NHS
Ipswich and East Suffolk
Clinical Commissioning Group

Guidance on prescribing iron supplements in primary care

If dietary deficiency of iron is thought to be a contributory cause of iron deficiency anaemia, advise to maintain an adequate intake of iron-rich foods (for example dark green vegetables, iron-fortified bread, meat, apricots, prunes, and raisins). Absorption of iron may be enhanced by consuming foods containing ascorbic acid (citrus fruits).

Underlying factors/causes should be investigated.

Prescribing of all vitamin and mineral supplements should only be done in the management of actual or potential vitamin deficiency, **not as a dietary supplement or as a general 'pick-me-up'**. Supplements for these purposes should be purchased over the counter.

Treatment for iron deficiency:

- First line choice is **ferrous fumarate 210mg BD**. Second line choice is **ferrous fumarate 322mg tablets BD**. **Ferrous sulphate 200mg BD** and **Ferrous gluconate** 300mg **4-6 tabs daily in divided doses** may also be used. All of these are cost effective options

Iron salt	Amount	Content of ferrous iron
Ferrous fumarate	210 mg	68 mg
Ferrous fumarate	322 mg	100 mg
Ferrous sulphate	200 mg	65 mg
Ferrous gluconate	300 mg	35 mg

Modified-release preparations of iron are licensed for once-daily dosage, but have no therapeutic advantage and should **not** be used.

After commencing treatment:

- Monitor Hb levels via full blood count after 4 weeks. If the dose is not providing an adequate response, it can be increased to TDS, or reduced to OD if too high.
- When results are in normal range, maintain dose for a further 3 months to replenish iron stores, then end course. Review as soon as possible to avoid excessive prescribing.
- After stopping treatment, monitor the full blood count every 3 months for 1 year. Recheck after a further year.

Maintenance therapy:

- Additional or prophylactic treatment may be required if Hb or red cell indices drop back below normal levels. Consider ferrous sulphate 200mg OD **(OTC) /** ferrous fumarate 322mg OD **(OTC)** or ferrous fumarate 210mg OD **(OTC)**.
- This may be of particular benefit to patients who:

➢ Have recurring anaemia where further investigations are not indicated or appropriate.
➢ Eat an iron-poor diet and are unlikely to change.
➢ Have malabsorption.
  ➢ Previous gastrectomy.
  ➢ Undergoing haemodialysis.
  ➢ Have menorrhagia.
  ➢ Are pregnant

Failure to respond to oral iron treatment within 3 weeks may indicate:

➢ Non-compliance.
➢ Continued blood loss with inadequate replacement of iron.
➢ Malabsorption.
➢ Incorrect diagnosis.
➢ Other complicating factors.

These factors should be investigated and referrals made if and when appropriate

References: British National Formulary , Royal Pharmaceutical Society of Great Britain. Accessed 22/11/16
National Institute for Health and Care Excellence, Clinical Knowledge Summary : Anaemia- Iron Deficiency (Feb 2013) Accessed 22/11/16
British Society of Gastroenterology – Guidelines for the management of iron deficiency anaemia. May 2005. Accessed 22/11/16
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