
Interactive Case Discussion

The IronBru Award



John Baxter
Consultant in Care of the Elderly
Sunderland Royal Hospital

Manchester September 2018

Vifor Pharma UK have fully funded this meeting, including the honoraria for the chair and speakers and have contributed to the design of the agenda. The case studies, slides and clinical content are the speaker's own.

Conflicts of Interest

Speaker:
John Baxter
Consultant Geriatrician
Sunderland Royal Hospital
Conflicts of interest: Vifor Sponsored session



Vifor Pharma UK Ltd have reviewed the content solely to ensure factual and scientific accuracy.

The final content of the presentation has been decided by the author alone. The views expressed in this guidance are those of the speaker and not necessarily the views of the sponsoring company.



How old is the oldest person
you have referred for iv Iron?



Case Study

- Nora, 94 ♀
- MI aged 76
- NHYA III
- Lower limb oedema
- ECG SR ant Q waves
- Echo Severe LVSD
- Creat 110
- Hb 99
- 7 visits to CHF clinic
 - Enalapril 10mg BD
 - Bisoprolol 5 mg OD
 - Spironolactone 25mg od



Nora's next visit

- Lethargic
- SOB walking to day room
- Frustrated to miss company in the afternoons
- Pulse 72 BP 110/70
- Euvolaemic
- Creat 160
- Hb 100
- Ferritin 150, B12 Folate normal
- Tsat 14%



What is your next step

1. 6 month review



2. Book into Consultant or GPSI Clinic



3. CHF rehab



4. Iv Iron



Treatment of CHF due to LVSD

□ **A**CE/ARB (ARNI)

□ **B**eta **B**lockers

□ **A**ldosterone Receptor
antagonists

- Ivabradine
- Biventricular PPMs
- ICDs
- Diuretics
- Digoxin
- ISMN/Hydralazine
- CHF rehab
- Anaemia management
- Palliation



Treatment of CHF due to LVSD

□ **A**CE/ARB (ARNI)

□ **B**eta **B**lockers

□ **A**ldosterone Receptor
antagonists

- Ivabradine
- Biventricular PPMs
- ICDs
- Diuretics
- Digoxin
- ISMN/Hydralazine
- CHF rehab
- Anaemia management
- Palliation



Dear Dr Baxter,

Since I first met you 3 months ago, I have had more appointments than the queen, more tests than Geoffrey Boycott and I am now told I have to undertake a course of exercise that would frighten Daly Thompson.

The trouble is I feel no better than we first met and hence I hope you may discharge me at next visit

What is your next step

- 6 month review
- Book into Consultant or GPSI Clinic
- ~~CHF rehab~~
- Iv Iron
- Other

Treatment of CHF due to LVSD

□ **A**CE/ARB (ARNI)

□ **B**eta **B**lockers

□ **A**ldosterone Receptor
antagonists

- Ivabradine
- Biventricular PPMs
- ICDs
- Diuretics
- Digoxin
- ISMN/Hydralazine
- CHF rehab
- Telemetry
- **Anaemia management**
- Palliation



What is your work up

- Blood tests
- When would you consider GI investigations
- What would you tell the patient
- Would you try oral iron

Management of Anaemia in Heart failure

- CHF LVSD
- Optimum Standard Therapy
 - ABBA
- Symptomatic
- Hb < 150
- Ferritin
 - <100
 - 100-300 Tsat <20%
- Consider Iv Iron Therapy

Management of Anaemia in CHF

- Check B12, folate, ferritin, TSAT;
- Investigate deficiencies as per normal;
 - Iron deficiency
 - » Consider GI investigations
 - » What to do with anti-platelets?
 - B12, Folate deficiency
 - » Treat

Consider iv iron therapy.

Case History: Nora

- ❑ Declined oral iron
 - Previous GI side effects
- ❑ Attended Morning session in SRH Day Unit
 - IV Iron over 20 mins
- ❑ Attended OPD 1 month later
 - Much improved
 - Hb110
 - Booked onto day trip to Roker Beach

Interactive Case Discussion

The IronBru Award

John Baxter

Consultant in Care of the Elderly
Sunderland Royal Hospital



Manchester September 2018