BACKGROUND: Sickle cell disease is a prevalent condition in Brazil. Its clinical presentation includes vascular occlusion that result in ischemia, inflammation, dysfunctions, pain and chronic hemolysis, causing irreversible damage and compromising quality of life.

OBJECTIVE: The objectives of this study were to verify the relationship between musculoskeletal pain, from different body parts, with social economic characteristics and quality of life among individuals with sickle cell disease. METHODS: 27 individuals with sickle cell disease were interviewed with the use of a structured questionnaire with questions about personal, social, economic and cultural variables, the Nordic musculoskeletal symptoms questionnaire and the SF-36 Health Survey. Data were analyzed descriptively using frequencies and percentages. The inferential Chi-Square test was used for dichotomous variables and the Student t-test for continuous variables, with a significance of 5%. A logistic regression was performed using all variables that correlated with pain as dependent variables. RESULTS: The mean age was 31.77 years, predominantly male, black, registered active employment, with average education and income up to three minimum wages. The regions most affected by pain were hip/limbs, chest, lower back and arms. Physical Functioning from the SF-36 had the highest score and mental health the lowest score. Musculoskeletal pain was present in the arms, chest and lower back. Social Functioning was not associated with pain, indicating the influence of other factors. Arm pain was more frequent in black individuals and those with low education. CONCLUSION: Body pain was associated with race and education and all pain areas were associated with the physical components of the SF-36. Pain was significantly associated with vitality and mental health components of the SF-36.

Keywords
Sickle cell disease, pain, physical therapy, quality of life.