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Effectiveness of an Iron subsidy program in improving hemoglobin values End Stage Kidney Disease haemodialysis patients

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Objectives: Anemia is an important marker of cardiovascular morbidity and mortality in haemodialysis patients. Maintaining an adequate level of haemoglobin requires adequate erythrocyte stimulating agent (ESA) as well as ensuring proper stores of iron. In our practice, intravenous iron is often not provided due to cost, resulting in lower than targeted haemoglobin results. Other factors are due to cultural attitudes as yet undefined. We surmise that provision of iron at a subsidized rate would help in lowering rates of anemia.

Methods: We planned to give intravenous iron sucrose at 100mg weekly for 10 doses, delivering a total of 1000mg was prescribed to patients identified as having a haemoglobin less than 10g/dL and a transferrin saturation of less than 20%.

Results: 376 patients were identified as meeting the criteria but only 287 patients were analysed. The other patients were excluded due to death,refusal of continuation after single dose of iron, allergic reactions and transferring to different dialysis centres. 254 (88%) of patients received 100mg iron weekly for 10 weeks. 11.5% (n=33) patients did not complete the full 1000mg course and only received 600mg. Of the 33 patients, 22 were on 100mg monthly, 5 patients were on 200mg monthly and 5 patients were on 100mg 2 weekly At the end of the program, despite varying iron provision, average iron saturation had increased from 20.8 % to 27.4 %, average ferritin levels had increased from 290mcg/L to 470mcg/L while haemoglobin levels increased from 9 to 9.4g/dL.

Conclusions: Iron delivery can effectively improve haemoglobin levels. Iron can be delivered in a variety of prescriptions and still achieve increases in haemoglobin. When cost is not a constraint, the take up rate for iron is high. Surprisingly, the increase in iron is not mirrored by a similar magnitude of increase in haemoglobin