# A GENERAL GUIDE TO IRON AND IRON DEFICIENCY

## INFORMATION FOR PATIENTS, FAMILIES AND CARERS

### Why do we need iron?

Iron is used by all of our cells. It is important for our immune system, mental function, muscle strength, and energy. Iron is also used to make red blood cells to carry oxygen around our body.

We get the iron we need from the food we eat. It is stored in our body, but we lose small amounts every day.

### Iron deficiency

Not having enough iron, iron deficiency, is most common in people who do not have enough iron in the food they eat. Sometimes you eat enough food with iron in it, but your body can't get the iron properly or you may lose more iron than you can replace.

Children, teenagers and women of child bearing age are most likely to have low iron; but it is also found in people with some medical problems.

In older people, low iron may be a sign of hidden bleeding, especially from the stomach or bowel, and could mean there is another medical problem causing it.

### Iron Deficiency Anaemia (IDA)

If low iron isn't treated, over time all of the stored iron will be used. This will lead to Iron Deficiency Anaemia (IDA).

This is a serious problem as it means you do not have enough iron to make new red blood cells. If not treated, Iron Deficiency Anaemia can be life threatening.

### How will I know if I am low in iron?

The symptoms are mild at the start, but will become more serious if not treated.

These can include:

- Feeling weak, tired, and lacking energy
- Feeling short of breath, dizzy, or an irregular heartbeat
- Not able to exercise as much
- Losing interest in sexual activities
- Getting more infections than normal
- Finding it hard to remember things or to concentrate
- Not performing as well at work or at school
- Feeling irritable or children having problems with their behaviour

### How do I find out if I have a problem with my iron?

Low iron is found with a blood test and a review of your medical history as well as your diet and any medications you are taking. This can be done by your GP. This can also be done if you are in hospital or need to have an operation.

If you are low in iron, it is very important that the exact cause is found. You may need to see a medical specialist, such as a gastroenterologist or haematologist, and have further tests.

NSW GOVERNMENT | CLINICAL EXCELLENCE COMMISSION

## How do I improve my iron levels?

The treatment of low iron will depend on how low your iron is, and what has caused it. If you have low iron, you will need to test your levels regularly - your doctor will tell you how often. Keeping the right amount is a balancing act - too little can interfere with your vital functions and too much can lead to other health problems.

### Iron and food

There are two types of iron in food:

- Haem iron from animals, such as red meat, chicken, pork and fish
- Non-haem iron from plants, like green leafy vegetables, nuts and whole grain cereals.

Haem iron is better absorbed by our bodies than non-haem iron. You can increase the iron you get from food by also eating food with lots of vitamin C, like citrus fruits, berries, tomatoes and broccoli.

### Oral iron supplements

If you have low iron, it is very difficult to increase it only by diet. You can get iron replacement in tablet, capsule or liquid form. Choosing which one is right for you can be hard and it is important to get advice because some brands do not have enough iron to treat low iron.

Iron tablets will make your faeces darken or turn greenish-black, which is normal. Some people may get stomach upsets when they first start taking iron. This will get better over time. If it doesn't, you should see your doctor to talk about trying another type of iron.

### Intravenous (IV) iron

Your doctor may suggest this if you have very little iron or you need to fill up your iron stores very quickly. The iron will be injected directly into a vein. You will need to go to a hospital, outpatient clinic or medical centre for this treatment.

There are several types of IV iron, some are given quickly (5 to 20 minutes), and others are given over several hours.

Afterwards, you should be able to carry on with your normal activities. If you also take oral iron (e.g. iron tablets), you should not need to keep taking them.

IV iron can have side effects. The most common are mild and can happen up to 3 days after treatment. These are nausea, headache, dizziness, or a skin reaction where you have the IV cannula.

There is a small risk of skin staining (brown discolouration), which can be long lasting or permanent, if any of the iron leaks around the IV cannula. Tell the doctor or nurse straight away if you notice discomfort, burning, redness or swelling during the treatment.

Allergic reactions are very rare, but can be serious and even life threatening.

When you have IV iron you will be carefully monitored. You must tell staff if you feel different during your treatment. You will get information on what to look out for when you go home.

For more information on iron deficiency, go to:

- Gastroenterological Society Australia (GESA) www.gesa.org.au
- Australian Red Cross Blood Service information for patients www.mytransfusion.com.au
- SA Health Iron disorders and iron therapy www.sahealth.sa.gov.au

### Disclaimer

This fact sheet is for your educational purposes only. It should not be used to guide and/or determine actual treatment choices or decisions. Any such decisions should be made in conjunction with advice from your treating doctor or other health professionals.

### About Blood Watch

Blood Watch is a program of the Clinical Excellence Commission. It promotes medical and surgical strategies to manage both donated blood resources and the patient's own blood, and to improve individual patient outcomes.

For further information on the Blood Watch program, please visit http://www.cec.health.nsw.gov.au/

A General Guide to Iron and Iron Deficiency: Information for Patients, Families and Carers. Released August 2018, © Clinical Excellence Commission. SHPN (CEC) 180017