IV iron: Opportunities for Clinical Optimization of Women with Iron Deficiency Anemia

Haleema Saeed
Ghadear Shukr
Roopina Sangha

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Haleema Saeed, MD
Ghadear Shukr, MD
Roopina Sangha, MD, MPH
Have you treated?

1. 22 yo female G4P1021 at ROB visit with HgB 8.1 not taking her iron pills because “they make her stomach” hurt?

2. 41 yo female with dizziness and AUB-L in ED with HgB 5.3?

3. 53 yo female with PMB and diagnosis of carcinosarcoma with HgB 6.1?
Research project

1. Identify women who will benefit from IV iron

2. Collaborate with hematology to facilitate scheduling and administering IV iron

3. Assess improvement of quality of life with help of questionnaires and lab work
Target population

1. Females with IDA secondary to heavy menstruation
2. OB population (antepartum + postpartum)
3. Chronic blood loss secondary to GYN/GYN ONC etiology
Inclusion Criteria

• > 18 yo
• IV treatment indicated
  • Low HgB <14
  • Ferritin <100
  • Documented unsatisfactory oral iron therapy or iron cannot be tolerated
• Agree to sign consent for survey pre-treatment and post-treatment 30 and 60 days

Exclusion criteria

• Severe hepatic impairment
• Known allergy to parenteral iron
• Anemia not associated with IDA
• Pre-existing cardiovascular diseased
• Dialysis dependent CKD
Study endpoints

• Primary:
  • Assessment of patient’s symptoms using questionnaires
  • Quality of life score on all patients
  • Mean change in hemoglobin from baseline to week 4 and week 8

• Secondary:
  • Safety events – hypersensitivity reactions → flushing, wheezing, anaphylaxis
  • Cost of treatment of IV iron outpatient
DOSING

• Non pregnant: Calculate iron replacement with formula
  • Iron deficit (mg) = (Desired HgB – observed HgB) x actual wt in lbs + 600

• Pregnant: Fixed dose of 1000 mg of IV iron dextran
Questionnaires

• PROMIS 1.0 questionnaire
• Healthy Days Core Module (CDC HRQOL-4)
Outpatient

Referral to Hematology oncology

ED

Reliable

Unreliable

Postpartum

Inpatient Consult

IV Iron

Follow up in 30 days

Follow up in 60 days
Contact persons

- Laura Gusba, CNP - lgusba1@hfhs.org

- Dr. Marian Girgis, MD (Hem-onc fellow) – mgirgis2@hfhs.org

- Dr. Aparna Bas, MD (Hem-onc fellow) - abasu1@hfhs.org

- Inpatient HEM-ONC consult pager - 0722
Thank you