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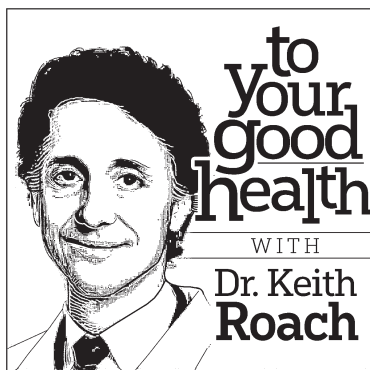
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TO YOUR GOOD HEALTH

FOR RELEASE OCT. 26, 2026

By Dr. Keith Roach



Explaining Autoimmune Hemolytic Anemia and Its Treatments

DEAR DR. ROACH: I'm about to turn 70. A month ago, I was diagnosed with autoimmune hemolytic anemia (AIHA) that's idiopathic. Two CT scans and many blood tests have cleared me of all tumors; however, my spleen's enlarged. My hematologist put me on prednisone, which is working very well. I don't know how long I'll have to take prednisone, but I'm tolerating it very well. I'd appreciate any information and advice that you have on AIHA. — *M.L.*

ANSWER: As its name suggests ("hemo-" is blood, and "-lytic" is destruction), with this condition, the body's immune system destroys its own red blood cells, causing a low blood count. It's not a common disease, and most of the time, it occurs by itself (idiopathic, as you stated). But your doctors carefully looked for underlying conditions, especially leukemia, lymphoma and systemic lupus.

Prednisone is the usual first-line treatment, with many experts also starting people on rituximab (a powerful drug that reduces the body's ability to make antibodies) in the beginning. But some people do well with prednisone alone.

AIHA requires an expert — a hematologist. They use their judgment, but a general rule of thumb is to taper the dose of prednisone once the anemia is under control. It takes several months (or longer) to bring down the dose.

We don't recommend the long-term use of prednisone because, even though you're tolerating it well, it can cause high blood sugar (even overt diabetes), high blood pressure, bone loss, cata-

acts, weight gain, infections, and many other problems. If prednisone can't be tapered off entirely, then it may be time to consider rituximab.

Because a person's red blood cells are constantly being destroyed and remade, they need higher doses of folic acid. Also, people should be warned that excess blood clotting can be a problem with AIHA, so symptoms like leg swelling and shortness of breath need to be taken seriously, as they could signify blood clots in the legs or lungs.

DEAR DR. ROACH: I have an enlarged prostate. I take 0.5 mg of dutasteride (one per day) and 0.4 mg of tamsulosin HCL (one per day as well). Is there anything else I can take to reduce the size of my prostate? — *V.F.*

ANSWER: Dutasteride does reduce the size of the prostate by blocking a hormone (dihydrotestosterone) that enlarges the prostate. Dutasteride works slowly over 6-12 months to shrink the prostate and improve urine flow.

Tamsulosin relaxes structures called smooth muscles, which are found in the prostate and in blood vessels. Tamsulosin doesn't reduce the size of the prostate, but it works quickly by allowing the urethra to open up more widely. (Most men get relief within the first three to seven days.)

Since these meds can also open up blood vessels, they can cause low blood pressure and lightheadedness upon standing, although newer agents like tamsulosin and silodosin are much less likely to do so than older drugs. Some experts use tamsulosin at 0.8 mg at night if the 0.4-mg dose isn't enough.

For men who have persistent symptoms despite treatment with both tamsulosin and dutasteride (or similar drugs), then another medication choice is tadalafil, which is particularly helpful if a man also experiences erectile dysfunction. My experience is that this is modestly beneficial. Otherwise, a referral to a urologist to talk about alternative options is appropriate.

Dr. Roach regrets that he is unable to answer individual questions, but will incorporate them in the column whenever possible. Readers may email questions to ToYourGoodHealth@med.cornell.edu.

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