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MALINGERING IN SICKLE CELL DISEASE (SCD)

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Many people who suffer from SCD experience debilitating bone pain crises, which often bring them to seek emergency care. The following is a case report of a 27 year old male patient who expressed suicidal ideation during a Sickle cell bone pain crisis. He went to the emergency room with intense pain in his right leg, which was not relieved by Ibuprofen. He has had several visits to the emergency room including three previous hospitalizations for sickle cell bone pain crisis management. In the emergency room he was treated with 50 mg of meperidine and re-hydrated with normal saline. After two hours, the emergency room physician discharged him. The patient felt he was not adequately treated and requested more pain relief, but was denied. At this point, he expressed suicidal ideation with a plan to shoot himself when he got home. As a result, psychiatric consult was requested. Upon psychiatric evaluation, he expressed to the psychiatrist that he didn't really plan to kill himself. The psychiatrist recommended hospitalization of the patient in the medical unit and aggressive pain management protocol. This is a case of a patient with SCD in bone pain crisis who expressed suicidal ideation as a cry for help. While this behavior from patients should not be encouraged, patients with documented SCD in bone pain crisis should be adequately treated. It is better to error on the side of treatment than risk negligence and sub-standard care.