

Iron deficiency anemia and its treatment

Ariani Impieri de Souza¹
Manuela Freire Hazin Costa²

¹Instituto de Medicina Integral
Prof. Fernando Figueira – IMIP,
Recife, PE, Brazil

²Clinical Hematology Department,
Fundação de Hematologia e
Hemoterapia de Pernambuco –
HEMOPE, Recife, PE, Brazil

The review article entitled 'Iron deficiency anemia in the adult – causes, diagnosis and treatment' by professors Rodolfo Cançado and Carlos Chiattonne⁽¹⁾ is opportune and educational. The authors present an informative review on the causes of anemia and how to make the differential diagnosis. Regarding the aspect of "treatment of iron deficiency anemia", they discussed not only supplementation, but nutritional guidance and when the medication should be taken; very important points often overlooked when writing about the treatment of anemia.

However, we noted, in regards to treatment, that nothing was said about the possibility of intermittent treatment to optimize response and minimize the side effects of iron compounds as has been suggested by some authors.⁽²⁻⁵⁾ This is particularly important in regards to the prevention and treatment of anemia in pregnant women, as the side effects of iron supplementation are confused with the symptoms of pregnancy (nausea, vomiting and dyspepsia), so that often the women themselves stop taking the drug.

Assuming that compliance with the duration of treatment is crucial to replenish iron stores, as was stressed in the aforementioned article, intermittent treatment regimens (two or three times per week) with the same doses usually prescribed (60 mg of elemental iron) for a period of two to three months, should be considered in lieu of daily doses, before recommending parenteral administration with its dreaded side effects as the only alternative for those who consider ceasing oral treatment. We should mention that one clinical trial did not identify any statistical difference in the improvement in mean hemoglobin concentrations over a period of two months in pregnant women who used 60 mg of elemental iron daily and those who used 60 mg

twice a week.⁽⁵⁾ Fewer side effects were reported with the intermittent regimen in pregnant women and fewer of them abandoned treatment compared to those who followed the regimen of daily supplementation at the same dosage of iron.⁽⁶⁾

In order to minimize interruptions in the treatment of anemia, especially with regards to prenatal care, we suggest that an intermittent course of oral iron therapy should be recommended before using parenteral administration of iron.

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Corresponding author:
Ariani Impieri de Souza
Instituto de Medicina Integral
Prof. Fernando Figueira – IMIP
Rua dos Coelhos, 300 – Boa Vista
50070-550 – Recife, PE, Brazil
Phone: 55 81 2122-4779
ariani@imip.org.br

www.rbhh.org or www.scielo.br/rbhh

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