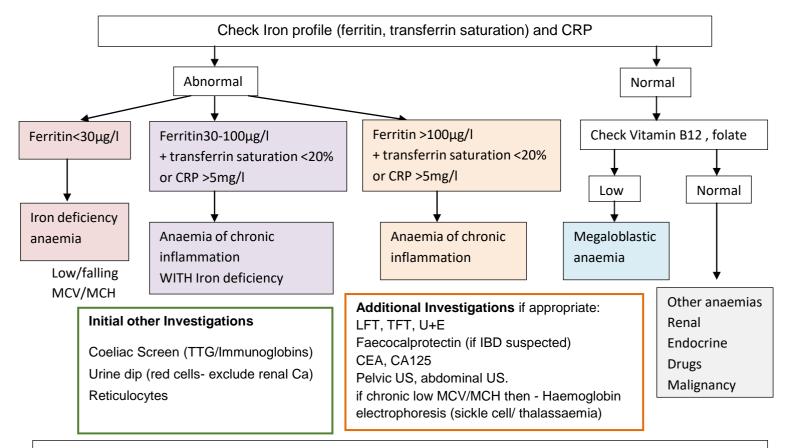
Adult Iron Deficiency Anaemia (IDA) Pathway

NICE definition of Anaemia

Hb <120g/L women, Hb <130g/L men, Hb< 110g/L pregnancy



Exclude other causes for anaemia ie epistaxis, menorrhagia, blood donation, haematuria, bruising, alcohol, medication, family hx, travel. {A diagnostic trial of iron tr treatment should be considered in ALL patients while awaiting investigations (unless colonoscopy imminent) } This includes patients with low Hb, normal ferritin and a high CRP.

Frank blood loss – refer urgent admission

All patients with IDA who are **Coeliac Screen positive** - refer to OPA gastro clinic

men and post-menopausal womenif IDA and GI symptoms – refer as below

2WW Upper GI- Surgeons if

Weight loss, abdominal pain, dyspepsia, altered bowel habit, reduced appetite, nausea/vomiting, Fhx upper GI cancer

2WW Lower GI surgeons if

abdominal pain, abdominal mass, altered bowel habit, painless rectal bleeding /FIT test +ve, raised faecal calprotectin, blood in stools, Fhx lower GI cancer

Men - post menopausal women
If IDA and **NO** upper / Lower GI symptoms
Or Premenopausal women with upper GI symptoms

Please refer to IDA Clinic Iron deficiency anaemia

All men and post-menopausal women will have gastroscopy/ D2 biopsies and colonoscopy then 3 months of oral iron

Premenopausal women will have TTG screen/ gastroscopy and D2 biopsies

Then assessment for small bowel capsule

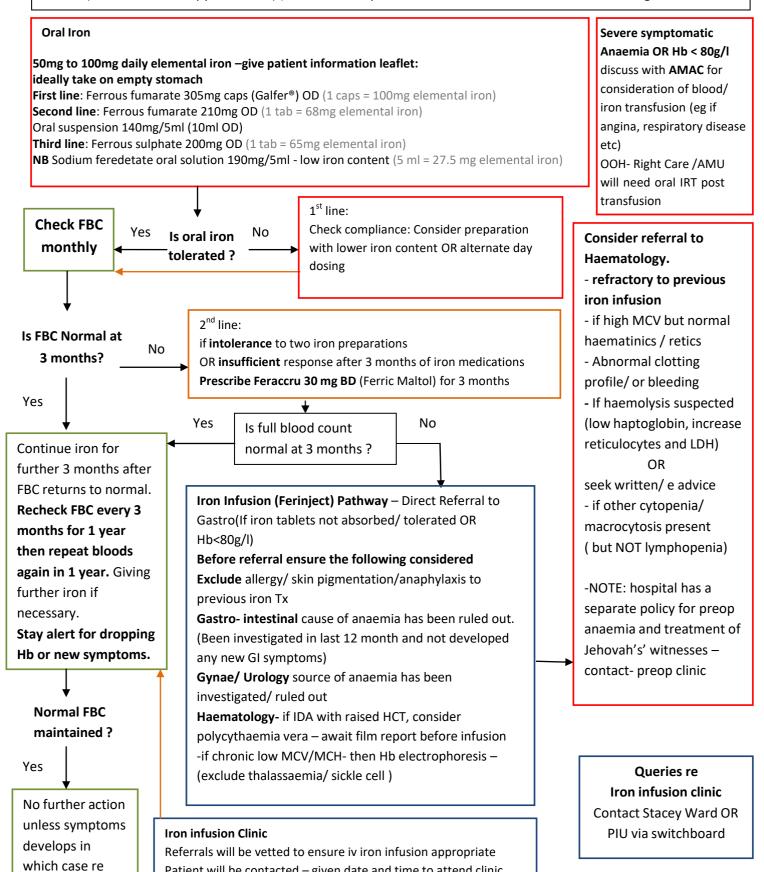
Then review by gastro consultant or haematology

IDA patients should not be referred to open access (non-urgent) endoscopy clinic

Treatment of Iron Deficiency Anaemia

Treat cause if possible Iron deficiency anaemia

A diagnostic trial of iron treatment should be considered in **ALL** patients while awaiting investigations (unless colonoscopy imminent) } This includes patients with low Hb, normal ferritin and a high CRP.



Patient will be contacted – given date and time to attend clinic

Following iv iron infusion – bloods monitored 3 monthly in

primary care including PO4 if repeated iron infusions.

consider

diagnosis



Taking Iron Supplements

Patient Information

Hillder House, 49 – 51 Gawber Road, Barnsley, S75 2PY

Why are iron supplements needed?

Iron supplements are prescribed to treat and prevent iron deficiency anaemia.

Iron helps the body to make healthy red blood cells which carry oxygen around the body. Some things such as blood loss, pregnancy or too little iron in your diet can make your iron supply drop too low, leading to anaemia.

Symptoms of anaemia can include feeling breathless, tired, pale skin or palpitations (noticeable heartbeats).

How to take iron supplements?

Iron can be prescribed as tablets, capsules or as a liquid that you swallow.

More iron is absorbed if taken on an empty stomach, so its best to take iron one hour before a meal.

Some medications may affect the absorption of iron so its always best to check with your GP or pharmacist if any new medications or supplements are suitable to take at the same time.

DO NOT TAKE IRON AT THE SAME TIME AS MILK OR HIGH CALCIUM CONTAINING PRODUCTS AS THESE CAN ALSO REDUCE HOW WELL IRON IS ABSORBED. SEPARATE THESE BY 2 HOURS.

What are the side effects?

Common side effects of iron include:

- ♦ Stomach upset
- ♦ Nausea (feeling sick)
- ◆ Diarrhoea
- ◆ Constipation

These symptoms can improve as your body gets used to the iron supplements, however contact your GP or pharmacist if these symptoms persist as your dose or iron preparation can be adjusted to help with these symptoms.

What happens next?

Most people begin to feel better after taking iron for 2 weeks, but it may take up to 4 weeks to take full effect.

Your GP will request further blood tests monthly to check if the iron is improving on your blood results.

Once your blood results return to normal, the iron supplements will continue for another 3months. Your GP will inform you when it is safe to stop iron. We will recheck your blood results every 3 months for 1 year to make sure your iron levels stay in range.

References:

NHS.co.uk

https://www.nhs.uk/conditions/iron-deficiencyanaemia/

https://www.nhs.uk/medicines/ferrous-fumarate/

Oxford University Hospitals Patient Guide https://www.ouh.nhs.uk/patient-guide/leaflets/files/11903Piron.pdf

