

Iron deficiency anemia and its treatment - reply

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From a practical standpoint, it is recommendable to adopt some measures in order to succeed in minimizing the adverse events and improve adherence to oral iron supplementation treatment, such as splitting the recommended daily dose in two or three smaller doses, counseling the patient to take the medication during or after meals (in these cases, the reduction in the amount of iron absorbed can be offset by increased adherence and duration of treatment) and initiating therapy with doses lower than recommended, i.e. 40 to 80 mg/day and gradually increase them, depending on the tolerance of the patient.⁽¹⁻⁴⁾

It is well known that when administering daily doses of elemental iron below 60 mg, the frequency and intensity of adverse events observed are similar between individuals taking placebo and iron salts. Thus, clinical studies have used iron sulfate in different treatment regimens such as: 25 mg of elemental iron once per week;⁽⁴⁾ 60 mg of elemental iron once daily or twice per week;⁽⁵⁾ and 60 mg of elemental iron once weekly or once per day.⁽⁶⁾ The results clearly demonstrated that adherence is better when using smaller doses at longer intervals, however, the therapeutic success is not what was expected or the time required to achieve the expected result is much longer (weeks or months).

Undoubtedly, an intermittent administration of oral iron should be recommended as a way of improving treatment compliance and reduce dropout rates to treatment, especially in pregnant women.

Also elderly patients have a higher incidence of adverse events when treated with oral iron at the recommended therapeutic dose. In these cases, lower doses, even 15 mg of elemental iron per day may be effective in cases of mild anemia due to lower adverse events.⁽⁴⁾

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