Transcript Details
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Four Most Common Myths Associated with Sickle Cell Disease

This is ReachMD. Welcome to this special series, Changing the Conversation about Sickle Cell Disease, sponsored by Pfizer.

On this episode, *Four Most Common Myths Associated with Sickle Cell Disease,* we will hear from Dr. Bernard Lopez, Professor and Executive Vice Chair in the Department of Emergency Medicine at Sidney Kimmel Medical College - Thomas Jefferson University.

A common myth is that the pain experienced by sickle cell disease patients in crisis is simply pain like anyone else would experience. Well the reality of it is sickle cell pain is unique, it's acute pain that commonly occurs intermittently over the course of many, many years. So, these are patients who almost always live with some level of pain. It may be very low, and they experience what are called acute exacerbations or sickle cell crisis. Each patient commonly has a typical pattern and location of their pain that is unique to them. And that's one of the ways that we can distinguish whether somebody is having an acute painful crisis or something else.

A second myth is that the absence of tachycardia, tachypnea, as well as some of the other signs that you might typically see in somebody who is experiencing acute pain, that if there's an absence of that, the patient is really not in much pain and therefore must be opioid seeking. Well the reality of it is sickle

cell patients in crisis commonly do not have physiologic signs or some of those typical findings that you might see in somebody with acute pain, such as tachycardia and tachypnea. The absence of these behaviors and actions, the absence of these signs, are often associated with this pain and its often due to coping mechanisms and prior analgesic use.

Another common myth is that most sickle cell disease patients become drug abusers. Well that's just simply not true. The vast majority of SCD patients do not require chronic and/or high dose opioids to control sickle cell crisis. Most patients with sickle cell disease can actually manage this at home. There is a small subset of patients that do need to come in, that do require higher doses of opioids and it's this small subset that needs to visit the ED for pain control. But, they're not drug abusers. This small group requires chronic and high dose opioid therapy, but they don't show what might be described as drug seeking or drug abuse behaviors such as opioids for non-pain reasons, forgery or theft of prescriptions, or the sale of prescribed drugs.

A fourth myth is that the usual doses of opioids -- when I say "usual" that meaning usually what we might use in patients in the emergency department -- will be effective in treating acute sickle cell crisis. The truth of the matter is that in the emergency department, when a patient with sickle cell crisis comes in, they typically require much higher and much more frequent dosing of opioids. Sometimes requiring up to 5 or 10 times what we might consider is the usual dose of opioid. As an example, it's not uncommon for a patient to require somewhere on the order of 5 to 10 mg of intravenous hydromorphone to help control their pain. And additionally, they often require more frequent dosing, sometimes on the order of every thirty minutes, every sixty minutes, and this is simply very different from what we would normally do for other patients that we treat.

The key take home for all of this is that in addition to debunking the above myths and accepting the truths that are associated with those myths, is to believe that patient has pain. Believe them when they say they have severe pain and to treat it with appropriate analgesics.

The proceeding program was sponsored by Pfizer. To revisit any part of this discussion and to access other episodes in this series, visit ReachMD.com/SickleCellConversations. Thank you for listening.