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Summary

EFFICACY OF INTRAVENOUS FERRIC CARBOXYMALTOSE TREATMENT IS INDEPENDENT FROM DISEASE ACTIVITY AND DOES NOT REQUIRE THERAPY OPTIMISATION IN CASE OF SILENT IBD WITH IDA – A PROSPECTIVE STUDY

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UEG Week Copenhagen 2023 | Poster

IBD

October 15, 2023

Prospective study of 73 IBD patients with iron deficiency anaemia found that intravenous ferric-carboxymaltose increased haemoglobin levels equally in active disease and remission groups without requiring treatment modification in patients in remission.

KEY POINTS

- 73 IBD patients (46 Crohn's disease, 16 ulcerative colitis, mean age 40.4 years) with iron deficiency anaemia were divided into active disease with therapy modification (n=27), remission with iron alone (n=23), and remission with therapy optimisation (n=23) groups
- Haemoglobin levels increased significantly in all groups ($p<0.001$) at weeks 8, 16, and 24, with no difference between active and remission groups or between the two remission subgroups
- Ferritin, serum iron levels, and transferrin saturation increased in all groups ($p<0.05$) without differences between groups, and no adverse events were observed
- The authors conclude that intravenous ferric-carboxymaltose is effective in remission without treatment modification, though they recommend treatment modification should still be considered due to the pathomechanism of iron deficiency anaemia in IBD

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