



# Feature Column

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## Keeping Your Hometown Healthy

### Anemia Prevention: Lacking Iron in Your Diet?

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Are you tired and worn down all the time? Does it seem that you can never catch up on your sleep? You are not alone. Among the many causes of these complaints, anemia is one of the most common. Anemia affects 4.1 million Americans a year according to the Centers for Disease Control and Prevention (CDC). But what can be done to prevent anemia?

There are many causes of anemia, including sickle cell disease and iron deficiency. Iron deficiency, the most common anemia, results when the red blood cells in the body decrease in number and size. This may be caused by not obtaining enough iron in the daily diet.

Iron is obtained through food and by the recycling of iron from old red blood cells. Iron is a component of hemoglobin, the oxygen carrying substance in the red blood cell. When the normal body stores of iron are depleted, anemia slowly develops. According to the Arkansas Department of Health, the most common causes of iron deficiency are too little iron in the diet, poor absorption of iron from the gastrointestinal tract, blood loss, most often from excessive menstrual flow or bleeding from the intestinal tract and repeated pregnancies.

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Approximately 20 percent of women, 50 percent of pregnant women and 3 percent of men are iron deficient. Groups at high risk for iron deficiency include women of child-bearing age who have blood loss through menstruation; pregnant or lactating women who have an increased requirement for iron; infants, children and adolescents in rapid growth phases; and people with a poor dietary intake of iron because of a diet with little or no meat or eggs.

Women are at higher risk than men because they have smaller iron stores and have increased loss of iron through menstruation. In men and postmenopausal women, anemia is usually due to gastrointestinal blood loss, which may be due to many causes including the use of drugs such as aspirin and ibuprofen, and diseases of the colon including cancer. Risk factors for blood loss in the intestinal tract are peptic ulcer disease, long- term aspirin use, colon cancer and “inflammatory bowel diseases.”

There are several symptoms to look for in anemia. They may include all or some of the following:

- pale skin color;
- easy fatigue;
- weakness;
- low blood pressure;
- and decreased appetite.

If the anemia is mild, there may be no symptoms at all. The two most common tests performed to determine if a person is anemic are measures of the hematocrit and the hemoglobin.

Treatment for iron deficiency is simple, not to mention inexpensive. Identification of the deficiency is essential. Because it is very difficult to overcome by simply increasing dietary intake of iron, iron supplements are indicated. Oral iron supplements can be given in the form of ferrous sulfate, which can be obtained through a prescription or over-the-counter. Iron is absorbed best on an empty

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stomach, but many people are unable to tolerate it this way and may need to take it with food. If a person cannot take the supplements orally, intravenous or intramuscular supplements can be given. Iron supplements are needed during pregnancy and breast-feeding because the required amounts cannot be supplied by the dietary intake during these times. Iron deficiency anemia may recur, so regular check-ups are encouraged.

Blood iron levels should return to normal after two months of iron therapy, but iron should be taken for an additional six to twelve months to restore the body iron reserves. Iron-rich foods that may prevent iron deficiency anemia include red meats, liver, egg yolks, raisins, fish, poultry, legumes, flour, bread and some cereals that have been fortified with iron.

For more information about prevention of iron deficiency anemia, see your doctor, local health unit or visit the Arkansas Department of Health's Web site at [www.healthyarkansas.com](http://www.healthyarkansas.com).

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