O.R.	Inferior	Superior
Number of donations	*Non-blood donors*	*2.2*	-	-	-	-
	1-5 Donations	*1.0*	*0.000*	*0.634*	*0.503*	*0.800*
	6-20 Donations	*1.8*	*0.022*	*0.823*	*0.697*	*0.972*
	21-50 Donations	*2.4*	*0.017*	*0.816*	*0.690*	*0.965*
	>50 Donations	1.8	0.000	0.616	0.478	0.794
Time of donations	*Non-blood donors*	*2.2*	-	-	-	-
	1 m - < 4y 11 m	*1.3*	*0.003*	*0.723*	*0.585*	*0.893*
	5 y - 9 y 11 m	*1.8*	*0.146*	*0.847*	*0.677*	*1.060*
	10 y – 19y 11m	*1.9*	*0.003*	*0.748*	*0.618*	*0.905*
	≥ 21 y	*2.3*	*0.001*	*0.733*	*0.612*	*0.877*

LOGISTIC REGRESSION ANALYSIS FOR RISK OF NEOPLASMS (ICD-9 140-239) IN BD SUBGROUPS IN RELATION TO THE NUMBER AND TIME OF DONATIONS. IN THE MODEL, AGE, GENDER AND NUMBER OF ADMISSIONS ARE INCLUDED.

	Subgroups	% of patients			95% CI for EXP(B)	
			p	O.R.	Inferior	Superior
Number of donations	*Non-blood donors*	18.0%	-	-	-	-
	1-5 Donations	13.8%	0. 989	0.999	0.894	1.117
	6-20 Donations	17.3%	0.859	1.009	0.912	1.117
	21-50 Donations	19.7%	0.314	0.943	0.840	1.057
	>50 Donations	22.8%	0.437	1.057	0.919	1.214
Time of donations	*Non-blood donors*	18.0%	-	-	-	-
	1 m - < 4y 11 m	16.1%	0.102	1.096	0.982	1.223
	5 y - 9 y 11 m	16.7%	0.040	0.860	0.744	0.993
	10 y – 19y 11m	18.8%	0.527	10.039	0.924	1.168
	≥ 21 y	21.3%	0.673	0.975	0.869	1.095

LIMITS OF THE STUDY

The condition of BDs involves a preliminary screening excluding subjects with genetic or juvenile onset disorders, e.g., diabetes mellitus type 1.

Lack of information about possibly important confounding factors, such as smoking, alcohol consumption, diet, physical activity, anthropometric measures, and occupational exposures.

Although the restriction of our study with comparisons across strata that were defined by NBDs and donation activity should have limited the scope for important confounding lifestyle factors, the analyses among the control subjects suggested an association between donation frequency and alcohol- and tobacco-related diseases. However, we cannot directly quantify the impact of the suspected confounding.

CONCLUSIONI

Questo studio dimostra che la donazione di sangue non è un fattore di rischio per l'insorgenza di patologie : in particolare non vi è un aumento di leucemie linfomi o neoplasie.

Non vi è un aumento di frequenza di malattie gravi associate al numero delle donazioni o a numero di anni di donazione

La condizione di donatore abituale è associata ad un aumento dell'aspettativa di vita di circa 3 anni rispetto al non donatore.

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