CORRESPONDENCE

Hemoglobinopathies in Germany—A Longitudinal Study Over Four Decades

by Prof. Dr. med. Elisabeth Kohne, em. Prof. Dr. med. Enno Kleihauer
in volume 5/2010

HbA_{1c} Falsely High or Low

The study reported by Kohne and Kleihauer (1) deserves attention from diabetologists in Germany: in patients with hemoglobinopathies, their HbA_{1c} assay may yield falsely high or low results (2) which do not correspond to the results of blood glucose monitoring by the patients.

DOI: 10.3238/arztebl.2010.0494a

REFERENCES

1. Kohne E, Kleihauer E: Hemoglobinopathies in Germany—A longitudinal study over four decades. *Dtsch Arztebl Int* 2010; 107(5): 65–71.
2. Bry L, Chen PC, Sacks DB: Effects of hemoglobin variants and chemically modified derivatives on assays for glycohemoglobin. *Clin Chem* 2001; 47: 153–63.

Prof. em. Dr. med. Ernst Chantelau
Holthorster Weg 16
28717 Bremen, Germany
chantelau@gmx.de

Equal Opportunity

We welcome a publication in a German language journal about the large variety of hemoglobin diseases that are to be found in Germany today due to migration. Thanks to Prof. Kohne a laboratory has been established in Ulm that not only offers high quality diagnostic competence but also features a staff experienced in clinical counseling. Prof. Kohne's paper, however, fails (probably because of space restriction) to mention

the fact that most migrants are completely left alone with the problems resulting from carriership (screening, offer of prenatal diagnosis) or hemoglobin disease (treatment according to international standards). Unfortunately, clinical, diagnostic and therapeutic knowledge regarding hemoglobin diseases is very sparse in the German medical community. Medical students—neither during medical school nor during their further education—are not taught to consider thalassemias and hemoglobinopathies as a part of our daily work spectrum. Maternity guidelines for early pregnancy require only hemoglobin measurement, but not a full blood count with red cell indices. As a consequence microcytosis in mothers who are carriers of thalassemia is missed and carriership not diagnosed early enough to eventually test the partner too. Hemoglobin disease prevention in obstetrics as depicted in *Box 2* is our goal, but sadly not the reality in Germany. German physicians need to revise their attitude towards hemoglobin diseases. They need to consider them just as worthy of their attention and interest as cancer or diabetes.

DOI: 10.3238/arztebl.2010.0494b

REFERENCES

1. Kohne E, Kleihauer E: Hemoglobinopathies in Germany—A longitudinal study over four decades. *Dtsch Arztebl Int* 2010; 107(5): 65–71.

Dr. med. Roswitha Dickerhoff
Klinik für Kinder-Onkologie,-Hämatologie und Klin. Immunologie
Moorenstr. 5
40225 Düsseldorf, Germany
roswitha.dickerhoff@uni-bonn.de

Conflict of interest statement

The authors of both contributions declare that no conflict of interest exists according to the guidelines of the International Committee of Medical Journal Editors

The authors of the article have chosen not to publish a reply.