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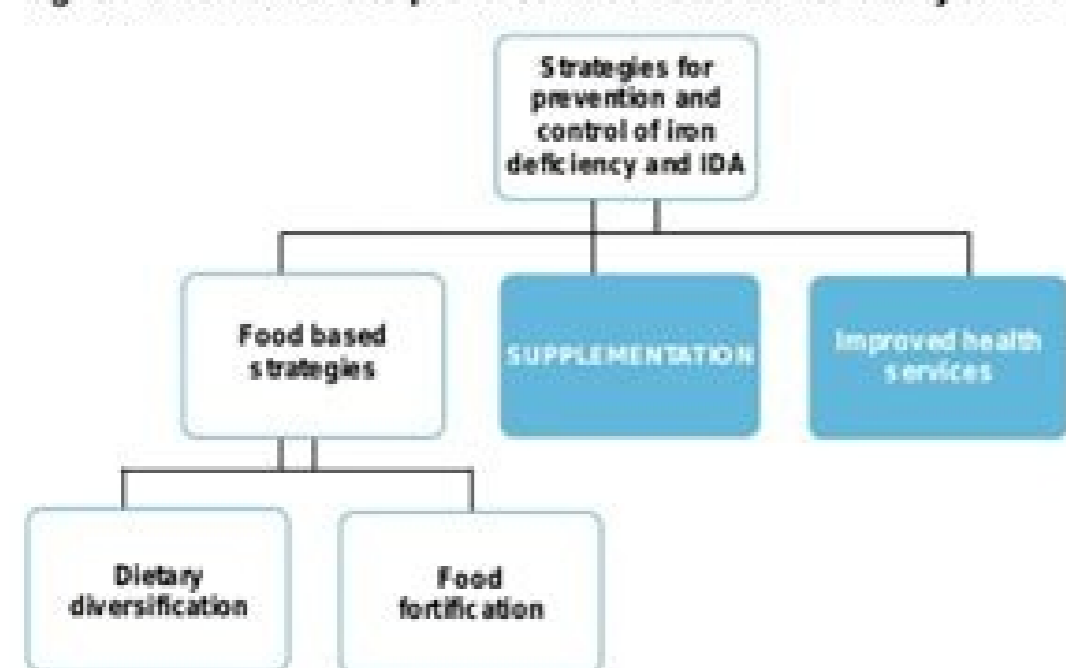
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Approach – What Would It Take to Fight Iron Deficiency and IDA More Effectively?

Anaemia is a multi-factorial disorder that requires a multi-pronged approach for its prevention and treatment. Iron deficiency and infections are the most prevalent aetiological factors. However, other conditions may have a contributory role. The Copenhagen Consensus (2004) panel of eminent economists concluded that the returns of investing in micronutrient programmes (including iron), among a list of 17 possible development investments, are second only to those of fighting HIV/AIDS. The benefit-to-cost ratio of iron interventions based on resource savings, improvement in cognitive development and schooling, and physical productivity was estimated to be as high as 200:1.

Prevention of both iron deficiency and anaemia require approaches that address all the potential causative factors. Interventions to prevent and correct iron deficiency and IDA, therefore, must include measures to increase iron intake through food-based approaches, namely dietary diversification and food fortification with iron; iron supplementation and improved health services and sanitation (Figure 5.1).

Fig. 5.1: Interventions to prevent and correct iron deficiency and IDA



Source: Iron deficiency anaemia: assessment, prevention and control. A guide for Programme Managers. WHO 2001 - WHO/NHD/01.3

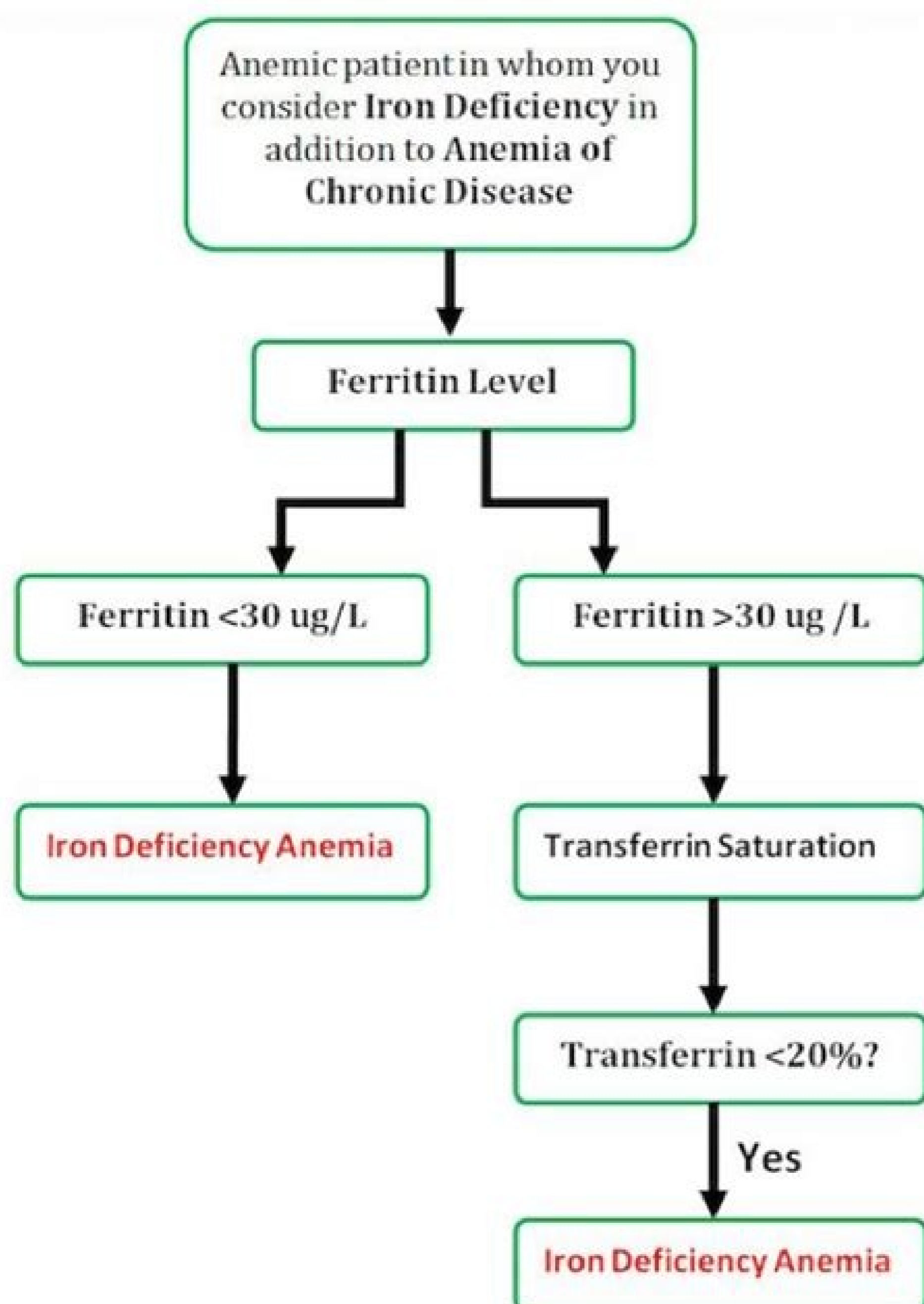


Table 1.1: Haemoglobin levels to diagnose anaemia (g/dl)

Age groups	No Anaemia	Mild	Moderate	Severe
Children 6–59 months of age	≥11	10–10.9	7–9.9	<7
Children 5–11 years of age	≥11.5	11–11.4	8–10.9	<8
Children 12–14 years of age	≥12	11–11.9	8–10.9	<8
Non-pregnant women (15 years of age and above)	≥12	11–11.9	8–10.9	<8
Pregnant women	≥11	10–10.9	7–9.9	<7
Men	≥13	11–12.9	8–10.9	<8

Source: Haemoglobin concentration for the diagnosis of anaemia and assessment of severity. WHO

1.2. Aetiology of Anaemia

The commonest causes of anaemia in developing countries, particularly among the most vulnerable groups (pregnant women and preschool age children), are nutritional disorders and infections. Hence the causes of anaemia could be segregated as nutritional and non-nutritional, underscoring the aetiological importance of dietary deficiency as the major causative factor.

1.2.1 Iron deficiency

Iron status can be considered as a continuum from iron deficiency with anaemia, to iron deficiency with no anaemia, to normal iron status with varying amounts of stored iron, and finally to iron overload which can cause organ damage when severe. Iron deficiency is the result of long-term negative iron balance. Iron deficiency anaemia (IDA) should be regarded as a subset of iron deficiency, that is, it represents the extreme lower end of the distribution of iron deficiency.



Iron deficiency adversely affects

- The cognitive performance, behaviour and physical growth of infants, preschool and school-age children;
- The immune status and morbidity from infections of all age groups;
- The use of energy sources by muscles and thus the physical capacity and work performance of adolescents and adults of all age groups.

Approach to Patient with Iron Deficiency Anemia

Assess Patient

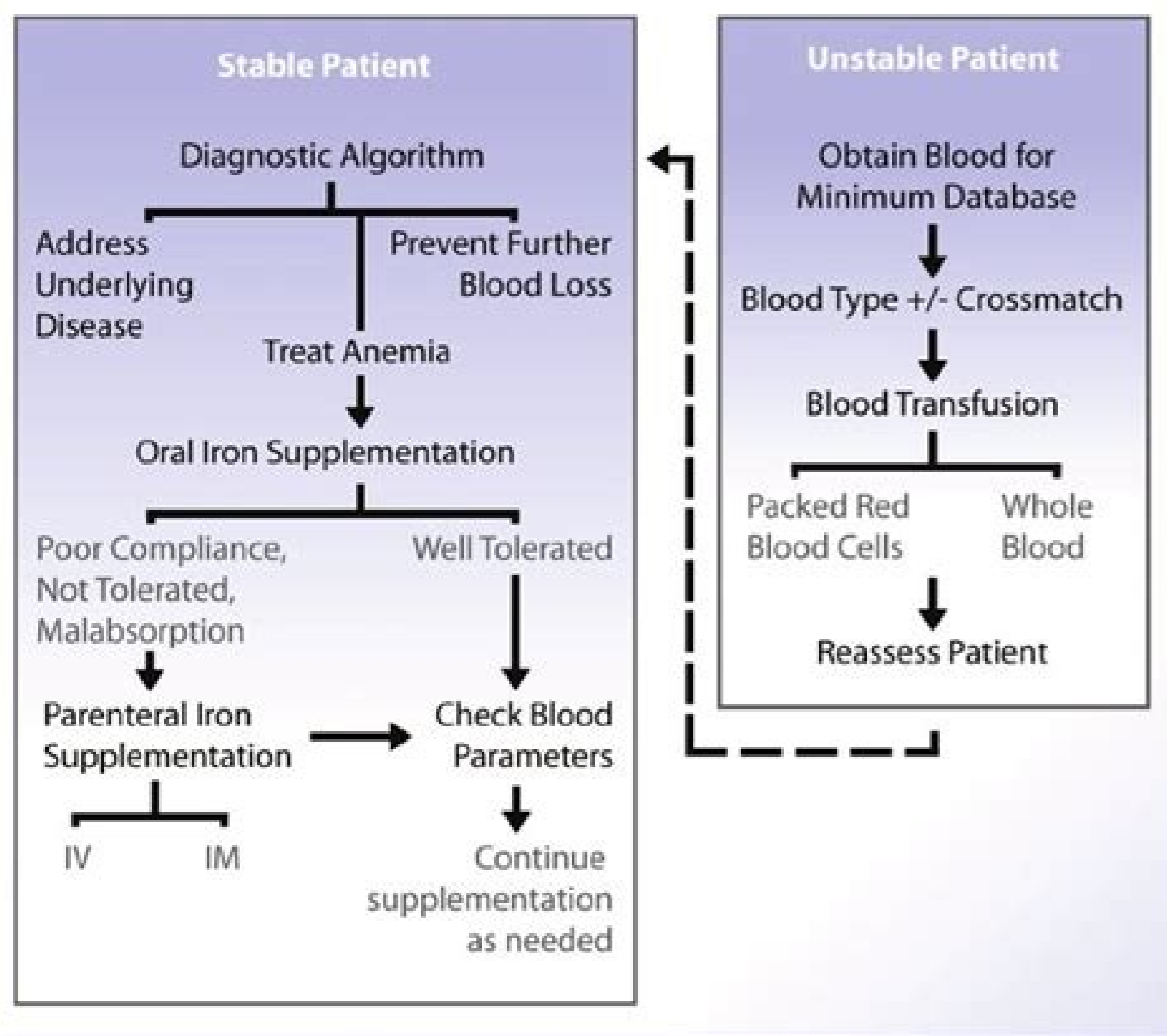


Table 7.1: Management of anaemia on the basis of haemoglobin levels in children 6 months-3 years

Haemoglobin (g/dl)	Treatment	Follow-up	Referral
10-11	20 mg of elemental iron and 100 mg of folic acid in weekly regimen		
8-10	20 mg of elemental iron and 100 mg of folic acid in weekly regimen		
6-8	20 mg of elemental iron and 100 mg of folic acid in weekly regimen		
5-6	20 mg of elemental iron and 100 mg of folic acid in weekly regimen		
4-5	20 mg of elemental iron and 100 mg of folic acid in weekly regimen		
3-4	20 mg of elemental iron and 100 mg of folic acid in weekly regimen		
2-3	20 mg of elemental iron and 100 mg of folic acid in weekly regimen		
1-2	20 mg of elemental iron and 100 mg of folic acid in weekly regimen		
0-1	20 mg of elemental iron and 100 mg of folic acid in weekly regimen		

Table 7.2: Dose of iron syrup for anemic children 6 months-3 years

Age (months)	Dose	Frequency
6-12	1 ml of iron syrup	Once a day
13-24	1.5 ml of iron syrup	Once a day
25-36	2 ml of iron syrup	Once a day

Follow-up of children undergoing treatment of anaemia to be done by ANM

- Follow-up by ANM every 14 days
- Monitoring by ANM for compliance of iron syrup every 14 days for a period of 2 months
- If child continues to have anaemia (Hb in relation of lab control) after 2 months of iron syrup, refer the child to PHC/CC for further management

portion of blood through transferrin connection. How is the body processes the iron? The most common cause of anemia throughout the world, is the iron cartycity. A person who have a balanced iron diet can suffer from some degree of anemia for iron deficit. Iron deficiency anemia can be caused by the following: low iron content diets. Gastrointestinal tract anomalies. Always consult your Mother, for a diagnosis. The body changes, Iron supplements can cause irritation of the stomach and discoloration of intestinal movements. Surgery or medications that interrupt the production of stomachic acid will also decrease iron absorption. They are much more effective than just interventions Iron is needed to form hemoglobin, part of the red blood cells that carry oxygen and remove carbon dioxide (a waste product) from the body. What causes iron deficiency Blood loss can cause an iron decrease and result in iron deficiency anemia. In cases of absorption or intolerance, IV iron may be required. Foods Rich Iron Number of Iron (milligrams) Oysters 3 Joves 13.2 Meat 3 Joves 7.5 Plum Juice 1/2 Xicara 5.2 Molluscs 2 Joves 4.2 Nuts 1/2 1.75 Shadow 3.Oxt 3.0 5/2 bran flakes. 1/2 roast pork shell 3 Joves 2.7 Cashew Chestnut 1/2 Xeal 2.65 Shrimp 3 Joves 2.6 Raisins 1/2 Xicara 2,55 Sardines 3 Joves 2.5 Spinach 1/2 Xeal 2,4 Shawl 1/2 X- Cascara 1/2 XCHARK 2.2 TURKEY, Dark Meat 3 Joves 2.0 Plums 1/2 XCHAQUE 1.9 BOOKED BOVINE 3 JOBS 1.8 GREEN ERVIES 1/2 XCHAK 1,5 Peanut 1/2 XCASCAR 1,5 Potato 1 1.1 Sweet Potato 1/2 XCASCA 1.0 Egg 1/2 XCASCAR 1.0 1 1.0 The following symptoms are the most common symptoms of iron deficiency anemia. How did iron deficiency anemia diagnosed? Iron is mainly stored in the body in hemoglobin. Iron is present in many foods and absorbed in the body through stomach. Iron deficiency anemia can be suspected of general discoveries in a complete medical history and physical examination, such as complaints of palloring easily, abnormal or lack of skin color, or a fast cardiac beat (tachycardia). Next, a list of foods that are good sources of iron. From there, iron and transfer are used - hemoglobin production, stored in the bean, baeoe and used marrow, and used as needed by all body cells . However, each individual can experience symptoms differently. They should be taken with the empty stomach, or with orange juice, to increase the absorption. Eating a diet with rich iron foods can help treat iron deficiency anemia. Iron supplements can be taken for several months to increase iron levels in the Symptoms may include: abnormal paleness or lack of color of skin irritability lack of energy or fatigue easily (fatigue) increased frequency of sore or aching card (tachycardia) the symptoms of iron-deficiency anemia can resemble other blood conditions or medical problems. Most of the iron ingested from food is absorbed in the upper small intestine. In addition to a complete medical history and physical examination, diagnostic procedures for iron deficiency anemia may include the following: Additional blood tests for iron aspiration and/or bone marrow biopsy. A procedure that involves taking a small amount of bone marrow fluid (aspiration) and/or solid bone marrow tissue (called a core biopsy), usually from the bones of the hip, to be examined for the number, size, and maturity of blood cells and/or abnormal cells. Iron is obtained from foods in our diet; however, only 1 mg of iron is absorbed for every 10 to 20 mg of iron ingested. This test is usually not necessary. Upper and/or lower endoscopy. Good sources of iron include: Meats, such as beef, pork, lamb, liver, and other organ meats Poultry, such as chicken, duck, turkey, (especially dark meat), liver Fish, such as shellfish, including clams, mussels, and oysters, sardines, anchovies Leafy greens from the cabbage family, such as broccoli, cabbage, green turnips, and collards Vegetables, such as lima beans and green peas; dried beans and peas, such as pinto beans, black-eyed peas, and canned baked beans Leavened whole wheat bread and rolls Iron-enriched white bread, pasta, rice, and cereals Iron supplements. What are the symptoms of iron deficiency anemia? Iron deficiency anemia is usually discovered during a medical examination by a blood test that measures the amount of hemoglobin (number of globules present, and the amount of iron in the blood. Any abnormalities in the gastrointestinal tract can alter the absorption of iron and result in iron deficiency anemia. About one-third of iron is also stored as ferritin Hemosiderina in the cord, and a fan cattle. Fan cattle.

Iron-deficiency anemia is diagnosed by blood tests that should include a complete blood count (CBC). Additional tests may be ordered to evaluate the levels of serum ferritin, iron, total iron-binding capacity, and/or transferrin. In an individual who is anemic from iron deficiency, these tests usually show the following results: ... The body needs iron to make hemoglobin (HEE-muh-glow-bin). Without enough iron, less hemoglobin and fewer red blood cells are made, leading to anemia. Treatment with iron supplements usually makes the anemia better. What Are the Signs & Symptoms of Iron-Deficiency Anemia? At first, children with iron-deficiency anemia may not have any symptoms. Key points about iron-deficiency anemia in children. Iron-deficiency anemia is not having enough iron in the blood. Iron is needed for hemoglobin. Breastfed-only infants should be given iron beginning at 4 months of age. When infants are 12 months old, they should be screened for iron-deficiency anemia. Iron-deficiency anemia is a common type of anemia that occurs if you do not have enough iron in your body. People with mild or moderate iron-deficiency anemia may not have any signs or symptoms. More severe iron-deficiency anemia may cause fatigue or tiredness, shortness of breath, or chest pain. 18/08/2020 · But you can also get iron deficiency anemia if you lose blood gradually over a period of time. That's why abnormally heavy periods can lead to iron deficiency anemia. That's a problem because this condition can lead to fatigue, dizziness, reduced mental sharpness, and an overall decreased sense of well-being. 04/01/2022 · To diagnose iron deficiency anemia, your doctor may run tests to look for: Red blood cell size and color. With iron deficiency anemia, red blood cells are smaller and paler in color than normal. Hematocrit. This is the percentage of your ...

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