

Sickle Cell Anemia

Sickle cell anemia (SS) is a chronic hemolytic (red cells break up with physical stress) anemia (low red cell count). Sickle cell diseases are caused by congenital abnormalities in hemoglobin structure. Red blood cells have hemoglobin that carries oxygen to all the cells of the body. Sickle cell predominantly affects African Americans and typically manifests in childhood. The red cells assume an abnormal sickle shape and are destroyed by the liver and spleen, causing anemia. Occlusion of small arterioles by the rigid sickle-shaped cells causes complications and residual impairments. These are painful crises, aseptic necrosis of bones (particularly the femoral head), leg ulcers, heart enlargement, pulmonary embolism, and thrombosis of major vessels. The prognosis for patients who have sickle cell disease varies, but many live into adulthood. The morbidity among these patients is significant. Sickle cell trait (SA), a carrier state, is not usually manifested by complications. Other hemoglobinopathies include Hemoglobin SC disease, which can be associated with mild to moderate anemia, and homozygous hemoglobin C, which has a mild clinical state. We must have evidence of stability for one year—that is, stable hemoglobin/hematocrit without transfusions and no recent crisis. Underwriting considerations and ratings are given in the table below.

1. What is the age of the client:

2. What type of sickle cell anemia does your client have?

Sickle cell anemia (SS) _____

Sickle cell (SC) _____

Sickle cell trait (SA) _____

Hemoglobin C _____

3. Is there a history of complications?

Yes _____

4. If Yes, check those that apply and give the date of the last episode.

Painful crisis _____

Aseptic necrosis of bones _____

Leg ulcers _____

Lung scarring _____

Thrombosis _____

Enlarged heart _____

Other _____

5. What is the current hemoglobin?

6. Are there other medical conditions?

Yes _____ No _____

If yes, please list

7. Is your client on any medications (prescription and/or non-prescription)?

Yes _____

No _____

If yes, please list

8. Does your client smoke cigarettes?

Yes _____ No _____