Living With Sickle Cell

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Sickle Cell Disease can be an often-debilitating condition for sufferers. But with a little effort and know how, it can be well managed over the course of a lifetime.

The disease, itself, is a painful condition that can cause anemia, organ damage, infections, lung problems, bone damage and stroke.

The exact number of people living with Sickle Cell Disease in the United States is unknown, but the Centers for Disease Control (CDC) estimates that the disease affects between 90,000 and 100,000 Americans.

Sickle Cell Disease (SCD) is not confined to the African American population. It can also be found in those with Greek, Italian, Caribbean, Asian and Indian heritage. However, it is estimated that the disease occurs in approximately one out of every 500 African American births and nearly one in 12 African Americans inherits the genetic trait.

What is Sickle Cell Disease?

SCD is an inherited disorder that affects your red blood cells. Hemoglobin is the main substance of red blood cells. Your hemoglobin carries the oxygen from your lungs to all the organs and muscle groups in your body.

"In SCD the red blood cells become hard, sticky and change shape into a 'C,'" explains Delvin McAllister, Deputy Director of Community Health Interventions and Sickle Cell Agency, Inc. (CHISCA), a local agency that currently supports 223 clients in Cumberland, Robeson, Harnett and Hoke counties. "When these red blood cells undergo the shape change, they can get trapped. This blocks the blood flow and causes severe pain, as well as other health problems."

Areas that do not receive proper oxygen supply can become damaged, causing painful episodes, called crises, as well as stroke and organ failure.

Treatment

Blood transfusions can help treat the symptoms of SCD, but there is no known cure for the disease. Antibiotics, pain management and intravenous fluids can also help ease some of the complications caused by SCD.

"It is important to limit the number of crises by managing and controlling symptoms," says McAllister. "A few ways of doing this are by staying hydrated, avoiding extreme hot or cold environments and avoiding high levels of stress. My advice to someone with SCD would be to keep up with your hematologist and primary care physician appointments."

Joining a support group is a good way of relieving stress. Located at 2409 Murchison Road, CHISCA hosts a support group that meets on the third Thursday of each month at 6 p.m.

Sickle Cell Trait

In 1994, North Carolina began screening newborns for Sickle Cell Disease. CHISCA normally receives approximately 10 newborn referrals each year.

Those who have Sickle Cell Trait do not experience the complications of the disease, but they carry the gene for the disease and could potentially pass it on to their children. Sickle Cell Trait will not turn into the disease later in life, and you cannot spread it like a cold or the flu. It may only be passed genetically from a parent to a child.

If you have Sickle Cell Trait, but your partner does not, there is a 50 percent chance your child will have Sickle Cell Trait, as each parent contributes one gene to the child. This child will not experience symptoms of SCD, but they, too will be a carrier. If both parents have Sickle Cell Trait, there is a 25 percent chance that each child they have will have Sickle Cell Disease. Your physician can test you for Sickle Cell Trait with a blood test called hemoglobin electrophoresis.

Community Health Interventions and Sickle Cell Agency, Inc. also offers free testing for those who are unaware of their status regarding both Sickle Cell Disease and Sickle Cell Trait. For more information, please call them at (910) 488-6118.