Treatment at infusion center beneficial in sickle cell disease

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(HealthDay)—For adults with sickle cell disease (SCD) with

uncomplicated vaso-occlusive crises, outcomes are significantly better with treatment at an infusion center (IC) compared with an emergency department (ED), according to a study published online July 6 in the *Annals of Internal Medicine*.

Sophie Lanzkron, M.D., from the Johns Hopkins University School of Medicine in Baltimore, and colleagues conducted a prospective cohort study involving adults with SCD living within 60 miles of a study site. A total of 483 participants were enrolled; 269 had acute care visits on weekdays and were included in the study.

The researchers found that the mean time to first dose of parenteral pain medication was 62 and 132 minutes in ICs and EDs, respectively. Compared with the ED, the probability of pain reassessment within 30 minutes of the first dose of parenteral pain medication was 3.8 times greater in the IC. Compared with treatment in an ED, the probability that a participant's visit would end in discharge home was 4.0 times greater with treatment in an IC.

"The value in the IC model must be recognized as important because the model offers a better way to manage this horrific disease," writes the author of an accompanying editorial. "It is equally important that the IC model is recognized as valuable to the hospital system—or as a requirement to do what is right for those living with SCD."

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