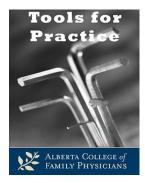
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Reviewed: January 19, 2018 Evidence Updated: None Bottom Line: Unchanged First Published: July 6, 2010



# Iron Deficiency Anemia in the Elderly: How much iron is enough?

Clinical Question: In elderly adults with iron deficiency anemia (IDA), what is the appropriate dose of iron?

Bottom Line: In elderly patients with iron deficiency anemia, low doses of iron raise hemoglobin similar to higher doses with considerably less adverse events in most patients. Options for dosing include  $\frac{1}{2}$  of a 300 mg ferrous gluconate per day or 2.5 mL of Fer-In-Sol syrup a day. Clinicians should work-up the cause of anemia as appropriate.

### **Evidence:**

- A Randomized Controlled Trial (RCT) addresses this question.
  - 90 anemic patients (mean age 85, 59% female) randomized to 15 mg, 50 mg, or 150 mg of elemental iron per day.<sup>1</sup>
    - At two months, there was no difference among the groups in hemoglobin or serum ferritin.
      - Hemoglobin increased 14 g/dL in all three groups.
    - Adverse events were significantly more common at higher doses.
      - Number Needed to Harm (NNH) for 150 mg versus 15 mg:
        - Abdominal cramps: NNH=2.
        - Nausea/vomiting: NNH=2.
        - Constipation: NNH=5.
        - Drop-out due to adverse events: NNH=5.

## Context:

- IDA is common in the elderly.<sup>2</sup>
  - >10% have IDA at age  $\geq 65$  and >20% have IDA at age  $\geq 85$ .
- IDA in older patients requires work-up for potential causes, including gastrointestinal malignancy.<sup>3</sup>
- In the very elderly (age 85), IDA carries an increased risk of mortality, hazards ratio 1.41 (1.13 to 1.76), in addition to the condition causing anemia.<sup>4</sup>

- In pregnant<sup>5,6</sup> and non-pregnant young women<sup>7</sup> recommendations are difficult.
  - Low dose reduced adverse events<sup>6,8</sup> but did not improve ferritin<sup>5,7</sup> and hemoglobin<sup>6</sup> as much as high dose. High-dose (≥60 mg/day) also decreased the risk of low birth weight.<sup>9,10</sup>
- Iron is commercially available in 300mg tablets. For dose conversion:
  - o Ferrous fumarate 300 mg = 99 mg elemental iron.
  - Ferrous sulfate 300 mg = 60 mg elemental iron.
  - Ferrous gluconate 300 mg = 35 mg elemental iron.
- For dosing to 15 mg of elemental iron per day consider:
  - o ½ of ferrous gluconate 300 mg tablet (or one every other day).
  - 2.5 mL of Fer-In-Sol syrup a day or one dropper (1 mL) of the Fer-In-Sol drops daily.
- Taking iron on an empty stomach improves absorption.<sup>5</sup>

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