**TREATMENT OF IRON DEFICIENCY ANAEMIA IN ADULTS**

1. **Establish deficiency:** British society of gastroenterology defines anaemia as haemoglobin (Hb) concentration below the lower limit of normal for relevant population and laboratory performing test.1 It is defined as:
* In men aged over 15 years - Hb below 130 g/L.
* In non-pregnant women aged over 15 years - Hb below 120 g/L.
* In pregnant women - Hb below 110 g/L throughout pregnancy. An Hb level of 110 g/L or more appears adequate in the first trimester, and a level of 105 g/L appears adequate in the second and third trimesters.
* Postpartum - below 100 g/L.
1. **Treatment:** First line treatment as per NICE guidelines is once daily dose of oral iron preferably on an empty stomach. This should be continued for 3 months after iron deficiency has been corrected.2
2. **Monitoring:** NICE guideline recommends that haemoglobin levels (full blood count) should be checked after 2-4 weeks to assess the persons response to iron treatment. Thereafter, monitor full blood count periodically; 3 monthly for 12 months and then 6-monthly for 2-3 years.2

**Intolerance of oral iron**

Patients may experience adverse effect from iron supplements, but these usually settle down with time. It may be prudent to warn patients of these at the point of prescribing. Adverse effects of iron include constipation, diarrhoea, epigastric pain, faecal impaction, gastrointestinal irritation and nausea.3 If the patient experiences these and adherence becomes an issue, consider the step wise approach below. Parenteral iron should be reserved for instances where oral iron is contra-indicated, ineffective or not tolerated.

Ferrous sulphate 200mg OD (65 mg iron)

OR ferrous fumarate 210mg OD (68 mg iron)

OR ferrous gluconate 300mg OD (35mg iron)

If alternative salts are tried and patient not tolerating, recommend taking the same dose on **alternate days** (e.g. ferrous sulphate 200mg alternate days) and taking tablet with food.

If patient still not tolerating, use:

 **Ferric maltol (Feraccru) 30mg BD for 12 weeks**

If all the above has been tried and failed, then consider referral for **Intravenous iron infusion** (Please note referrals for IV iron will not be accepted if a patient is **not anaemic**.

If the patient does not tolerate one form of the oral iron treatment, then an **alternative salt** should be tried.