Iron deficiency anaemia in adults: what to look for and what to ask

By Lynne Pearce

Essential information
Iron deficiency is the most common form of anaemia and affects an estimated 2 billion people worldwide.

With causes including gastrointestinal conditions, iron deficiency anaemia (IDA) happens when a lack of iron in the body leads to a reduced number of red blood cells.

Typical symptoms include fatigue, weakness and impaired physical function.

Left untreated, IDA can affect the immune system, making people more vulnerable to illness and infection.

It can also elevate risk of developing problems associated with the heart or lungs, and in pregnancy IDA increases the possibility of complications before and following birth.

What’s new
The RCN published guidance in July on iron deficiency and anaemia in adults. Nurses from specialties including gastroenterology, gynaecology and chronic kidney disease developed the guidance for nurses, healthcare support workers, midwives and health visitors.

The guidance explains how to identify IDA and escalate its management. It examines when, why and how IDA occurs; provides dietary advice and tips on delivering intravenous iron.

The document features specialist guidance and case studies for those working in patient blood management, or with patients who have chronic kidney disease, inflammatory bowel disease, heavy menstrual bleeding, are pregnant or postpartum, have perioperative anaemia or experience heart failure.

Implications for nurses
Staff in all clinical settings will encounter people affected by IDA yet identification and management is often overlooked, the guidance states.

Signs and symptoms include weakness, shortness of breath, dizziness, fatigue, fast or irregular heartbeat, pounding or whooshing in the ears, headache, cold hands or feet, pale skin, chest pain, lack of concentration, mouth ulcers or cracks at the corners of the mouth, slow or poor wound healing, and tinnitus.

Important issues to ask patients about include: diet and factors that limit iron intake; medicines, including any that may cause gastrointestinal bleeding; menstruation; pregnancy and lactation; unexplained heavy bruising; family history; blood donation; recent travel or contact with others who have been abroad; and other medical conditions.

Nursing staff can offer broad dietary advice, including advocating avoidance of tea or coffee immediately before or after meals, and eating calcium-rich dairy products as snacks rather than in meals, because both habits can inhibit iron absorption. Nurses can also encourage patients to eat iron-rich foods and to consume vitamin C, which can enhance iron uptake.