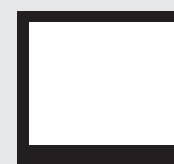




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# Sickle Cell Today



FROM THE DIRECTORS DESK:

# ONE BAD APPLE DOESN'T SPOIL THE WHOLE BARREL

It had been an exceptionally warm fall for the month of November in Alabama. Everyone was still running around in what an unusually quiet month it had been except for the routine chest pains, chronic “lungers,” diabetics, and the “frequent” amongst the doctors how two patients with sickle cell disease, Margaret and Bobby, were in the emergency room for their daily shots of demerol and how they were just addicts. Every time I heard this it would make me so angry. I would often wish they could just walk a mile in Margaret’s and Bobby’s shoes. Mary and I were the only ones who were willing to treat them appropriately and respectfully when they came to the emergency room. Some of my colleagues would even try giving them sterile water for pain. All I knew was as doctors, we had no means to objectively measure pain and it always boiled down to believing the patient. It often seemed so unfair. Maybe they were not having a pain crisis and maybe they were just asking for help. All I knew was if it were me hurting, I would be very angry if I had to beg for the treatment I deserved if I had to convince someone I was in pain.

SHOW DRE RYX MVH WGR E Q BUK / ZHV UKIL FW PLQH QW BQH PRIO JHQF\ URRP  
À\HUV´ ZLWK VLFNOH FHOO GLVHVDH WKDW VHHPHG WR OLYH LQ WKH HPHUJHQF\ URRP PRVW GD\ V RI WKH PRQWK ,W ZDV D VWDQ

## MARK YOUR CALENDAR



### THE 2014 USA ANNUAL SICKLE CELL CONFERENCE: Practical Issues XIII-The Many Faces of Pain

The USA Comprehensive Sickle Cell Center is in the final stages of planning its 13th dynamic and informative Annual Regional Sickle Cell Conference. The focus this year will be on "Pain in Sickle Cell Disease and Pain Management." The conference is scheduled for Saturday, May 3, 2014 from 8:00am – 3:45pm in the School of Allied Health auditorium on the main campus of the University of South Alabama. National and local experts will be presenting the most current and practical issues experienced by healthcare providers caring for those affected by sickle cell disease and pain management. The target audience is physicians, physician-assistants, nurse practitioners, nurses, and allied health professionals. This conference is supported by the Dr. Cecil L. Parker Jr. Sickle Cell Disease Lectureship Endowment. The purpose of the Endowment is to provide support for the Annual Regional Sickle Cell Conference and educational needs of the clients and health care providers of the Gulf Coast community.

Register early to enter for a chance to win complimentary admission to the 2015 Annual Regional Sickle Cell Conference. Early bird registration deadline is April 11, 2014. For additional conference information visit <http://www.usahealthsystem.com/newspecial-events> or call (251) 470-5893.

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#### References continued from page 3

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## Sickle Cell Disease and Hydroxyurea: Yesterday, Today, and Tomorrow

Submitted by  
Ardie Pack-Mabien, CRNP

Mandatory newborn screening in the United States has resulted in early identification and medical access by those newborns affected with sickle cell disease (SCD). The addition of penicillin prophylaxis and pneumococcal immunizations as preventive measures, technological advancements in the development of diagnostics and screening tools and innovative medical management of the pediatric population have resulted in decreased morbidity and mortality for individuals living with SCD. The improvement in survivorship from childhood to adulthood has been estimated at 94% for individuals with HbSS and HbS<sup>0</sup> Thalassemia and 98% for individuals with HbSC and HbS<sup>+</sup> Thalassemia (Quinn, et. al, 2010).

What role has hydroxyurea played in the medical management of individuals with SCD? The utilization of hydroxyurea as a potentially useful drug therapy in the management of individuals with SCD was first reported in 1984. Additional multi-center studies sponsored by the National Institutes of Health

were conducted and found that hydroxyurea reduced the frequency and severity of sickle cell related pain crisis, number of acute chest syndrome episodes, frequency and number



# PLAYING IT SAFE

The Center for Disease Control and the Advisory Committee on Immunization Practices are now

UHFPPHQGLQJ WKDW LQGLYLGXDOV \HDUV RU ROGHU  
ZLWK VLFNOH FHOO GLVHVVH UHFHLYH WKH 3UHYQDU  
YDFFLQH 3UHYQDU ZDV LPSOHPHQWHG LQ WKH SHGLDWULF  
SRSXODWLRQ LQ :KLOH 3QHXPYD[ KDV EHHQ IRXQG  
WR EH HIIHFWLYH DJDLQVW SRWHQWLDOO\ OLIH WKUHDWHQLQJ

LQIHFWRQV GXH WR WKH SQHXPRFRFFDO EDFWHULD 3UHYQDU YDFFLQH KDV WKH DELOLW\ WR SURYLGH  
additional protection. Please see the sickle cell nurse or contact your healthcare provider for  
information on the vaccine.

Submitted by: Brittany Brown, BSN, RN

“Decline” continued from page 1  
Between January 2006 and June 2012, a study led by Dr. Abdul Hafeez Siddiqui was conducted at the  
University of South Alabama Children’s and Women’s Hospital which reviewed 456 hospitalizations in 133