

From a tropical or subtropical country and thinking about starting a family?

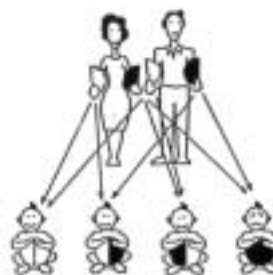
If so, read this information about hereditary anaemia.

Mediterranean area, Middle East and Far East
Surinam and the Caribbean area, Central Africa and Central America

Hereditary anaemia and malaria

People from countries where malaria has been or still is a widespread problem may be carriers of hereditary anaemia. Carriers are better protected against the most severe effects of malaria.

Hereditary anaemia does not generally cause illness in carriers. Carriers are generally healthy individuals who may be slightly anaemic.



How common is it?

Because it offers some degree of protection against malaria, about one person in every twenty throughout the world is a carrier of this form of anaemia. The actual numbers vary from one population to another.

In the Netherlands, malaria has never been a serious health risk. Accordingly, in the Dutch population, carriers of hereditary anaemia account for:

- approx. 1 in every 1,300 people of North European descent
- approx. 1 in every 30 people whose ancestors (or even distant ancestors) came from areas affected by malaria
- approx. 1 in every 15 people who have recently arrived from countries around the Mediterranean Sea (Turkey, Morocco, Italy, Greece etc.), Africa, the Middle East and Far East (China, India, Indonesia, Southeast Asia) and the Caribbean area (Surinam, Aruba, the Netherlands Antilles etc.)

Are tests really necessary?

Even though carriers do not necessarily suffer any ill effects as a result of possessing this trait, it is nevertheless important to know whether or not you are the carrier of an hereditary anaemia. There are three reasons for this:

- anaemia is often treated using iron tablets. In the case of hereditary anaemia, treatment of this kind is generally unnecessary and may even be harmful.
- possible symptoms (fatigue) in carriers of hereditary anaemia can sometimes be due to a deficiency of another substance (folic acid), which is easy to administer.
- the third and most important reason is that there are major risks involved if a couple who are both carriers decide to start a family. Although the parents themselves are almost completely healthy, they can have children who will suffer from an extremely severe form of anaemia.

Are you a carrier?

A simple blood test is all that is required to find out whether someone is a carrier of hereditary anaemia. You can request such a blood test from your own GP.

If it turns out that you are a carrier of hereditary anaemia, there is no immediate cause for concern. Carriers usually have few symptoms or none at all. The advantage of tests to find out whether people are carriers is that, if there are any symptoms of fatigue, then improved treatment can be given. Being a carrier is not an infectious condition, nor can you go on to develop the severe form of the disease.

Starting a family

If you are a carrier and you want to start a family then it is essential to know whether or not your partner is also a carrier of hereditary anaemia. Healthy partners who are both carriers of hereditary anaemia can have healthy children. With each pregnancy, however, there is one chance in four that the resultant child will have severe anaemia, with little or no prospect of being cured (see figure).

Further tests

In the case of partners who want to start a family but who are both carriers of hereditary anaemia (**a high risk couple**) it is possible to prevent the birth of severely ill children.

Their GP can refer possible high risk couples to one of the Centres for Clinical Genetics in the Netherlands, for further tests and advice.

Colofon

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Nadere informatie bij:

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Voor betrokkenen bij thalassemie of sikkkelcelziekte is een uitgebreider brochure beschikbaar. Deze kan worden opgevraagd bij het Erfocentrum. Materialen zijn verkrijgbaar in de volgende taalversies: Arabisch, Farsi, Italiaans, Portugees en Turks. Voor paramedici is een speciaal informatieblad Hemoglobinoopathieën (Nederlands) beschikbaar