September Is National Sickle Cell Disease Month

Sickle Cell Disease is a hereditary form of blood disorder found primarily, but not exclusively, in persons of African Descent. It was first described in this country in 1910 by J.B. Herrick. This blood abnormality is one of the most important genetic blood diseases in the United States.

Sickle Cell Disease is frequently characterized by a state of chronic anemia, the presence of jaundice, recurrent episodes of pain, an increased susceptibility to certain infections, growth retardation, and frequently a shortened life expectancy.

The underlying abnormality in this blood disorder is the presence of an abnormal hemoglobin called sickle hemoglobin in the red blood cells. Under certain conditions of reduced oxygen tension, sickle hemoglobin undergoes changes with resulting stacking of the hemoglobin molecules into rigid filaments.

The red cells subsequently change their shape and frequently assume a rigid sickle from which the disorder gets its name.

The abnormally shaped cells may plug up the small blood vessels and shut off or decrease blood flow to body tissues and thus result in many of the complications of the disease.

Additionally, the life-span of the sickle cell is significantly shortened resulting in anemia. When the red cells contain a small portion of sickle hemoglobin with the greater remaining portion being normal hemoglobin, the individual is said to have sickle cell trait. Sickle cell trait is found in approximately 10% of BLACKS in the United States, which sickle cell anemia is found in 1 in 500 BLACKS in this country, or approximately 50,000-60,000 individuals. In addition to BLACKS, sickle hemoglobin is found in other ethnic groups, particularly people from countries bordering the Mediterranean Sea and people from Northern Africa and Southern Asia.

Despite its initial description in this country more than 60 years ago, and despite the fact that researchers know more about this abnormal hereditary molecular blood disease than most others, there is still no definitive therapy for sickle cell anemia and many people remain unaware of its nature and its existence.

As a result of an extreme interest in sickle cell anemia by many researchers, private individuals and organizations and large segments of the population in this country over the past few years, an increased effort in research and service in the problem has been generated.

The Federal government has also developed a program of research and has initiated educational and outreach programs in sickle cell.

H E A L T H

Smoking Biggest Cause Of Early Death

Cigarette smoking is still the nation's largest cause of premature death: More than 400,000 Americans will die this year of smoking-related diseases.

Tobacco and the Clinician—Interventions for Medical and Dental Practice is the fifth and latest monograph in NCI's Smoking and Tobacco Control series. It provides important and useful information for physicians, dentists, and other health care professionals interested in reducing the tremendous burden of diseases caused by cigarettes and other tobacco products.

The 389-page monograph is divided into five chapters, written and edited by more than 87 experts on smoking cessation counseling, prevention and control, and featuring topics such as pediatric medicine and adolescent smoking prevention.

The monograph also provides many practical tips for involvement in community-based smoking control programs.

"We need to become smoking experts within our communities to counter the tobacco industry's misrepresentation of scientific fact," said Philip R. Lee, M.D., assistant secretary for health, Department of Health and Human Services. "Health professionals have a responsibility to ensure that the 50 million people who continue to smoke fully understand the health consequences of their behavior, and to provide direct assistance to help these people become nonsmokers."

In 1984, NCI funded a series of 12 clinical trials in an effort to develop more effective ways for physicians, dentists, and other health care professionals to help their patients who smoke.

More than 100,000 patients and 6,100 physicians were involved in these trials.

The monograph distills from these and related studies a clear picture not only of which interventions work but also how to recruit and motivate physicians to provide assistance, and how to institutionalize the provision of cessation assistance within the health care delivery system. Included in the monograph is a foreword by Lee, profiling early cigarette advertising strategies during the first half of this century. Some ads were intended to convince the public that smoking was safe by using models por- traying physicians, dentists, and nurses. One of these ads states: "According to a recent nationwide survey, more doctors smoke Camels than any other cigarette."

The other monographs in this series are: Monograph 1: Strategies to Control Tobacco Use in the United States: A Blueprint for Public Health Action in the 1990s. NIH Publication 92-3316

Monograph 2: Smokeless Tobacco or Health: An International Perspective.

NIH Publication 93-3461

Monograph 3: Major Tobacco Control Ordinances in the United States.

NIH Publication 93-3532

Monograph 4: Respiratory Health Effects of Passive Smoking:Lung Cancer and Other Disorders. The Report of the U.S. Environmental Protection Agency.

NIH Publication 93-3605

Future monographs are

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