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Time needed to complete: 29m

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Enhancing Adherence with Oral Iron Therapy

Announcer:

Welcome to CME on ReachMD. This episode is part of our MinuteCME curriculum.

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Dr. Munro:

This is CME on ReachMD. We're here to talk about patient adherence and how we can facilitate that in individuals who are treating with iron deficiency. With me here is Dr. Wendy Wright. Wendy, what can you tell us?

Ms. Wright:

Well, thank you so much, Dr. Munro, and I'm Wendy Wright. I am an adult and family nurse practitioner and the owner of a nurse practitioner-owned and -operated primary care clinic. I'm located in Amhurst, New Hampshire. So thank you so much for having me here.

One of the things I'd like to talk a little bit about is patient adherence with oral iron therapies. We know that oral iron therapies historically are associated with a significant number of adverse events.

The reality is that about 50% of patients who take these products have some type of GI [gastrointestinal] intolerance to them, making it often difficult to adhere with the regimen. We also recommend that they take their iron on an empty stomach. We recommend they take it first thing in the morning with a little bit of vitamin C, orange juice – that really does enhance the absorption. But for a lot of people, again, that's a really tough regimen. So communicating with our patients and educating them about the best ways to take it, about the most common side effects that we're going to see and why it's important to take it. I think by also scheduling follow-up appointments and making sure that we're rechecking their laboratory markers such as their CBCs, as well as their ferritin, is really important in conveying to these patients that this is important and worthy of treating.

What some providers may not realize is that there are a number of studies out there that show that every-other-day iron dosing, such as taking it on a Monday, Wednesday, and Friday, can lead to the same if not better iron absorption than taking it 2 and even 3 times a day, so we should really be adopting that regimen for our patients. And before we send these folks who are unable to tolerate iron off to get IV administration or IV iron, there is a prescription version of iron called ferric maltol. It's 30 mg, and it's dosed twice a day, that appears to have less GI side effects, and in the clinical trials looks to be someplace around maybe 5% of patients had a GI side effect.

Dr. Munro:

Yes, and I think our listeners, if they've been following along, will realize that hepcidin, which is what does help to control absorption of iron, is elevated with daily dosing of a lot of these ferrous sulfate, ferrous gluconate, but it appears not to be so elevated with ferric maltol.

Ms. Wright:

I think there's a lot of strategies that we can employ to make sure that our patients are taking their iron. For many people, if we work with them and communicate, we can get them onto oral regimens before we need to then refer for IV therapy. And it's also important, at least for me in rural America, to recognize that not everyone has access to IV therapies, that they would have to go to an infusion center, and

many patients don't always have ready access to that. So lots of things we can do to improve adherence to their treatments.

Dr. Munro:

Absolutely. Well, there's a lot of information there. Thank you so much. That's all the time we have today. Thanks for listening.

Ms. Wright:

Thank you.

Announcer:

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