

ANAEMIA IN PREDIALYSIS: A CLINICAL RELEVANT ISSUE

The new EBPG guidelines recommend that patients with CKD should have iron balance or have sufficient iron to maintain (or reach) a haemoglobin (Hb) concentration of >11g/dl. Furthermore, all CKD patients with renal anaemia undergoing treatment with an erythropoiesis-stimulating agent (ESA) should be given supplementary iron regardless of dialysis status (NDT supplement 2, Volume 19, May 2004).

However, the administration of intravenous (i.v.) iron in the absence of ESA therapy may improve anaemia in some renal patients, particularly CKD patients not yet requiring dialysis (Silverberg et al, 1999).

The results from an international multicenter study performed on 60 predialysis patients support these findings. Investigating two groups (group A i.v. iron alone, group B i.v. iron plus epoetin), the treatment with i.v. iron alone has shown to be capable of correcting renal anaemia and, most importantly, maintaining Hb levels above 11g/dl, as recommended by the EBPG.

Thus, it appears that i.v iron has a major impact for the correction of anaemia in predialysis patients. Furthermore, given the high costs of epoetins, this outcome is of considerable economical significance.



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