

## **ADMINISTERING IV IRON IN PRIMARY CARE : IS THIS THE FUTURE FOR BOTH RENAL AND NON-RENAL PATIENTS WITH IRON DEFICIENCY?**

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Iron deficiency is a major cause of anaemia in both the renal setting and the community. It is usually related to poor dietary intake of iron or excessive iron losses, e.g. secondary to bleeding. We have performed an audit in a South London GP Practice to assess the potential severity of this problem in Primary Care, and this was followed by a pilot study to assess the practicalities of administering intravenous iron to patients with iron deficiency. 5206 patients were included in the audit, of whom 894 [297 men (33.2%) and 597 women (66.8%)] had a haemoglobin checked during the year August 2001 to August 2002.

14.5% of the men and 28.6% of the women who had had their haemoglobins checked had anaemia as defined by WHO criteria (Hb < 13 g/dl for men, and Hb < 12 g/dl for women). Of the anaemic patients, only 25.6% of men and 39.2% of women had had a ferritin level checked. However, of those who had a ferritin checked, 18.2% of men and 56.7% of women were iron deficient, as defined by a ferritin level < 20 µg/l. This latter cohort of patients was initially treated with oral iron supplements, but intravenous iron was then given to those patients who were either intolerant or poorly responsive to oral iron. 13 patients (1 male, 12 females; age range 23 to 51 years) were recruited to this pilot study. The mean ( $\pm$ SD) haemoglobin increased from  $9.9 \pm 1.1$  to  $12.8 \pm 1.3$  g/dl following a course of intravenous iron (ranging from 400 to 3200mg) administered over several months. Ferritin levels increased from  $10.6 \pm 6.7$  to  $162.9 \pm 63.1$  µg/l. No adverse effects were seen. In conclusion, administration of intravenous iron in Primary Care represents a viable option for the future in both renal and non-renal patients with iron deficiency.