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Myth Buster: Sickle Cell Disease and Pain

Claim: People with sickle cell disease (SCD) frequent the ED searching for narcotics for their substance addiction - not for pain relief.

True or False? Let's examine the evidence.

Pain continues to be the primary reason for SCD visits to the emergency department. It is present in over 75% of ED complaints in one study that spanned twenty years. Because the etiology of the pain may not be obvious the clinician is led to believe the pain is not legitimate, thus the claim which is the subject of this myth buster.[1] Thus the claim which is the subject of this myth buster. Yet pain, without objective findings, is the most common symptom of vaso-occlusive episodes (VOEs) of SCD and increased VOEs are related to increased mortality.[2] In fact, an uncomplicated pain episode is actually a diagnosis of exclusion. Labs may be needed to screen for other acute complications, and reports of pain should raise suspicion for these underlying conditions. However, normal values should not lead to the conclusion that the patient is faking their pain in order to get narcotics.

It is no surprise that people with sickle cell disease report poor experience when they show up in the ED, with over 67% in one study reporting delays in seeking emergency care due to past experiences. ED clinicians and staff question the legitimacy of their pain due to the perceived drug-seeking behavior and addiction rates reported among those with SCD.[3,4] However, it has been shown that the rate of death due to opioids is much less among this population than the general population and has not changed significantly in the past two decades despite the opioid epidemic.[5]

The average life span for people living with SCD remains decreased at 52.6 years compared to 75 years for the general Black American population.[6] **Patient rating of pain is still the gold standard for measuring the patient's pain level.**

There are no FDA approved medications for the treatment of acute VOE and all available guidelines for management of acute pain associated with SCD recommend the use of opioids for analgesia.[7,8] In addition, patients may require higher doses of opioids due to tolerance as some take opioids on a daily basis.

Conclusion: I found no studies that indicate SCD patients frequent the ED inappropriately for narcotics. However, they do suffer from spontaneous vaso-occlusive episodes and will often present with pain without objective findings. Opioids remain the recommended treatment for acute pain related to sickle cell disease, and clinicians should approach every SCD patient presenting with subjective pain without judgment. While possible, this is not an easy task.

Therefore, I believe the statement, “People with sickle cell disease (SCD) frequent the ED searching for narcotics for their substance addiction – not for pain relief” is a myth.

For more resources developed from the EDSC[3] click here: https://www.acep.org/by-medical-focus/hematology/sickle-cell/resources

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Additional Resources

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