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**Management of iron  
deficiency anemia: a  
clinical update**

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Iron deficiency anemia remains prevalent in UAE and worldwide, especially among high-risk individuals. Iron deficiency anemia may be effectively diagnosed in most cases by full blood examination and values of serum ferritin level. Serum iron levels should not be used to diagnose iron deficiency. Although iron deficiency may be due to physiological demands in growing children, adolescents and pregnant women, the underlying cause(s) should be sorted out. Patients without a clear physiological explanation for iron deficiency (especially men and postmenopausal women) should be evaluated by gastroindoscopy /colonoscopy to exclude a source of gastrointestinal bleeding, particularly a malignant lesion. Patients with Iron deficiency anemia should be assessed for celiac disease. Oral iron therapy, in appropriate doses and for a sufficient duration, is an effective first-line strategy for most patients. In selected patients for whom intravenous (IV) iron therapy is indicated, current formulations can be safely administered in outpatient treatment facilities and are relatively inexpensive. Red cell transfusion is inappropriate therapy for Iron deficiency anemia unless an immediate increase in oxygen delivery is required, such as when the patient is experiencing end-organ compromise (e.g., angina pectoris or cardiac failure), or Iron deficiency anemia is complicated by serious, acute ongoing bleeding. Consensus methods for administration of available IV iron products are needed to improve the utilization of these formulations in UAE and reduce inappropriate transfusion. New-generation IV products, supported by high-quality evidence of safety and efficacy, may facilitate rapid administration of higher doses of iron, and may make it easier to integrate IV iron replacement into routine care.