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Hydroxyurea therapy in the pediatric patient with sickle cell disease: Barriers to the implementation of hydroxyurea in sub-Saharan Africa

Robert Jagger Hehre[1,2]
[1]Ovi & Violet International, Kenya
[2]OVI Children's Hospital, Kenya

Sickle Cell Disease (SCD) remains a public health burden and a significant cause of morbidity and mortality worldwide, especially in sub-Saharan Africa. With more than 250,000 new cases of sickle cell disease diagnosed each year in sub-Saharan Africa alone, this disease places a significant strain on families as well as healthcare facilities of sub-Saharan Africa, particularly with the progressive nature and multiple hospital visits that accompany this disease. There has been ample evidence over the past decade demonstrating the efficacy and importance of hydroxyurea, the only effective drug proven to reduce the frequency of painful episodes, in the treatment of SCD in pediatric patients. With the implementation of pediatric hydroxyurea therapy in developed countries worldwide, as well as the introduction of the first U.S. FDA approved hydroxyurea treatment for pediatric patients in December 2017, there is promise for increased prevention of vaso-occlusive pain episodes and the long-term sequelae that follow. Although hydroxyurea is now included in the WHO Model List of Essential Medicines for Children, healthcare facilities across sub-Saharan Africa continue to remain behind the curve. Multiple factors have been proposed regarding the reasons hydroxyurea therapy is still lacking in low-resource settings and it is crucial that these barriers be addressed with haste so that the use of hydroxyurea can be a common practice in all recourse settings. This presentation will review the mechanisms of action, indications, monitoring, adverse reactions and contraindications, as well as the dosing regimen and titration for hydroxyurea therapy in children with sickle cell disease. This presentation will also review the presumed barriers that prevent the introduction and implementation of hydroxyurea therapy in rural sub-Saharan Africa, the possible complications that may accompany the use of a myelosuppressive agent in a rural, third world setting and the current research seeking to address these issues.

Biography

Robert Jagger Hehre is a Physician Assistant from Kentucky, United States. He is the Co-Founder of Ovi & Violet International, Inc. He is a part of the team of medical providers as well as the Medical Director at OVI Children's Hospital in Migori.

rhehre12@gmail.com

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