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<https://reachmd.com/programs/cme/iron-supplementation-formulations-for-females-with-idida-monitoring-response/15135/>

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Iron Supplementation Formulations for Females with ID/IDA: Monitoring Response

Announcer:

Welcome to CME on ReachMD. This episode is part of our MinuteCME curriculum.

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Dr. Munro:

This is CME on ReachMD, and I'm Dr. Malcolm Munro. I'm here with Dr. Michael Auerbach from Georgetown University. So let's dive right into treatment.

Dr. Auerbach:

There are a host of formulations. The most widely used is ferrous sulfate. There are some new formulations, one of which is ferric maltol. Another is an oral iron that binds phosphorus and is used in chronic kidney disease. But there are also formulations that are protected from causing gut toxicities, such as slow-released iron, iron surrounded by what you all know as Colace, and that is Ferro-Sequels. These are so poorly absorbed, they're actually proscribed by brand by the Textbook of Hematology, and they shouldn't be used.

Dr. Munro:

When prescribing oral iron, when should the clinician expect a response?

Dr. Auerbach:

I think that the consensus is that by 4 weeks, you should see a 1-gram increment, which is called the hemoglobin response. If you're fortunate enough to get 2 grams, it's called hematopoietic. But by 4 weeks, if you haven't seen an adequate response, it's unlikely that you're going to.

Dr. Munro:

Right, so they should be measuring in by 4 weeks, 2 to 4 weeks, and see a gram. And so when there isn't a response or an adequate response, or if they don't tolerate it despite alternate-day dosing, what should happen next?

Dr. Auerbach:

The next step is to move to intravenous iron. There is no reason to wait or to try other methodologies to get the iron in. But intravenous iron should be front line in a variety of situations where oral iron is ineffective. So anytime there is intolerance in conditions where oral iron is known to be ineffective, or in conditions where oral iron is known to be harmful, such as inflammatory bowel disease or after bariatric surgery.

Dr. Munro:

And with respect to first trimester of pregnancy, anything special there?

Dr. Auerbach:

Yes, oral iron is the only formulation that should be given. There's no safety data with intravenous iron. And I would use any of the formulations that we mentioned, other than the time-released and enteric-coated.

Dr. Munro:

Okay, well, this is great. This has been a lively few minutes, and our time is up. So thanks for listening.

Announcer:

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