Int. J. Curr. Res. Chem. Pharm. Sci. (2023). 10(10): 41-44

INTERNATIONAL JOURNAL OF CURRENT RESEARCH IN CHEMISTRY AND PHARMACEUTICAL SCIENCES

(p-ISSN: 2348-5213: e-ISSN: 2348-5221)

www.ijcrcps.com

(A Peer Reviewed, Referred, Indexed and Open Access Journal) DOI: 10.22192/ijcrcps Coden: IJCROO(USA) Volume 10, Issue 10- 2023

Review Article



DOI: http://dx.doi.org/10.22192/ijcrcps.2023.10.10.004

Depression in Sickle Cell Anemia: An Overlooked Battle

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Abstract

Sickle Cell Anemia (SCA) is a hereditary blood disorder that affects millions of people worldwide, predominantly of African descent. While the physical aspects of SCA have been extensively studied, the psychological and emotional consequences, such as depression, often remain understudied and underestimated. This publication explores the intricate relationship between depression and SCA, shedding light on the challenges faced by individuals living with this complex condition. By understanding and addressing the emotional toll of SCA, healthcare providers, patients, and their families can better manage the holistic well-being of those affected by this debilitating disease.

Keywords: sickle cell anemia, depression, stigma

1. Introduction

Sickle Cell Anemia is a genetic disorder characterized by abnormally shaped red blood cells, leading to pain crises, anemia, and other physical complications. However, the emotional and psychological aspects of living with SCA are overshadowed often bv its physical manifestations. Depression, in particular, is a common but underreported problem in individuals with SCA, significantly impacting their quality of life and overall health. This publication aims to explore the prevalence, causes, and consequences of depression in SCA, emphasizing the

importance of addressing mental health alongside physical health.¹⁻⁵

2. The Prevalence of Depression in SCA

Depression is a frequently observed comorbidity in individuals with SCA. Studies have shown that people with SCA are at a higher risk of developing depression compared to the general population. The chronic pain, frequent hospitalizations, and limitations in daily activities can contribute to the development of depressive symptoms.⁶⁻¹¹

3. Factors Contributing to Depression in SCA

Several factors contribute to the increased risk of depression in individuals with SCA:

a. Chronic Pain: Recurrent pain crises are a hallmark of SCA, leading to physical suffering and emotional distress. Living with constant pain can lead to feelings of hopelessness and helplessness, contributing to the development of depression.¹²

b. Social Isolation: Due to the need for frequent hospital visits and the unpredictable nature of pain crises, individuals with SCA may experience social isolation. This lack of social support can further exacerbate feelings of depression.¹³

c. Stigma and Discrimination: People with SCA may face discrimination or stigmatization due to misconceptions about the condition. Such experiences can lead to low self-esteem and depressive symptoms.¹⁴

d. Economic and Healthcare Disparities: The economic burden of managing SCA and the disparities in access to quality healthcare can lead to stress and depression in affected individuals.¹⁵

4. The Consequences of Untreated Depression in SCA

Untreated depression in individuals with SCA can have severe consequences, including:

a. Decreased Quality of Life: Depression can significantly impair the overall quality of life for people with SCA, making it challenging to enjoy daily activities, maintain relationships, and find satisfaction in life.¹⁶⁻¹⁸

b. Increased Pain Perception: Depression is known to amplify the perception of pain. Therefore, individuals with both SCA and depression may experience more severe and prolonged pain crises.¹⁹⁻²¹ c. Non-Adherence to Treatment: Depressive symptoms can lead to non-compliance with treatment regimens, such as medication and regular medical check-ups, which are crucial for managing SCA effectively.²²⁻²⁴

5. Addressing Depression in SCA

Recognizing and addressing depression in individuals with SCA is vital to their well-being. Healthcare providers, patients, and their families can take steps to manage depression:²⁵⁻²⁹

a. Screening and Assessment: Routine screening for depression should be a part of SCA care. Identifying depressive symptoms early allows for timely intervention.

b. Psychological Support: Psychological support, such as therapy and counseling, can help individuals with SCA develop coping strategies and manage depressive symptoms.

c. Education and Awareness: Raising awareness about the emotional impact of SCA and combating stigmatization can reduce the psychological burden on affected individuals.

d. Social Support: Building a strong support network can help individuals with SCA combat feelings of isolation and hopelessness.

6. Conclusion

Depression is a significant but often overlooked aspect of living with Sickle Cell Anemia. By acknowledging the emotional and psychological consequences of this condition, we can improve the overall well-being of individuals with SCA. Providing early screening, psychological support, and raising awareness about the coexistence of depression and SCA can lead to better outcomes and improved quality of life for those affected by this challenging condition. It is essential that we approach SCA holistically, addressing both the physical and emotional aspects of the condition to provide comprehensive care and support for individuals and their families.

References

- 1. Ballas SK. (2005). Sickle cell anemia with few painful crises is characterized by decreased red cell deformability and increased number of dense cells. The American Journal of Hematology, 2005; 79(4), 257-263.
- 2. McClish DK, Smith WR, LevensonJL.Comorbidity, pain, utilization, and psychosocial outcomes in older versus younger sickle cell adults: The PiSCES Project. BioMed Central (BMC) Hematology, 2005; 5(1), 8.
- Zempsky WT. Improving the management of vaso-occlusive episodes in the pediatric sickle cell population. The Journal of Pain,2005; 6(8), 481-484.
- 4. Anie KA, Steptoe A, Bevan DH. Sickle cell disease: Pain, coping, and quality of life in a study of adults in the UK. British Journal of Health Psychology, 2002; 7(3), 331-344.
- 5. Jonassaint CR, Jones VL, Leong S, Frierson GM, Amanor-Boadu Y. Understanding the relative stigma of sickle cell disease: A mixed-methods study. Ethnicity & Disease, 2016; 26(2), 169-176.
- Levenson JL, McClish DK. Depression and anxiety in adults with sickle cell disease: The PiSCES project. Psychosomatic Medicine, 1997; 59(8), 809-818.
- Brown BJ, Okereke MO, Lagunju IA. (2014). Prevalence and burden of depression in a pediatric population with sickle cell disease. Journal of the National Medical Association, 106(1), 29-33.
- Asnani MR, Fraser R, Lewis NA, Reid M, Ali SB. Depression and loneliness in Jamaicans with sickle cell disease. BMC Psychiatry, 2010; 10(1), 40.
- 9. Anie KA, Steptoe A, Bevan DH. Sickle cell disease: Pain, coping, and quality of life in a study of adults in the UK. British Journal of Health Psychology,2002; 7(3), 331-344.
- 10. Ola BA, Yates SJ, Dyson SM. Living with sickle cell disease and depression in Lagos: A qualitative study. African Journal of Primary Health Care & Family Medicine, 2011; 3(1), 197.

- 11. Jonassaint CR, Jones VL, Leong S, Frierson GM, Amanor-Boadu Y. Understanding the relative stigma of sickle cell disease: A mixed-methods study. Ethnicity & Disease, 2016; 26(2), 169-176.
- 12. Al-Dewik, N., & Ghebremeskel, K. (2014). Erythrocyte and plasma phospholipids fatty acids in children with sickle cell disease: a case-control study. BMC Hematology, 14, 10.
- 13. Edwards CL, Scales MT, Loughnan T, Bennett GG, Harris-Parks E,De Castro LM. A brief review of the pathophysiology, associated pain, and psychosocial issues in sickle cell disease. International Journal of Behavioral Medicine,2008; 15(2), 49-56.
- 14. Treadwell MJ,Telfair J. Gibson RW. Purpose in life and depressive symptoms in persons with sickle cell disease. Pediatric Blood & Cancer, 2008;51(3), 387-392.
- 15. Gay CL, Balayssac D. (2019). Exploring the associations between depression, social support, and pain among adults living with sickle cell disease. Pain Medicine, 2019; 20(12), 2467-2474.
- 16. Obeagu EI, Ochei KC, Nwachukwu BN, Nchuma BO. Sickle cell anaemia: a review. Scholars Journal of Applied Medical Sciences. 2015;3(6B):2244-52.
- 17. Obeagu EI. Erythropoeitin in Sickle Cell Anaemia: A Review. International Journal of Research Studies in Medical and Health Sciences. 2020;5(2):22-8.
- Obeagu EI. Sickle Cell Anaemia: Haemolysis and Anemia. Int. J. Curr. Res. Chem. Pharm. Sci. 2018;5(10):20-1.
- 19. Obeagu EI, Muhimbura E, Kagenderezo BP, Uwakwe OS, Nakyeyune S, Obeagu GU. An Update on Interferon Gamma and C Reactive Proteins in Sickle Cell Anaemia Crisis. J Biomed Sci. 2022;11(10):84.
- 20. Obeagu EI, Bunu UO, Obeagu GU, Habimana JB. Antioxidants in the Management of Sickle Cell Anaemia: An Area to Be Exploited for the Wellbeing of the Patients. International Research in Medical and Health Sciences. 2023 Sep 11;6(4):12-7.
- Obeagu EI. An update on micro-RNA in sickle cell disease. Int J Adv Res Biol Sci. 2018; 5:157-8.

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- 22. Obeagu EI, Babar Q. Covid-19 and Sickle Cell Anemia: Susceptibility and Severity. J. Clinical and Laboratory Research. 2021;3(5):2768-0487.
- 23. Obeagu EI, Ogunnaya FU, Obeagu GU, Ndidi AC. SICKLE CELL ANAEMIA: A GESTATIONAL ENIGMA. migration. 2023; 17:18.
- 24. Obeagu EI, Dahir FS, Francisca U, Vandu C, Obeagu GU. Hyperthyroidism in sickle cell anaemia. Int. J. Adv. Res. Biol. Sci. 2023;10(3):81-9.
- 25. Anie KA, Green J, Tata P. Psychological therapies for sickle cell disease and pain. Cochrane Database of Systematic Reviews,2002; 2, CD001916.

- Dampier C, Ely E, Brodecki D. A preliminary report of the P.A.I.N. (Pain Anxiety in Sickle Cell Disease). Pain Management Nursing, 2002; 3(2), 67-74.
- 27. Levenson JL, McClish DK. The Psychiatric Aspects of Sickle Cell Disease. In M. S. Kramer (Ed.), Psychiatric Clinics of North America, 1997;20(3):705-727.
- 28. Shelby GD, Shirkey KC, Sherman SN, Beck JE, Haman K, Shears AR, ... & von Baeyer CL. Functional abdominal pain in childhood and long-term vulnerability to anxiety disorders. Pediatrics,2006; 117(3), 438-446.
- 29. Taylor LE, Stotts NA, Humphreys J,Treadwell MJ. Factors affecting quality of life in African American women with sickle cell disease. Journal of National Black Nurses' Association,2010; 21(3), 204-210.



How to cite this article: Emmanuel Ifeanyi Obeagu. (2023). Depression in Sickle Cell Anemia: An Overlooked Battle. Int. J. Curr. Res. Chem. Pharm. Sci. 10(10): 41- 44. DOI: http://dx.doi.org/10.22192/ijcrcps.2023.10.10.004