

IRON DEFICIENCY ANEMIA & YOU

For Patients with Chronic Kidney Disease (CKD)

WHAT IS IRON DEFICIENCY ANEMIA?

Iron deficiency anemia (IDA) is a common condition caused by having too little iron in the body. If untreated, IDA can cause serious health issues, including heart problems or pregnancy complications in women. IDA can even impair your ability to work.

SYMPTOMS:

DIFFICULTY CONCENTRATING

SHORTNESS OF BREATH

HEADACHES

MOOD CHANGES

DIZZINESS

FAST HEARTBEAT

WEAKNESS

BRITTLE NAILS

CHEST PAIN

ICE CRAVINGS

FATIGUE

PALE SKIN

If you have IDA, your body has an iron shortage, so you can't make enough hemoglobin, an oxygen-carrying protein found in red blood cells. This means your body may not be able to produce enough healthy red blood cells or carry enough oxygen to the tissues in your body.

This can happen if you have:

- Too little iron in your diet
- Blood loss
- Problems absorbing iron

Iron is an important building block of hemoglobin, a protein in red blood cells that carries the oxygen your tissues need.

IDA IS A COMMON COMPLICATION IN PATIENTS WITH CKD, AND THERE ARE SEVERAL REASONS WHY:

Blood Loss

If you have CKD, blood loss from **dialysis, gastrointestinal bleeding, or frequent laboratory blood tests**—all of which are common among patients with CKD—can contribute to IDA. When you lose blood, you lose iron, too. If you lose enough iron without replacing it, IDA can develop.

Inflammation

Patients with CKD may have **difficulty absorbing iron** due to inflammation. In CKD, inflammation can drive up levels of hepcidin, a hormone that helps regulate iron absorption. When hepcidin levels are high, iron cannot be adequately absorbed, which can lead to IDA.

Medication

Some common medications in CKD, such as phosphate binders, can **interfere with iron absorption**, making patients more at risk for IDA. In addition, many patients with CKD take medications called **erythropoiesis stimulating agents (ESAs)** to help them make red blood cells. ESAs cause the iron in your body to be used faster than normal. If you don't take extra iron to replenish your body's iron supply, you may develop IDA.

Diet

Patients who are on dialysis may have to adhere to a diet that **limits certain iron-rich foods** (like red meats and beans), which can raise the risk of developing IDA.

IDA IS OFTEN UNDERDIAGNOSED & UNDERTREATED IN PATIENTS WITH CKD:

- Some patients may have no symptoms at first
- Signs and symptoms of IDA can be similar to signs and symptoms of other conditions

1. Talib SH, Kulkarni SG, Gulwe VS, Mogal V. Role of iron deficiency anemia in patients with chronic kidney disease. J Dental Med Sci. 2015;14(5):102-105.

All other references available upon request.

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PREVALENCE

43% of 190 nephrology patients had IDA in one study of patients with CKD.¹ IDA is especially common among patients receiving hemodialysis, but also occurs among those who have non-dialysis-dependent CKD.

TREATMENT

If you have IDA, your iron levels need to be restored so that your body can make healthy red blood cells.



Treating IDA may improve the body's iron levels, or restore them to normal

When IDA is diagnosed, **iron supplementation** may be prescribed as a treatment.



Oral iron...

...is available both over-the-counter (OTC) and as a prescription drug.



Intravenous iron...

...must be administered by your healthcare provider.

In some cases, such as for severe IDA, **blood transfusions** may be required.

Restoring iron levels to normal can help improve anemia by increasing your hemoglobin levels.

If you have IDA symptoms, talk to your doctor about **diagnosis** and **treatment options**.