COMMENT

We must screen for iron deficiency

One in six nurses may be affected by anaemia caused by a lack of the mineral, which may lead to exhaustion and confusion

Are you a woman? Do you feel tired and exhausted? Have you been experiencing heart palpitations or finding it a struggle sometimes to think clearly? This could be iron deficiency.

Data from this year’s RCN congress in Liverpool suggest that up to one in six nurses may have iron deficiency anaemia (IDA).

About 300 nurses at congress underwent a simple finger prick test to assess blood haemoglobin levels. One third of female nurses had a haemoglobin level less than 130g/L. We followed this up with a blood test looking at blood count and serum ferritin to determine iron store levels. Astonishingly one in six nurses tested had IDA.

Ability to work
People are familiar with some of the symptoms of IDA, such as fatigue and tiredness. However, in the women tested at congress, the most common symptoms of IDA were heart palpitations, ‘brain fog’, restless legs and shortness of breath – all things that could have a negative impact on a nurse’s ability to work.

IDA can also affect mental health, with symptoms including confusion and anxiety. Data suggest that IDA is associated with depression, particularly in childbirth, where treatment reduces symptoms of post-partum depression.

These results raise concerns that we may be overlooking the health and welfare of our largely female nursing workforce. We need to step up and look after our nurses.

Iron deficiency
Risk factors for IDA are recent pregnancy, heavy menstrual bleeding, a low-meat diet and being a blood donor. Women, particularly those at high risk, should be screened for IDA.

Screening commonly involves a blood test for haemoglobin level but this only tests for anaemia; a ferritin test should be undertaken routinely to identify iron store levels.

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Our research has focused on iron deficiency in patients where it is the commonest cause of anaemia and associated with increased patient complications, length of hospital stay and worse outcomes. However, while we are all focused on treatments for these patients, we may be overlooking how common the problem is in nurses.

Treatment of IDA includes:

» Maintaining a well-balanced diet rich in meat, as the iron in meat is more easily absorbed. Non-meat foods high in iron include pulses, soya beans, lentils and cereals.

» Treatment with iron tablets should be a minimum of 65mg elemental iron a day. If this is not tolerated due to side effects of abdominal discomfort or gastrointestinal upset, then one tablet taken on alternating days.

» If blood results show no improvement at three months, then an iron infusion is proposed.

Filling up the tank
Iron infusions are a groundbreaking change as we can now safely deliver a full dose of iron in a 15-30-minute infusion. This ‘fills the tank’, allowing people to feel better quickly and potentially minimising the need for further treatment.

The updated RCN guidelines on Iron Deficiency and Anaemia in Adults, which were launched at RCN congress, provide further information on the common causes and symptoms of IDA, as well as more detailed advice on the suggested treatment pathway.

Further information
Iron Deficiency and Anaemia in Adults
tinyurl.com/iron-anaemia