

IRON DEFICIENCY

Iron is an important essential trace element in the body. Iron

- Ant coagulants
- NSAIDs
- Prednisone/prednisolone
- SSRI antidepressants

Gastric acidity is important for dietary iron absorption. Long-term use of antacids, proton pump inhibitors (PPIs) and histamine-2 receptor antagonists (e.g., ranitidine, famotidine, nizatidine) increases the risk of iron deficiency. Helicobacter pylori infection is associated with iron deficiency. Iron absorption is improved with proton pump inhibitors.

failure. Nearly 50% of patients with heart failure without anaemia, have low levels of ferritin. Iron deficiency in patients with heart failure is a predictor of worse functional status and quality of life as well as impaired quality of life.

Guidelines recommend that patients with heart failure should be tested for iron deficiency.

- ferritin and transferrin saturation

Absolute iron deficiency is defined as a ferritin level < 100 µg/L and transferrin saturation < 20%.

that fatigue, irritability, headache and exercise intolerance. It may promote restless leg syndrome. Occasionally patients may present with abnormal cravings to eat ice or dirt (pica). Iron deficiency may also be asymptomatic.

Risk factors

Risk factors for iron deficiency include female gender, advanced age, chronic kidney disease, heart failure, and higher levels of B-type natriuretic peptide (BNP) and C-reactive protein (CRP). Vegetarians are more likely to be iron deficient and have lower iron stores.

Causes

Absolute iron deficiency can occur with inadequate intake and uptake, and blood loss. Iron deficiency anaemia can commonly occur with chronic blood loss. Iron absorption in women who are over 50 years of age is less than in women in the healthy young age group. Chronic inflammatory conditions can cause iron deficiency.

Gastrointestinal blood loss is a common cause of iron deficiency in men and postmenopausal women. Medications can cause or exacerbate iron deficiency.

- Aspirin
- Antiplatelet agents

