

Issued by JPAC: 05 May 2015

Implementation: To be determined by each Service

Change Notification UK National Blood Services No. 10 - 2015

Central Nervous System Disease

Applies to the Whole Blood and Components Donor Selection Guidelines only

Obligatory

Must not donate if:

- a) Has dementia (e.g. Alzheimer's disease).
- b) History of CNS disease of suspected infective origin (e.g. multiple sclerosis (MS), optic neuritis, transverse myelitis, Creutzfeldt-Jakob disease (CJD)).
- c) Neurodegenerative conditions of unknown aetiology.
- d) Stroke, subarachnoid haemorrhage, transient ischaemic attack/s or cerebral embolus.
- e) Malignant tumour.
- f) Parkinson's Disease
- g) If having symptoms related to hypotension while taking dopamine receptor agonist drugs such as rotigotine, ropinirole and pramipexole.

Discretionary

- a) Individuals who have had Bell's palsy more than four weeks ago and have discontinued any treatment for the condition for at least seven days, once investigated and discharged from specialist follow-up even if they have residual paralysis accept.
- b) If a definite diagnosis of transient global amnesia has been made, accept.
- c) If a berry aneurysm has been treated by interventional radiology or surgery (without the use of dural grafting, or after 1992 in the UK) and the person has not had a stroke or suffered neurological deficit, accept.
- d) If diagnosed with Idiopathic (benign) intracranial hypertension and the person is asymptomatic and off all treatment, accept.
- e) If taken for a condition other than Parkinson's Disease, as long as not having symptoms of hypotension related to dopamine receptor agonist drugs such as rotigotine, bromocriptine, ropinirole and pramipexole, accept.

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See if Relevant

- Cardiovascular Disease
- Epilepsy
- Infection - General
- Neurosurgery
- Pituitary Disorders
- Prion Associated Diseases
- Self-Catheterization
- Steroid Therapy

Additional Information

Donor safety:

A history of stroke, subarachnoid haemorrhage, transient ischaemic attack/s or cerebral embolus puts a potential donor at increased risk of a further vascular incident affecting their brain. As donation can result in a drop in blood pressure, there is the possibility that this could lead to further problems. Although the level of risk will vary from person to person, it is not acceptable to put an individual at increased risk, for what could be a severe adverse event, to any unnecessary further risk.

Transient global amnesia is a temporary and isolated disorder of memory. Affected individuals are usually over 50 years of age and there is an association with migraine. There is no association with cerebrovascular disease.

Idiopathic or benign intracranial hypertension is a raised intracranial pressure where no mass or other disease is present. Blood donation does not pose a risk to a donor with a history of idiopathic intracranial hypertension once treated and while donor remains symptom free.

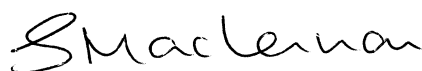
Parkinson's disease is a movement disorder that can make venepuncture difficult and lead to damage to the donors arm, it is also treated with dopamine receptor agonist drugs (e.g. rotigotine, bromocriptine, ropinirole and pramipexole) that can cause hypotension and fainting.

Recipient safety:

It is thought that degenerative brain disease in the form of vCJD has been transmitted by blood transfusion. Often the exact cause of a degenerative brain condition only becomes known after death. For this reason, when there is any doubt as to the underlying cause of a brain condition, it is considered safest not to accept a donation.

Information This is a requirement of the Blood Safety and Quality Regulations 2005.

Reason for change Clarification on dopamine receptor agonist drugs.



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