

**Sickle Cell Disease Pain Management:
Evidenced-Based Clinical Practice Guidelines
Enhance Health Related Quality of Life**

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Objectives

1. List two SCD Clinical Syndromes.
2. Differentiate characteristics of SCD pain.
3. Describe the phases vaso-occlusive pain episodes.
4. Describe factors affecting SCD HRQOL.
5. Describe 2 goals of SCD Pain Assessment.
6. Describe evidenced based approach to SCD Pain Management

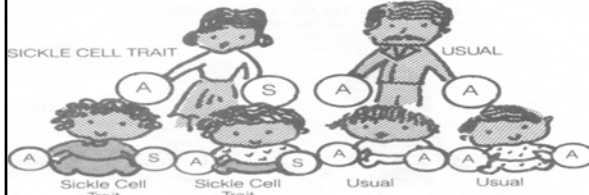
Sickle Cell Disease

- Genetic disorder
 - Autosomal dominant inheritance
 - Persons of African, Caribbean, Mediterranean descent
 - Complex phenotypes and haplotypes
- Genotypes
 - HB AS
 - HB SS
 - HB SC
 - Beta Thalassemia's
 - Beta +
 - Beta –
 - Combinations possible

Sickle Cell Trait

HERE IS HOW IT WORKS:

IF ONE PARENT HAS SICKLE TRAIT (AS) AND THE OTHER PARENT HAS THE USUAL HEMOGLOBIN (AA)



For each pregnancy there is a 50% chance that the child will inherit the trait (AS) and a 50% chance that the child will have the usual kind of hemoglobin (AA).

NONE OF THE CHILDREN WILL HAVE SICKLE CELL DISEASE

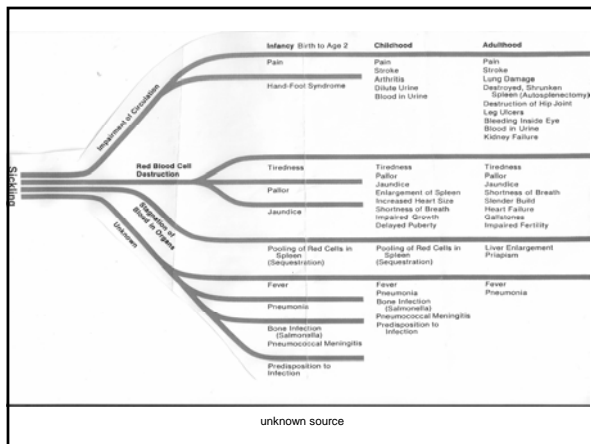
Sickle Cell Trait

IF BOTH PARENTS HAVE SICKLE CELL TRAIT (AS)

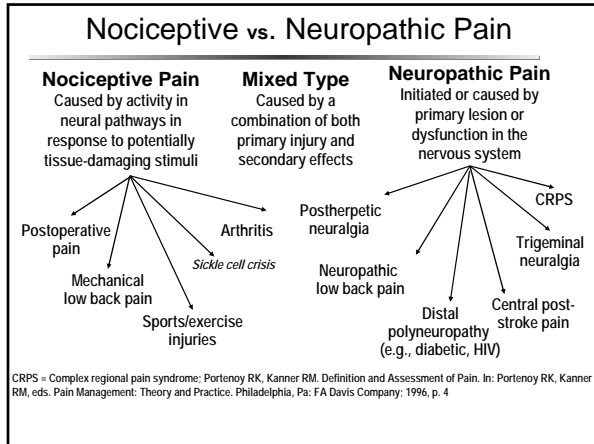


For each pregnancy there is a 25% chance of inheriting the usual hemoglobin (AA), a 50% chance of inheriting Sickle Cell Trait (AS), and a 25% risk of inheriting Sickle Cell Disease (SS).

THESE CHANCES ARE THE SAME FOR EVERY PREGNANCY



unknown source



- ### Sickle Cell Pain Characteristics
- Acute (vaso-occlusive pain episodes – ‘crises’)
 - Chronic (Persistent)
 - Nociceptive
 - Neuropathic
 - Mixed
 - (nociceptive-neuropathic-chronic-acute)

- ### Sickle Cell Pain
- | | |
|---|---|
| <ul style="list-style-type: none"> • Unpredictable • Uncontrollable <ul style="list-style-type: none"> – Onset – Frequency – Duration – Cause – Severe pain – Intra and inter individual variability | <ul style="list-style-type: none"> • Avascular Necrosis • Bony infarctions • Osteoarthritis (Septic Arthritis/Osteomyelitis) • Unilateral or Bilateral • Chronic Pain Syndrome • Neuropathic Pain Syndromes <ul style="list-style-type: none"> – Femoral head – Humeral head – Patella – Hips – Vertebrae |
|---|---|

Healthcare Professional Barriers in Sickle Cell Disease Pain Management

- Lack of pain assessment skills
- Failure to accept patients report of pain
- Personal opinions and beliefs
- Fear of overdosing/causing addiction
- Lack of understanding/communicating about pain
- Lack of SCD Knowledge

Pseudoaddiction

Direct consequence of inadequate pain management.

- Clinical interaction-describes patient behavior that may occur when pain is under treated.
- Leads to behaviors such as: 'drug seeking', clock-watching, and deception in an effort to *obtain relief of pain*.
- Behavior ceases when adequate pain relief provided.

American Medical Association -
2003, Weissman, Haddock, Pain
1999

www.ampainsoc.org/pub/sc.htm
American Pain Society August, 1999



Questions and Reference List

- Please send email request to:

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