9. It is important that there be some activity in which the children can excel in order to gain acceptance in their peer group. This activity could take the from of a hobby such as music, art, painting, handicraft, or games.

10. Fortunately, the disease tends to become milder as the individual grows into adulthood. Crises are usually less frequent and often less severe after adolescent.

Tutoring and various other education services are available to students and their parents upon request.

Additional information may be requested by calling the James R. Clark Memorial Sickle Cell Foundation @ (803) 765-9916, or by visiting the office at 1420 Gregg Street, Columbia, SC

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A CHILD WITH SICKLE CELL DISEASE

IN YOUR CLASS

(A GUIDE FOR TEACHERS)

A Child With Sickle Cell Disease In Your Class

INTRODUCTION

There may be a child in your class with a severe chronic disease, sickle cell disease. Your understanding of their handicap will help them on the road to learning.

Such a child is often thin and small for his age, When not experiencing physical discomfort, he is usually as active as any child in the class. Intelligence is not affected. The majority of affected persons are Black, but the disease also occurs in persons from Mediterranean countries, South and central America, Caribbean countries and Southern India.

There are periods when the disease is more active (crises). These episodes often occur with colds and other infections and are more frequent in early childhood. At such times, the child becomes listless and complains of pain usually in the back, extremities or abdomen.

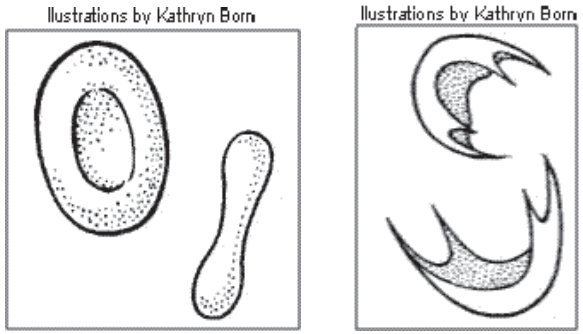

Figure 1. Showing Normal and Sickle Red Cells

The white of his eyes may be slightly yellow. Most of these attacks will necessitate a week or two of absence from school. Some time hospitalization and special procedures such as blood transfusion will be required.

The disease is due to a hereditary defect in the red blood cells causing them to assume a crescent shape which gives the disease its name. (Fig. 1) The pain is due to aggregations of sickle cells causing a temporary blockage of the small blood vessels. These cells are subject to early destruction in the circulation causing a chronic anemia.

Sickle cell disease is inherited as a recessive trait affecting both males and females. (Fig. 2) Both parents, although apparently healthy, carry a recessive sickle gene. The affected child receives one such gene from each parent. When each parent has sickle cell trait, their offspring by chance may be normal (1/4) or they may have sickle cell disease (1/4) or sickle cell trait (1/2). An examination of the blood by laboratory test will show weather a person has sickle cell disease or sickle cell trait. Individuals with the trait have a very

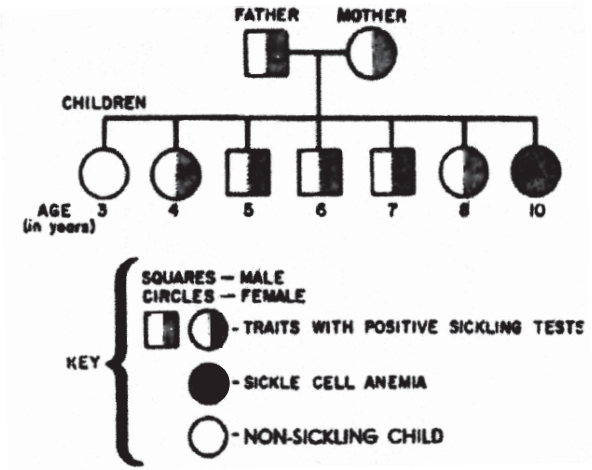

Figure 2. Family Tree of a patient with sickle cell disease

small percentage of sickle cells in their circulation. They never develop sickle cell anemia per se and as a rule they are free of symptoms which could be attributed to the presence of abnormal hemoglobin in their red blood cells.

There is no specific treatment for sickle cell disease. The same diet and the same preventive inoculations advised for the normal child will suffice for the child with sickle cell anemia. Unfortunately, there is no effective means at present of preventing the majority of viral infections which may precipitate sickle cell crises.

Psychological problems are common as in other chronic handicapping illnesses. They may arise from:

1. Frequent absence from school with retarded educational progress.
2. Feelings of inferiority because of inability to compete physically with peers.
3. Parental overconcern and overprotection.

Points for the Teacher to Keep in Mind

1. Sickle cell disease is a chronic hereditary handicapping illness.
2. Crises cause frequent absence from school especially in younger children.
3. Colds and other infections may precipitate crises.
4. Between crises, children with sickle cell disease may carry on the usual activity of their peer group with the exception of strenuous sports.
5. The disease does not affect intelligence.
6. Education should be encouraged since this handicap will no doubt necessitate a sedentary occupation as an adult.
7. When long hospitalization are required, students may be able to continue their school work in the hospital with the help of a visiting teacher.
8. Psychological problems may arise form the child's mode of adjustment to the handicap and the environment.