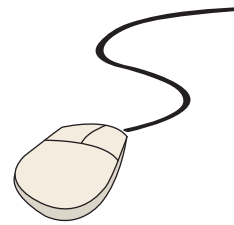


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Surf your way to...

1. Heart Canada:
www.heartcanada.com/anemia.php
2. MEDLINEplus Medical Encyclopedia:
www.nlm.nih.gov/medlineplus

Physicians may also want to refer their patients to educational Web sites, such as:

3. Anemia Lifeline:
www.anemia.com

A Look at Common Medical Issues on the Web

Anemia

Focus On Iron Deficiency

By Adriana Modica, BSc

Judy's case

Judy, 37, was diagnosed with systemic lupus erythematosus four years ago. She presents complaining of fatigue and dyspnea on exertion for the last two weeks. On physical examination, she appears somewhat short of breath. Her pulse is 100 beats per minute (bpm) and her blood pressure (BP) is 110/70 mmHg. When she stands, her pulse increases to 140 bpm and her BP falls to 90/60 mmHg. A heart exam reveals tachycardia without murmurs. After a complete blood cell count, a peripheral smear, and an electrocardiogram, she is diagnosed with iron deficient anemia.

What is the treatment?

Iron (as FeSO₄), 325 mg, orally three times daily is the least expensive preparation.

Modified from <http://www.som.tulane.edu>

Iron deficient anemia is characterized by a low red blood cell count or low hemoglobin levels caused by too little iron in the body. This type of anemia can be caused by blood loss, decreased ability to absorb iron from the diet, low iron intake, breastfeeding, and medications which interfere with iron. People who suffer from serious diseases, such as chronic kidney disease, diabetes, and cancer are at high risk of developing anemia.

Symptoms of anemia include extreme fatigue, weakness, shortness of breath, confusion, dizziness, pale skin, rapid heart beat, and depression.

To diagnose anemia, a medical history is necessary, as are physical, and, sometimes, laboratory tests (complete blood cell count).

In terms of treatment, the first step is to determine the cause of the anemia. If the cause is not an inability to absorb iron, an iron-rich diet or iron supplements are recommended; however, iron supplements can cause nausea, diarrhea, heartburn, or constipation.

Some common myths held by patients

Myth #1: Anemia is only an inconvenience, not a condition.

What to tell your patients: Anemia is indeed a condition. In the presence of other health conditions, severe forms of anemia can lead to congestive heart failure, heart attack, or even stroke.

Myth #2: Iron supplements come in pill form only.

What to tell your patients: These supplements can actually be administered intravenously and intramuscularly as well, although these methods can produce allergic reactions, local pain, or skin staining.

Myth #3: If I take iron supplements, I'll have to take them for the rest of my life.

What to tell your patients: Lifelong iron replacement is not necessary. The decision to end treatment often depends on the underlying cause of the anemia. 