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Adoption Status and Psychological Distress in Black Patients With Sickle Cell Disease

To the Editor: In response to a recent review of the literature, we discovered that *JNMA* has published few, if any, articles that explore the impact of adoption status on clinical outcomes among black patients living in the United States.¹ At a time in history when empirical debates about infertility and the influence of genetics are growing, such an absence is notable and significant. Similarly, few other journals, to our knowledge, have published science effectively evaluating the influence of adoption status on clinical indices of health in black patients. The result is that we know little about the influence of this common psychosocial process on clinical outcomes among black patients.

We also note the absence of adoption studies in samples of black patients with chronic illnesses like sickle cell disease (SCD), an autosomal recessive genetic disorder. With a growing acceptance of the fact that psychosocial factors such as adoption are relevant influences on clinical outcomes for patients with SCD, surprisingly few studies have been published to document the status of this potentially potent sources of variance.² SCD is characterized by a range of morbidities to include chronic pain as well as delayed puberty, skin ulcers, obstructive sleep apnea, retinopathy, pulmonary hypertension, avascular necrosis, renal failure, and psychiatric disturbances such as depression and anxiety, and a proportional utilization of health care resources. As such, psychosocial influences that provide insight into reduced suffering should be a research priority.

To highlight the potential influence of adoption status, we explored, using cross-sectional survey methodology, the influence of adoption on psychiatric outcomes in a modest sample of 101 consecutive patients (mean age, 36.82 ± 11.47 ; range 18-70), who sought care in a tertiary care academic hospital. All subjects were given and signed informed consent, and the study was approved by an institutional review board. Subjects were excluded from participation in the study if they were actively in an acute episode of pain or other urgent medical crisis at the time of clinic visit, had been diagnosed with an eating disorder, or if they were unable to read and comprehend the written instructions for testing. Patients were also excluded from analysis if they had a significant diagnosis other than SCD (mental retardation, etc). Pain was measured using the Short Form McGill Pain Questionnaire (SF-MPQ) and a visual analogue scale (VAS). Psychopathology was measured using the Symptoms Checklist-90 items, Revised (SCL-90-R).^{3,4}

Six patients (5.9%) affirmed a positive adoption status in response to questionnaires. Although results did not demonstrate an effect of adoption status on indices of pain, we found that patients who reported that they were adopted also reported significantly lower levels of somatization, obsessive-compulsion, depression, and all 3 summary indices of psychopathology (general severity index, positive symptom distress index, and positive symptom total); $p < .05$). We note the direction of our results and the degree to which they suggest that adoption may impart an adaptive accommodation of the stressors associated with SCD, a disease known for psychosocial distress and psychiatric morbidities.

We generally view these findings as an important preliminary step in the development of a science documenting the influence of psychosocial factors, such as adoption, or the physical and psychological functioning of black patients with chronic disease. We, more specifically, view these results as an important and necessary first step towards better understanding the total scope of factors that influence clinical outcomes among adult patients with SCD. We note the many limitations of our findings to include the modest sample size (6 patients who acknowledged adoption) as well as the need for replication. However, and with those acknowledged, we hope that our brief finding will inspire the production of a strong science and journals such as *JNMA* that are receptive to such studies over the coming years.

Future studies must begin to better understand the role of social learning and the consequence of the developmental environment in the establishment and maturation of adaptive strategies that produce favorable adult clinical outcomes.⁵ Future studies must also begin to understand what we believe our results best represent. That is to say that a family that is willing and able to adopt may represent a family that is stable, well resourced, and, in many cases, may function in a manner that facilitates the development of skills that are desirable among patients with chronic illness. To the extent that this may represent a better environment to learn coping, we suggest that not all adoptive environments are the same, and not all may produce adaptive accommodations like those seen in our results. Understanding the factors within adoption status that produce better clinical outcomes may allow for better matches between adoptees

and parents as well as more intense and focused training for those preparing to take on the task of facilitating care to those children and young adults in need.

1. Hutchins FL. Teenage pregnancy and the black community. *J Natl Med Assoc.* 1978;70(11):857-859.
2. Edwards CL, Scales M, Loughlin C, et al. A Brief Review of the Pathophysiology, Associated Pain, and Psychosocial Issues Associated With Sickle Cell Disease (SCD). *Inter J Behav Med.* 2005;12(3):171-179.
3. Melzack R. The McGill Pain Questionnaire: major properties and scoring methods. *Pain.* 1975;1(3):277-299.
4. Derogatis LR, Lipman RS, Covi L. SCL-90: an outpatient psychiatric rating scale—preliminary report. *Psychopharmacol Bull.* 1973;9(1):13-28.
5. Edwards CL, Whitfield K, Sudhakar S. Parental Substance Abuse, Reports of Chronic Pain, and Coping in Adult Patients with Sickle Cell Disease (SCD). *J Natl Med Assoc.* 2006;98(3):420-428.

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Baker et al Overlook Memphis' Dr Myles, V. Lynk, NMA Pioneer

To the Editor: Each month I look forward to receiving my issue of *JNMA*. It usually has a number of well-written scientific and historical

articles. However, I am deeply disappointed in your article "African Americans and Organized Medicine," by Baker et al.¹ There is no mention of Dr Myles V. Lynk of Memphis, Tennessee. Dr Lynk was a graduate of Meharry Medical College in 1891. He first practiced in Jackson, Tennessee, and later moved to Memphis, where he founded the Bluff City Medical Society.

In 1892 Dr Lynk published the first African American medical journal entitled, *The Medical and Surgical Observer*. He used these pages to propose the idea of a national organization of African American physicians. Later, he wrote letters and summoned 12 black physicians to meet in Atlanta, Georgia, during the Cotton States International Exposition, on September 18, 1895. The meeting was held at the First Congregational Church in Atlanta. Dr Lynk and Dr Robert Boyd (of Nashville), conducted the meeting. Dr Boyd was elected the first president and Dr. Lynk was elected vice president. When Dr Lynk was at Meharry, he was a student under Dr Boyd. He felt, at that time, that Dr Boyd was the most qualified black physician to serve as president.

In 1900 Dr. Lynk founded a school in Memphis which graduated more than 200 physicians. In later years, Dr Lynk wrote extensively on medical and social issues. After the discovery of the atomic bomb, he went to Meharry to lecture on atomic energy and possible uses in medicine. He also was awarded the Distinguished Service Award from our National Medical Association. Undoubtedly, Dr Lynk was a man of high intelligence, courage, and foresight.

In 1996 the Bluff City Medical Society placed a historic marker at the site of his medical school here in Memphis. All of this information is well

documented in the book, *The National Medical Association Demands Equal Opportunity: Nothing More, Nothing Less* by Charles H. Wright, MD, an NMA member. It was published by Charro Book Co, Southfield, Michigan. I own an autographed copy of this book and would be glad to share it with Dr Baker et al.

We must remember our heroes.

1. Baker RB, Washington HA, Ololade O, et al. Creating a segregated medical profession: African American physicians and organized medicine, 1846-1910. *J Natl Med Assoc.* 2009;101(6):501-512.

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Response: In June 2009, *JNMA* began running a request for medical memorabilia from the membership in hopes of capturing the kind of information Dr Smith has so eloquently presented here regarding Dr Myles V. Lynk, who figured so prominently in our history. This was an oversight by the writing group that produced the manuscript in question here, and we offer a formal apology. I have already sent a copy of Dr Smith's letter to all of the coauthors, since several do not receive *JNMA*. I would like to both commend and thank my friend and colleague, Dr Smith for his insightful comments, knowledge, and interest in *JNMA* and our heritage, and would certainly encourage others to do likewise.

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