

EARLY INTERVENTION: THE KEY TO SUCCESS

Anaemia often develops early in the course of chronic kidney disease (CKD), well before the onset of end-stage renal disease (ESRD), and then worsens as CKD progresses (Kazmi et al. 2001).

There is growing evidence that iron deficiency is a common and important cause of anaemia associated with CKD. Results from the PRESAM survey suggested that at the start of dialysis, 40% had adequate iron status and 60% had iron deficiency (39% had absolute deficiency and 22% functional deficiency) (Valderrabano et al, 2003).

Since the introduction of epoetin therapy in the late-1980s, there has been a tendency to prescribe erythropoiesis-stimulating agents (ESAs) for the treatment of anaemia, sadly often before a ferritin level has been checked. Increasing evidence suggests that many such patients achieve

partial correction of anaemia with IV iron alone. In a retrospective review of 101 patients in the Renal Unit at King's College Hospital, London, we found that nearly 30% of patients not receiving an ESA, showed a response to intravenous iron alone with a significant and sustained rise in Hb levels (>1g/dl for a minimum of 6 months). The potential savings resulting from the high costs of epoetins in this proportion of selected CKD patients are enormous (Abstract accepted at WCN 2005, Singapore).

Data from a prospective study of 2297 injections in CKD patients suggested that a 2-minute push of 200 mg iron sucrose was a safe and practical means of administering IV iron to predialysis patients; considerable time and cost savings were also achieved in this study (Macdougall et al., AJKD in press, 2005).



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Iain Macdougall is a combined medical and science graduate of Glasgow University, Scotland, from which he was awarded a First Class Honours BSc in Pharmacology in 1980.

For the last nine years, Dr. Macdougall has been Consultant Nephrologist and Honorary Senior Lecturer at King's College Hospital in London. He has developed both a clinical and a basic science research interest in factors affecting responsiveness to erythropoietic agents. He has served on the Working Parties responsible for both (1999 and 2004) European Best Practice Guidelines on Renal Anaemia Management, and he is currently a member of

the US Anemia Guidelines Working Group, the K/DIGO Board of Directors, the Global Scientific Advisory Board for PRCA and the Council of the European Renal Association.

He is frequently invited to lecture both nationally and internationally on the topic of renal anaemia, he is one of the Subject Editors for *Nephrology Dialysis Transplantation*, and he has co-authored the section on «Haematological Disorders» for the last two editions of the *Oxford Textbook of Clinical Nephrology*.