

Managing iron deficiency in IBD

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Presentation

IBD

Nurses

Paediatrics

Primary Care

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Anaemia affects approximately 30% of IBD patients, with iron deficiency the predominant cause, and the speaker presented evidence that ferric carboxymaltose causes hypophosphataemia in over 50% of patients compared to 5% with ferric derisomaltose, leading to slower fatigue recovery and risk of fractures.

KEY POINTS

- The speaker reported that in a randomised controlled trial published in Gut 2023, ferric carboxymaltose caused hypophosphataemia in over 50% of patients versus 5% with ferric derisomaltose, with some patients experiencing persistent hypophosphataemia at day 70.
- The speaker stated that intravenous iron treatment improved fatigue scores by 10 points on the Facit scale within 14 days, compared to approximately 4 to 5 points improvement with biologicals over 12 months.
- The speaker presented a case of a Crohn's patient who developed bilateral hip pseudofractures and persistent hypophosphataemia lasting over one year after intensive ferric carboxymaltose treatment, with over 80 similar fracture cases reported in the literature.
- The speaker stated that patients with the greatest phosphate decrease during iron treatment had the slowest recovery from fatigue, and that hypophosphataemia-related symptoms often overlap with iron deficiency symptoms and may escape clinical attention.
- The speaker recommends avoiding ferric carboxymaltose especially in paediatric IBD populations and disclosed that his hospital trust in Innsbruck has completely abandoned its use in favour of alternative intravenous iron formulations.
- Non-anaemic iron deficiency was reported in 40% of a cohort where anaemia prevalence was only 12.6%, and the speaker stated that mucosal healing with biologicals alone will not resolve iron deficiency in IBD patients.

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