Universitatea de Stat de Medicină și Farmacie
„Nicolae Testemitanu„ din Republica Moldova

# Bazele culturii informatiei

Biblioteca Științifică Medicală a Universității de Stat
de Medicină și Farmacie „Nicolae Testemitanu„


# Medicina bazată pe dovezi

- Acesta este un domeniu de cunoaștere, care include rezultatele cercetării de încredere, experiența clinică a medicului și interesele pacientului.
- metode de medicina bazata pe dovezi + set de reguli de cercetare și analiză ulterioară, care asigură fiabilitatea rezultatelor.

Aplicarea medicinei bazată pe dovezi necesită timp, competență și experiență, fiind necesară parcurgerea mai multor etape:

- transformarea problemei medicale in întrebare clinică,
- căutarea evidențelor relevante pentru răspunsul la întrebarea respectivă,
- evaluarea validității (conformitatea cu adevărul), a impactului (mărimea efectului) și a relevanței (utilitatea ) metodei,
- integrarea evidențelor medicale relevante în practică,
- evaluarea eficienței și eficacității acestora în teren.

Actualmente există o serie de facilități care permit aplicarea metodologiei medicale bazată pe evidențe, între care se pot menționa:

- existența sistemelor informatice de asistare a deciziei medicale,
- realizarea sintezelor informatice și a meta-analizelor,
- apariția a numeroase publicații științifice de practică a medicinei bazatăpe dovezi (Evidence-Medicina bazată pe dovezi Based Medicine, Evidence-Based Healthcare& Public Health etc.),
- dezvoltarea informaticii medicale, crearea de strategii de educație medicală continuă.

**Logistica medicinii bazată pe dovezi este structurată pe trei nivele**:

***Nivelul organizatoric***. In anul 1979 Archie Cochrane critica societatea medicală pentru lipsa unei modalități prin care să se pună la dispoziția medicilor rezultatele cercetărilor recente, lipsa cărora poate conduce la aplicarea cu întârziere a acestora în practica medicală. Au luat naștere în acest sens, o serie de organizații :

Colaborarea Cochrane are scopul de a crea și de a aduce la zi sinteze sistematice cu ultimele actualități din diverse domenii medicale.

Această organizație este constituită dintr-un grup metodologic care creează metodologii și îndrumă organizația în îmbunătățirea validității și preciziei sintezelor sistematice, precum și o rețea internațională de centre naționale care promovează obiectivele colaborării la nivele naționale.

Colaborarea AGREE este o organizație internațională care se ocupă cu implementarea ghidurilor de practică medicală

Nivelul tehnologic și financiar este asigurat din granturi de cercetare, cheltuielile fiind necesare pentru crearea și menținerea la zi a evidențelor primare și secundare, implementarea și administrarea bazelor de date, accesul la bazele de date, instruirea personalului etc.

Resursele umane sunt reprezentate de ***specialiști în domeniu*** care au rolul de a elabora evidențele medicale; ***informaticieni*** care se ocupă de suportul informatic pentru crearea și managementul evidențelor, respectiv pentru decizia medicală asistată pe calculator; persoane cu rol în dezvoltarea de politici sanitare (normative și legislative);

***medicii practicieni***, care integrează evidențele valide în practica curentă, alături de experiența individuală.

# Baza de date UpToDate

# Accesarea UpToDate

- Acces prin adresa IP (de la calculatoarele din rețeaua locală, de la Universitate) - www.uptodate.com/online

UpToDate®

English | Search UpToDate | Wolters Kluwer Health

About Us | News & Events | Contact Us | Help | Log in

PRODUCT | EDITORIAL | WHY UPTODATE? | SUBSCRIPTION OPTIONS | SUBSCRIBE | WOLTERS KLUWER HEALTH CLINICAL SOLUTIONS


**Trial supports dual antiplatelet therapy for one year after coronary artery drug-eluting stent placement.**

Learn More >>

In What's New, we summarize important findings from the latest literature to help clinicians stay current in their field.

## Smarter Decisions. Better Care.

UpToDate® is the premier evidence-based clinical decision support resource authored by physicians to help healthcare practitioners make the best decisions at the point of care. By combining the latest clinical knowledge with cutting-edge technology, UpToDate changes the way clinicians practice medicine and has become an indispensable part of clinical workflows in institutions and practices worldwide.

Subscribe

Try UpToDate

Search UpToDate

Follow UpToDate

### Benefits for Institutions

Meet the standards of excellence that your institution demands and improve clinician

### Benefits for Clinicians

98% of individual subscribers surveyed said they would recommend UpToDate to a

Search UpToDate

## Benefits for Institutions

Meet the standards of excellence that your institution demands and improve clinician satisfaction

Learn more »

## Benefits for Clinicians

98% of individual subscribers surveyed said they would recommend UpToDate to a colleague

Learn more »

## Benefits for Group Practices

Make UpToDate an essential part of your medical practice with evidence-based recommendations - anytime, anywhere

Learn more »

## Benefits for Trainees

95% of internal medicine residents said UpToDate was the most effective resource for learning

Learn more »

## Benefits for Librarians

Our editorial process provides clinicians with the most current and best available evidence for point-of-care decisions

Learn more »

## Benefits for Patients

Access medical information that doctors trust to treat their patients

Learn more »

An official educational program of or offered in cooperation with:

American Academy of Allergy Asthma & Immunology

The Endocrine Society

The American College of Obstetricians and Gynecologists — Women's Health Care Physicians

SGIM — Society of General Internal Medicine

American College of Rheumatology — Education • Treatment • Research

AGA — The AGA Institute

Recommended by:

American Academy of Family Physicians — Strong Medicine for America

## Follow UpToDate

## UpToDate for Mobile Devices

Learn More »

## Log in to your account

Enter Username

Enter Password

Remember my user name

Log in via Athens

Log in help

Login

UpToDate®

English

Search UpToDate

Introduceți cuvîntul

Wolters Kluwer Health

About Us | News & Events | Contact Us | Help | Log in

PRODUCT | EDITORIAL | WHY UPTODATE? | SUBSCRIPTION OPTIONS | SUBSCRIBE | WOLTERS KLUWER HEALTH CLINICAL SOLUTIONS

## November is Mobile Awareness Month at UpToDate!

Our mobile apps put the evidence-based recommendations you trust in the palm of your hand.

Learn More >>


# Smarter Decisions. Better Care.

UpToDate® is the premier evidence-based clinical decision support resource authored by physicians to help healthcare practitioners make the best decisions at the point of care. By combining the latest clinical knowledge with cutting-edge technology, UpToDate changes the way clinicians practice medicine and has become an indispensable part of clinical workflows in institutions and practices worldwide.

### Benefits for Institutions

Meet the standards of excellence that your institution demands and improve clinician satisfaction

Learn more »

### Benefits for Clinicians

98% of individual subscribers surveyed said they would recommend UpToDate to a colleague

Learn more »

### Benefits for Group Practices

### Benefits for Trainees

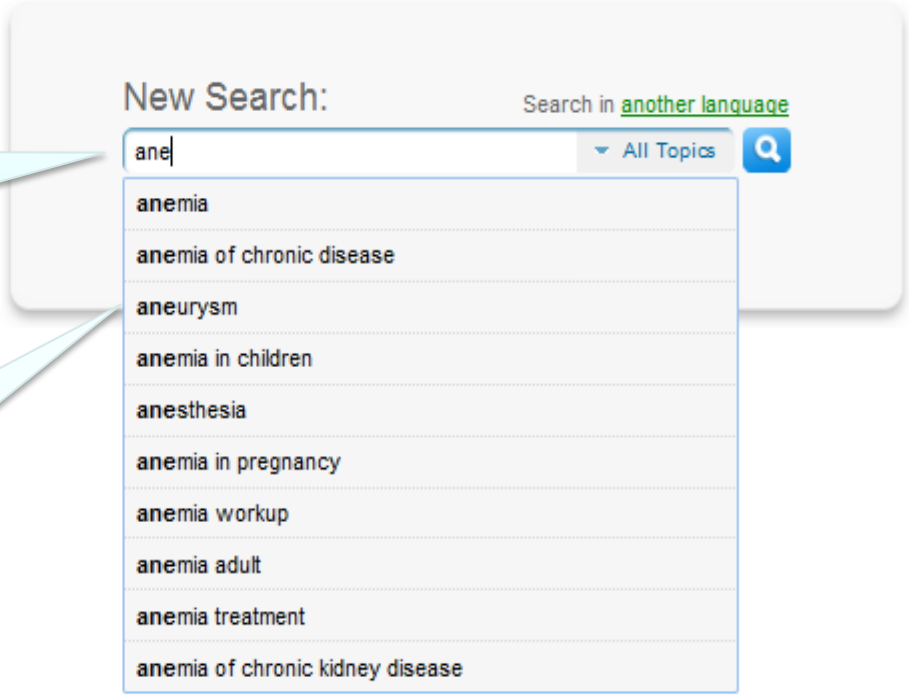
Subscribe

Try UpToDate

Search UpToDate

Follow UpToDate

Introduceți cuvîntul de căutare în limba engleză (unul sau mai multe )




După ce ați întrodus trei simboluri, UpToDate afișează lista corespondențelor posibile a termenului.

Faceți clic pe elementul din lista de corespondențe posibile pentru rezultatele căutării a elementului necesar

Search Results for "anemia"

Topic Outline

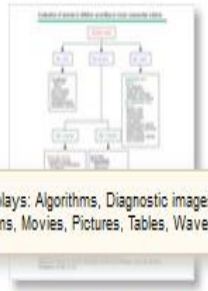
- All Topics
- Adult
- Pediatric
- Patient
- Graphics

- Approach to the adult patient with anemia
- Approach to the child with anemia
- Anemia in the older adult
- Causes and diagnosis of iron deficiency anemia in the adult
- Treatment of the adult with iron deficiency anemia
- Anemia of chronic disease (anemia of [chronic] inflammation)
- Anemias due to decreased red cell production
- Approach to the diagnosis of hemolytic anemia in the adult
- Anemia in children due to decreased red blood cell production
- Autoimmune hemolytic anemia in children
- Overview of hemolytic anemias in children
- Palliative care: Overview of fatigue, weakness, and asthenia
- Overview of care of the adult kidney transplant recipient
- Role of erythropoiesis-stimulating agents in the treatment of anemia in patients with cancer
- Hematologic consequences of malignancy: Anemia and bleeding
- Aplastic anemia: Pathogenesis; clinical manifestations; and diagnosis
- Erythropoietin for the anemia of chronic kidney disease among predialysis and peritoneal dialysis patients
- Routine comprehensive care for children with sickle cell disease
- Hematopoietic cell transplantation in aplastic anemia
- Anemia of prematurity
- Clinical aspects, diagnosis, and treatment of the sideroblastic anemias
- Acute chest syndrome in adults with sickle cell disease

**Search Results** for "anemia"

- All Topics
- Adult
- Pediatric
- Patient
- Graphics

Displays: Algorithms, Diagnostic images, Figures, Forms, Movies, Pictures, Tables, Waveforms


Evaluation of anemia in children according to mean co...


Blood smear in sideroblastic anemia


Bone marrow biopsy in aplastic anemia


Approach to the child with unconjugated hyperbilirubi...


Approach to the child with unconjugated hyperbilirubi...


Identification of iron deficiency anemia in rheumatoid arthritis


Anemia of chronic disease - bone marrow iron stain


Algorithm for the diagnostic evaluation of a patient ...

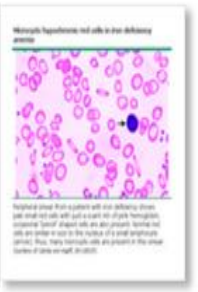

Micronodular cirrhosis in sideroblastic anemia

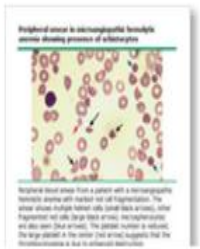

Peripheral smear in Heinz body hemolytic anemia showi...

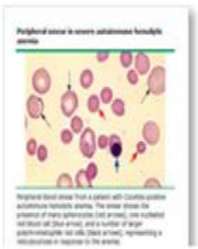

Peripheral blood smear in sickle cell anemia

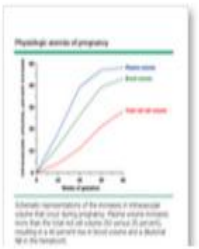

Siderocyte containing Pappenheimer bodies in sideroblastic anemia

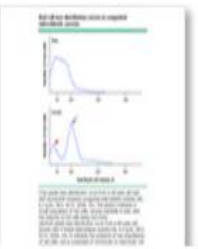

Iron overload in the liver in sideroblastic anemia


Microcytic hypochromic red cells in iron deficiency anemia









UpToDate®

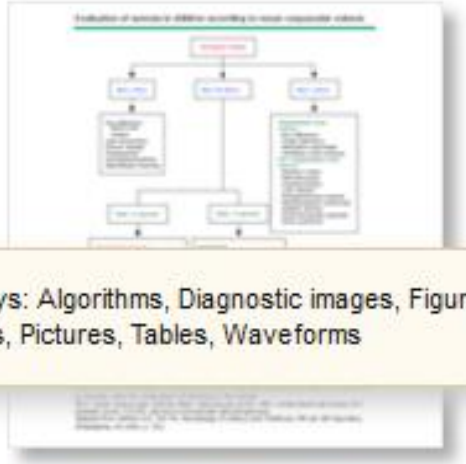
anemia | Graphics

New Search | Patient Info | What's New | Calculators

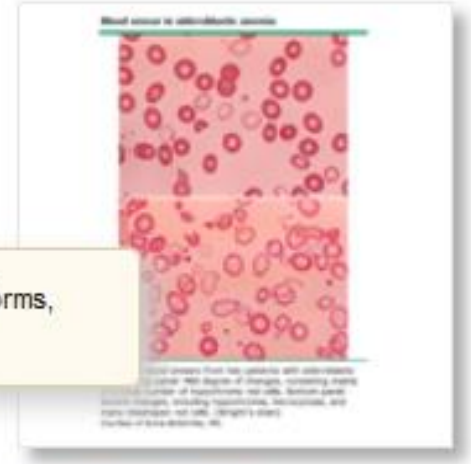
**Search Results** for **"anemia"**

- All Topics
- Adult
- Pediatric
- Patient
- Graphics

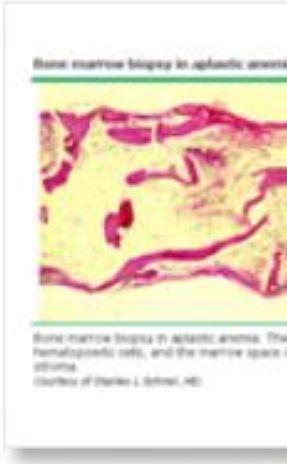
Displays: Algorithms, Diagnostic images, Figures, Forms, Movies, Pictures, Tables, Waveforms



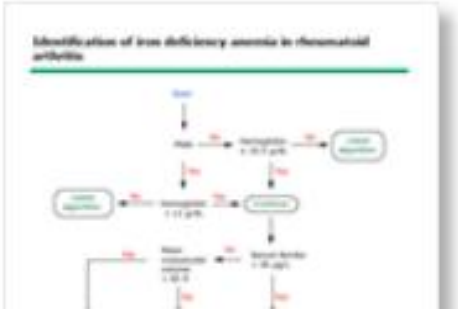
Evaluation of anemia in children according to mean co...

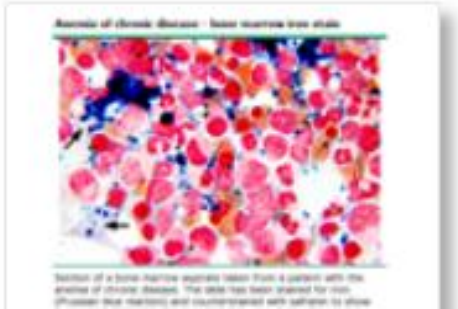


Blood smear in sideroblastic anemia



Bone marrow biop aplastic anemia





# Rezultatul căutării

Conținut interactiv este afișat în partea din dreapta a paginii


Pentru a vizualiza conținutul elementului, mutați cursorul la titlul său.

Pentru a vizualiza textul integral al temei clickați pe titlul subiectului în rezultatele de căutării sau selectați numele secțiunii dorite dîn conținut.

www.uptodate.com/contents/treatment-of-the-adult-with-iron-deficiency-anemia?detectedLanguage=en&source=search_result&search=anemia&selectedTitle=5~150&provider=noProvider#H1

UpToDate® anemia All Topics Languages About Us Conta

New Search | Patient Info | What's New | Calculators

**Conținutul interactiv al temei**. permite determinarea rapidă a relevanței informațiilor obținute .

Treatment of the adult with iron deficiency anemia

Find Patient Prin

TOPIC OUTLINE

SUMMARY & RECOMMENDATIONS



# Treatment of the adult with iron deficiency anemia


Author
Stanley L Schrier, MD
Michael Auerbach, MD, FACP

Section Editor
William C Mentzer, MD

Deputy Editor
Stephen A Landaw, MD, PhD


Disclosures


All topics are updated as new evidence becomes available and our peer review process is complete.
**Literature review current through:** Oct 2013. | **This topic last updated:** окт 24, 2013.

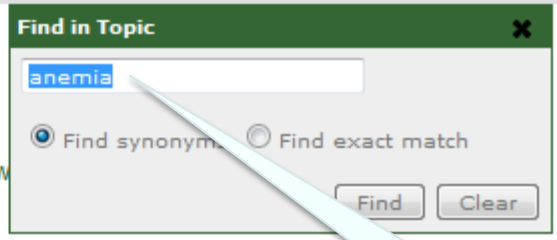

**INTRODUCTION** — The management of adults with anemia due to iron deficiency, including the relevant diagnostic and therapeutic issues as well as the choice of iron preparation, will be discussed here.

The causes and diagnosis of iron deficiency are discussed separately, as is the treatment of iron deficiency in infants and young children and adolescents. (See "Causes and diagnosis of iron deficiency anemia in the adult" and "Iron deficiency in infants and young children: Treatment" and "Iron requirements and iron deficiency in adolescents".)

The uses of iron preparations for the treatment of functional iron deficiency in patients with chronic kidney disease as well as malignancy being treated with erythropoietin are specialized subjects and are presented separately. (See "Iron balance in non-dialysis, peritoneal dialysis, and home hemodialysis patients" and "Use of iron preparati in hemodialysis patients" and "Diagnosis of iron deficiency in chronic kidney disease" and "Role of erythropoiesis-stimulating agents in the treatment of anemia in patient with cancer", section on 'Iron monitoring and supplementation'.)

**MANAGEMENT OVERVIEW** — The usual presenting symptoms in adults, as seen in current practice, are primarily due to anemia, and include weakness, headache, irritability, and varying degrees of fatigue and exercise intolerance. However, many patients are asymptomatic and may recognize that they had fatigue, weakness, exercis intolerance, pagophagia (ice craving, a form of pica), or restless legs syndrome only after successful treatment with iron. (See "Causes and diagnosis of iron deficiency anemia in the adult", section on 'Clinical manifestations'.)

**Public health aspects** — More than a quarter of the world's population is anemic, and about one-half of this burden is a result of iron deficiency anemia, being most prevalent among preschool children and women. The prevention and treatment of iron deficiency is obviously a major public health goal, especially in low- and middle-inco countries, although the various aspects of this issue are complex and beyond the scope of this review [1]. (See "Iron deficiency in infants and young children: Screening,




Căutarea în cadrul temei

mia

**Section Editor**
William C Mentzer, MD

**Deputy Editor**
Stephen A Landaw

ailable and our peer review process is complete.
**his topic last updated:** окт 24, 2013.

anemia due to iron deficiency, including the relevant diagnostic and therapeutic issues as well as the choice of iron

cussed separately, as is the treatment of iron deficiency in infants and young children and adolescents. (See "Causes " and "Iron deficiency in infants and young children: Treatment" and "Iron requirements and iron deficiency in

nctional iron deficiency in patients with chronic kidney disease as well as malignancy being treated with erythropoietin ely. (See "Iron balance in non-dialysis, peritoneal dialysis, and home hemodialysis patients" and "Use of iron preparations iciency in chronic kidney disease" and "Role of erythropoiesis-stimulating agents in the treatment of anemia in patients mentation".)

ng symptoms in adults, as seen in current practice, are primarily due to anemia, and include weakness, headache, se intolerance. However, many patients are asymptomatic and may recognize that they had fatigue, weakness, exercise

Topic Feed

Find in Topic

We found **57 instances** of **"anemia"**

1 of 57 highlighted Next Clear

# Treatment of the adult with iron deficiency anemia

**Authors**
Stanley L Schrier, MD
Michael Auerbach, MD, FACP

**Section Editor**
William C Mentzer, MD

**Deputy Editor**
Stephen A Landaw

## Disclosures

All topics are updated as new evidence becomes available and our peer review process is complete.
**Literature review current through:** Oct 2013. | **This topic last updated:** окт 24, 2013.

**INTRODUCTION** — The management of adults with anemia due to iron def... preparation, will be discussed here.

The causes and diagnosis of iron deficiency are discussed separately, as is the treatment of iron deficiency in in... and diagnosis of iron deficiency anemia in the adult" and "Iron deficiency in infants and young children: Treatment" and "Iron requirements and iron deficiency in adolescents".)

The uses of iron preparations for the treatment of functional iron deficiency in patients with chronic kidney disease as well as malignancy being treated with erythropoietin are specialized subjects and are presented separately. (See "Iron balance in non-dialysis, peritoneal dialysis, and home hemodialysis patients" and "Use of iron preparations in hemodialysis patients" and "Diagnosis of iron deficiency in chronic kidney disease" and "Role of erythropoiesis-st... with cancer", section on 'Iron monitoring and supplementation'.)

**MANAGEMENT OVERVIEW** — The usual presenting symptoms in adults, as seen in current practice, are primarily ... irritability, and varying degrees of fatigue and exercise intolerance. However, many patients are asymptomatic and m... intolerance, pagophagia (ice craving, a form of pica), or restless legs syndrome only after successful treatment with ... anemia in the adult", section on 'Clinical manifestations'.)

**Public health aspects** — More than a quarter of the world's population is anemic, and about one-half of this burd... a result of iron deficiency anemia, being most prevalent among preschool children and women. The prevention and treatment of iron deficiency is obviously a major public health goal, especially in low- and middle-income countries, although the various aspects of this issue are complex and beyond the scope of this review [1]. (See "Iron deficiency in infants and young children: Screening,

Se evidențiază cuvintele cheie a cererii de căutare

Vizualizarea înregistrarilor bibliografice/ referatelor din Medline

Topic Feedback

# Treatment of the adult with iron deficiency anemia

**Authors**
Stanley L Schrier, MD
Michael Auerbach, MD, FACP

**Section Editor**
William C Mentzer, MD

**Deputy Editor**
Stephen A Landaw, MD, PhD

## Disclosures

All topics are updated as new evid[illegible] becomes available and our peer review process is complete.
**Literature review current through:** [illegible] 2013. | **This topic last updated:** окт 24, 2013.

**INTRODUCTION** — The management of a[illegible]th anemia due to iron deficiency, including the r[illegible]evant diagnostic and therapeutic issues as well as the choice of iron preparation, will be discussed here.

The causes and diagnosis of iron deficiency are discu[illegible]rately, as is the treatment of iron deficiency in in[illegible] and diagnosis of iron deficiency anemia in the adult" and "[illegible]cy in infants and young children: Treatment" and "[illegible] adolescents".)

The uses of iron preparations for the treatment of functional iron defici[illegible]'s with chronic kidney disease as well[illegible] are specialized subjects and are presented separately. (See "Iron balanc[illegible] peritoneal dialysis, and home h[illegible] in hemodialysis patients" and "Diagnosis of iron deficiency in chronic kidney [illegible]e of erythropoiesis-stimulating agents in the treatment of anemia in patients with cancer", section on 'Iron monitoring and supplementation'.)

**MANAGEMENT OVERVIEW** — The usual presenting symptoms in a[illegible] weakness, headache, irritability, and varying degrees of fatigue and exercise intolerance. H[illegible]atigue, weakness, exercise intolerance, pagophagia (ice craving, a form of pica), or restless legs[illegible]nosis of iron deficiency anemia in the adult", section on 'Clinical manifestations'.)

**Public health aspects** — More than a quarter of the world's popula[illegible] anemia, being most prevalent among preschool children and women. The prevention and treatment of iron deficiency is obviously a major public health goal, especially in low- and middle-income countries, although the various aspects of this issue are complex and beyond the scope of this review [1]. (See "Iron deficiency in infants and young children: Screening,

Data ultimei actualizări a temei

Informații despre autori, se deschid într-o fereastră nouă

**Prevention and treatment of adverse drug events** — The following sections should be **required reading** for all clinicians contemplating the use of an intravenous iron preparation.

**Overview** — Each of the available formulations of IV iron has been associated with reports of life-threatening adverse drug events (ADEs) [39,60,61]. While the Food and Drug Administration's Adverse Event Reporting System (AERS) has been employed for comparing such rates [39,62], it is not possible to draw valid conclusions about comparative risks from the AERS database and other voluntarily submitted reports [60,63].

There exist only a small number of randomized, prospective trials comparing the relative safety of the various intravenous iron preparations [64]: three have shown relatively equal safety for low molecular weight iron dextran and iron sucrose [61,65,66]; one has shown relatively equal safety for iron sucrose and ferric gluconate complex [67]; while one, in abstract form, has shown compar

Tabelele și graficele pot fi vizualizate prin deschiderea lor de la text făcând clic pe link-urile din paranteze, precum și grafice în conținutul subiectelor.

Patients with a history of drug aller
equipment and personnel trained in the
However, while we have seen such ana
weight iron dextran preparations [59],

- Systemic effects of IV iron includ
benefit is obtained from the use of

- A flare of arthritis in patients with inflammatory arthritis, such as rheumatoid arthritis, commonly occurs. This can usually be abated by the use of 125 mg of intravenous methylprednisolone immediately before the iron infusion and 1 mg/kg per day of oral prednisone for four days thereafter. The cause of these reactions is unknown as tryptase levels, a marker of mast cell degranulation, have been normal following these reactions. (See "Allergic reactions to vaccines", section on 'Dextran' and "Perioperative anaphylaxis: Evaluation and prevention of recurrent reactions", section on 'Colloids'.)

- Approximately 0.5 to 1 percent of patients may complain of arthralgias, myalgias, or flushing **without** associated hypotension, tachypnea, tachycardia, wheezing, stridor, or periorbital edema [30,59]. After symptoms abate, rechallenge is appropriate and symptoms rarely recur. The empiric use of steroids prior to rechallenge may be beneficial, but is untested. In the rare patient who reacts in this manner twice, the IV formulation should be changed. No intervention for these complaints is necessary. Specifically, the use of antihistamines for prevention or treatment is inappropriate. (See 'Need for premedication' below.)

**Risk of infection** — Bacteria and other infectious agents require iron as a growth factor, and patients with hereditary hemochromatosis and iron overload are known to be

# Vizualizarea tabelelor și a graficelor

UpToDate. 19.1





**Radiation biodosimetry**

| Dose (Gy) | Vomiting (%) | Time to vomiting (hours) | ALC day 1 (/microL) | Lymphocyte fall rate constant (k)* | Lymphocyte dicentrics (per 1000) |
|---|---|---|---|---|---|
| 0 | 0 | - | 2450 | - | 1-2 |
| 1 | 19 | - | 2160 | 0.126 | 88 |
| 2 | 35 | 4.6 | 1900 | 0.252 | 234 |
| 3 | 54 | 2.6 | 1680 | 0.378 | 439 |
| 4 | 72 | 1.7 | 1480 | 0.504 | 703 |
| 5 | 86 | 1.3 | 1310 | 0.63 | 1000 |
| 6 | 94 | 1.0 | 1150 | 0.756 | |
| 7 | 98 | 0.8 | 1010 | 0.881 | |
| 8 | 99 | 0.7 | 890 | 1.01 | |
| 9 | 100 | 0.6 | 790 | 1.13 | |
| 10 | 100 | 0.5 | 700 | 1.26 | |

Gy: absorbed whole body dose in Grey units; ALC: absolute lymphocyte count per microL.
* The lymphocyte fall rate constant is derived from a semilogarithmic plot of the absolute lymphocyte count (ALC) versus time in days, in the form of 2450 x e(-kt). The time (in days) for the ALC to fall to one-half of its original value [half-time, T(1/2)] can be obtained from the following equation: T(1/2) = 0.693/k.
*Modified with permission from: Waselenko, JK, MacVittie, TJ, Blakely, WF, et al. Medical management of the acute radiation syndrome: Recommendations of the strategic national stockpile radiation working group. Ann Int Med 2004; 140:1039. Copyright © 2004 American College of Physicians.*

RELATED TOPICS
Allergic reactions ... vaccines
Anemia of chronic d... e (anemia of [chronic] inflammatio...
Causes and diagnosis ... ficiency anemia in the adult
Clinical manifestations of ... hemochromatosis
Diagnosis of iron deficiency ... kidney disease
Hereditary hemorrhagic telangi... (Osler-Weber-Rendu syndrome)
Idiopathic pulmo...
Impact of anemi... failure
Indications and ... for red blood cel...
Iron balance in ... dialysis, and ho... patients
Iron deficiency in infants and young children: Screening, prevention, clinical manifestations, and diagnosis
Iron deficiency in infants and young children: Treatment
Iron requirements and iron deficiency in adolescents
Maternal gastrointestinal tract adaptation to pregnancy

Sistemul oferă și alte subiecte care sunt aproape de rezultatele căutării, dar nu pot conține cuvinte din interogarea de căutare

## REFERENCES

1. Pasricha SR, Drakesmith H, Black J, et al. Control of iron deficiency anemia in low- and mid... income countries. Blood 2013; 121:2607.
2. Kruske SG, Ruben AR, Brewster DR. An iron treatment trial in an aboriginal community: improvi... n-adherence. J Paediatr Child Health 1999; 35:153.
3. Gasche C, Berstad A, Befrits R, et al. Guidelines on the diagnosis and management of iron deficien... anemia in inflammatory bowel diseases. Inflamm Bowel Dis 2007; 13:1545.
4. Brugnara C, Chambers LA, Malynn E, et al. Red blood cell regeneration induced by subcutaneous recom... opoietin: iron-deficient erythropoiesis in iron-replete subjects. Blood 1993; 81:956.
5. Auerbach M, Goodnough LT, Picard D, Maniatis A. The role of intravenous iron in anemia management and tran... e. Transfusion 2008; 48:988.
6. Macdougall IC. Iron supplementation in the non-dialysis chronic kidney disease (ND-CKD) patient: ora...
Auerbach M, Liang AS, Glaspy J. Intravenous iron in chemotherapy and cancer-related anemia. Comm...
...plementation for the treatment of chem...
... nonresponsiveness to oral iron therapy...
... l absorption and the influence of a mea... (author's transl)]. Dtsch Med Wochenschr 1977; 102:1001.
... Arch Intern Med 1984; 144:471.
12. ... n-deficiency anemia in adults. Am J Med 2008; 121:943.
13. Boggs DR. Fate of a ferrous sulfate prescription. Am J Med 1987; 82:124.
14. Rimon E, Kagansky N, Kagansky M, et al. Are we giving too much iron? Low-dose iron therapy is effective in octogenarians. Am J Med 2005; 118:1142.
15. Cancelo-Hidalgo MJ, Castelo-Branco C, Palacios S, et al. Tolerability of different oral iron supplements: a systematic review. Curr Med Res Opin 2013; 29:291.
16. Hershko C, Hoffbrand AV, Keret D, et al. Role of autoimmune gastritis, Helicobacter pylori and celiac disease in refractory or unexplained iron deficiency anemia. Haematologica 2005; 90:585.
17. Reveiz L, Gyte GM, Cuervo LG, Casasbuenas A. Treatments for iron-deficiency anaemia in pregnancy. Cochrane Database Syst Rev 2011; :CD003094.
18. Krayenbuehl PA, Battegay E, Breymann C, et al. Intravenous iron for the treatment of fatigue in nonanemic, premenopausal women with low serum ferritin concentration. Blood 2011; 118:3222.

Lista referințelor la care fac trimitere autorii

RELATED TOPICS
Allergic reactions to vaccines
Anemia of chronic disease (anemia of [chronic] inflammation)
Causes and diagnosis of iron deficiency anemia in the adult
Clinical manifestations of hereditary hemochromatosis
Diagnosis of iron deficiency in chronic kidney disease
Hereditary hemorrhagic telangiectasia (Osler-Weber-Rendu syndrome)
Idiopathic pulmonary hemosiderosis
Impact of anemia in patients with heart failure
Indications and hemoglobin thresholds for red blood cell transfusion in the adult
Iron balance in non-dialysis, peritoneal dialysis, and home hemodialysis patients
Maternal gastrointestinal tract adaptation to pregnancy

## Initial treatment

- Because of ease of treatment, we recommend that patients with uncomplicated iron deficiency anemia be treated with oral iron rather than an intravenous (IV) iron formulation (Grade 1B).

  An appropriate daily dose for the treatment of iron deficiency in adults is in the range of 150 to 200 mg/day of elemental iron. While there is insufficient information to select one oral iron preparation over another, one 325 mg tablet of ferrous sulfate (iron content 65 mg) taken three times per day contains this amount of iron. (See 'Or iron therapy' above.)

- For patients who have a history of intolerance to oral iron therapy, published evidence supports a larger and earlier role for intravenous iron. Intramuscular iron preparations should not be used for this purpose. (See 'General principles' above and 'Intramuscular iron' above.)

  - High molecular weight iron dextran preparations are associated with a considerably higher incidence of adverse events than are the low molecular weight preparations, and should not be employed. Otherwise, there is insufficient evidence for the superiority of one parenteral iron preparation over another (ie, iron sucrose, ferric gluconate complex, low molecular weight iron dextran, ferumoxytol) (table 4). (See 'Available preparations' above and 'Prevention and treatment of adverse drug events' above.)

  - Clinicians contemplating the use of intrav… preparations should be fully conversant with requirements for a test dose, rates of infusion, maximum allowe… doses, and the need, if any, fo… n. The use of antihistamines for premedication or treatment of infusional side effects is to be avoided. (See 'Prevention and trea… rug events' above.)

The choice of th… n iron depends upon whether the treatment goal is to restore hemoglobin levels to normal or to restore both hemoglobin levels and …)

…arenteral iron therapy, the cause for this failure should be determined and appropriate action undertaken. The table …n this occurs (table 2). (See 'Failure to respond to oral iron therapy' above.)

…following successful treatment) is most often due to persistence or relapse of the initial inciting cause (eg, recurren… treated appropriately.

Dacă faceți clic pe numele medicamentului, primiți acces la baza de UpToDate despre medicamente actualizată in cu detalii despre preparate.

# Dextran: Drug information Lexicomp®

Click here to access additional search results in Lexicomp Online.


(For additional information see "Dextran: Pediatric drug information")

For abbreviations and symbols that may be used in Lexicomp (show table)

## Brand Names: U.S.
LMD in D5W; LMD in NaCl

## Pharmacologic Category
Plasma Volume Expander, Colloid

## Dosing: Adult

**Volume expansion/shock:** I.V.:*Dextran 40:* Infuse 500-1000 mL (~10 mL/kg) as rapidly as possible (maximum: 20 mL/kg/day for first 24 hours; 10 mL/kg/day thereafter); therapy should not be continued beyond 5 days

**Pump prime:** *Dextran 40:* Varies with the volume of the pump oxygenator; generally, the solution is added in a dose of 10-20 mL/kg (or 1-2 g/kg); usual maximum total dose: 20 mL/kg (or 2 g/kg)

**Postoperative prophylaxis of venous thrombosis/pulmonary embolism (Dextran 40):** Begin during surgical procedure and give 500-1000 mL (~10 mL/kg); an additional 50 g (500 mL) should be administered every 2-3 days during the period of risk (up to 2 weeks postoperatively); usual maximum infusion rate for nonemergency use: 4 mL/minute

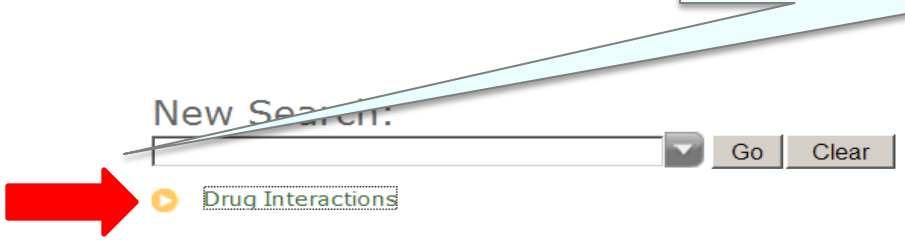
## Dosing: Pediatric

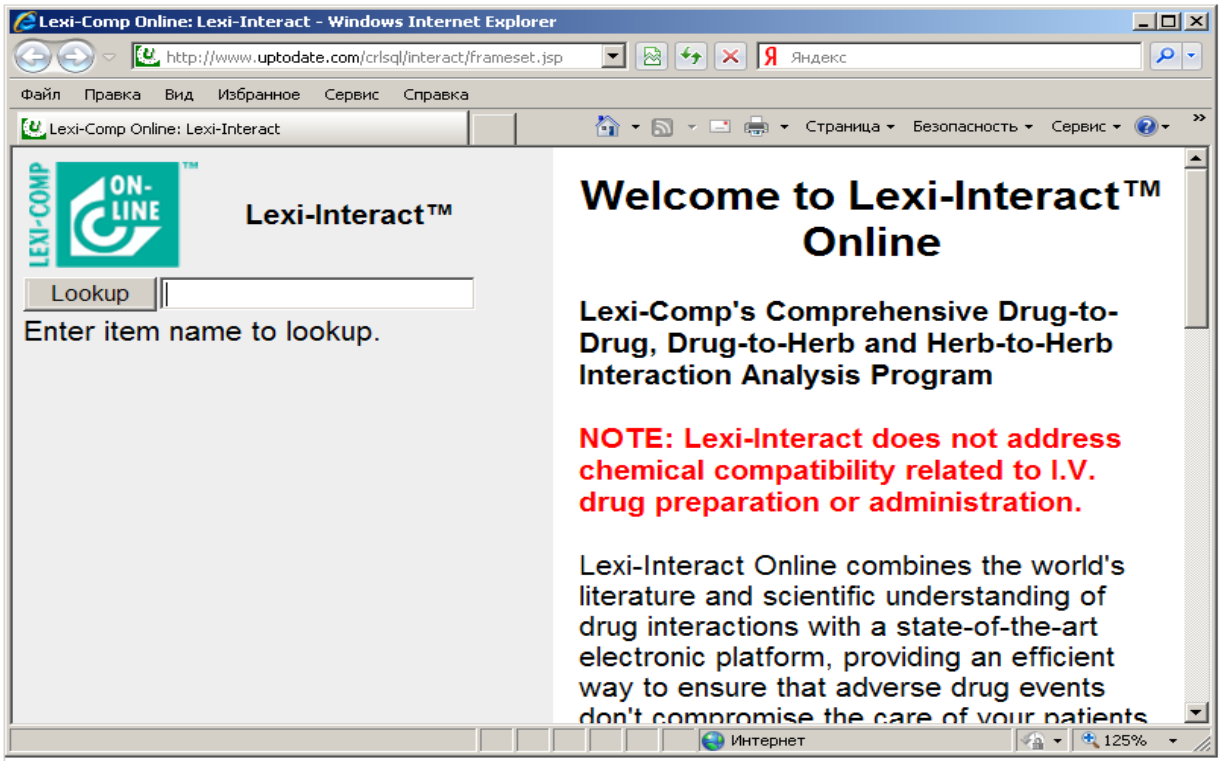
(For additional information see "Dextran: Pediatric drug information")

**Treatment of shock or impending shock (when blood or blood products are not available):** I.V.: *Dextran 40:* Infuse 10 mL/kg as rapidly as possible (maximum: 20 mL/kg/day for the first 24 hours; 10 mL/kg/day thereafter); therapy should not be continued beyond 5 days

## Dosing: Geriatric
Refer to adult dosing.

Informații despre medicamente.
Baza de date Lexi-Interact



Calcule

## Contents: Calculators

You receive the entire *UpToDate* library of specialties with your subscription. Click on a section below to view a detailed list of topics associated with that particular section. If you'd like to see the table of contents for other specialties, click here.

All Calculators
Cardiology calculators
Critical care calculators
Emergency med calculators
Endocrinology calculators
Gastroenterology and Hepatology calculators
Hematology calculators
Hospital medicine calculators
ID calculators
Nephrology calculators
Neurology calculators
Obstetrics calculators
Oncology calculators
Pediatrics calculators
Primary care calculators
Pulmonology calculators
Rheumatology calculators
Surgery calculators

Patient Information

Noutăți UpToDate

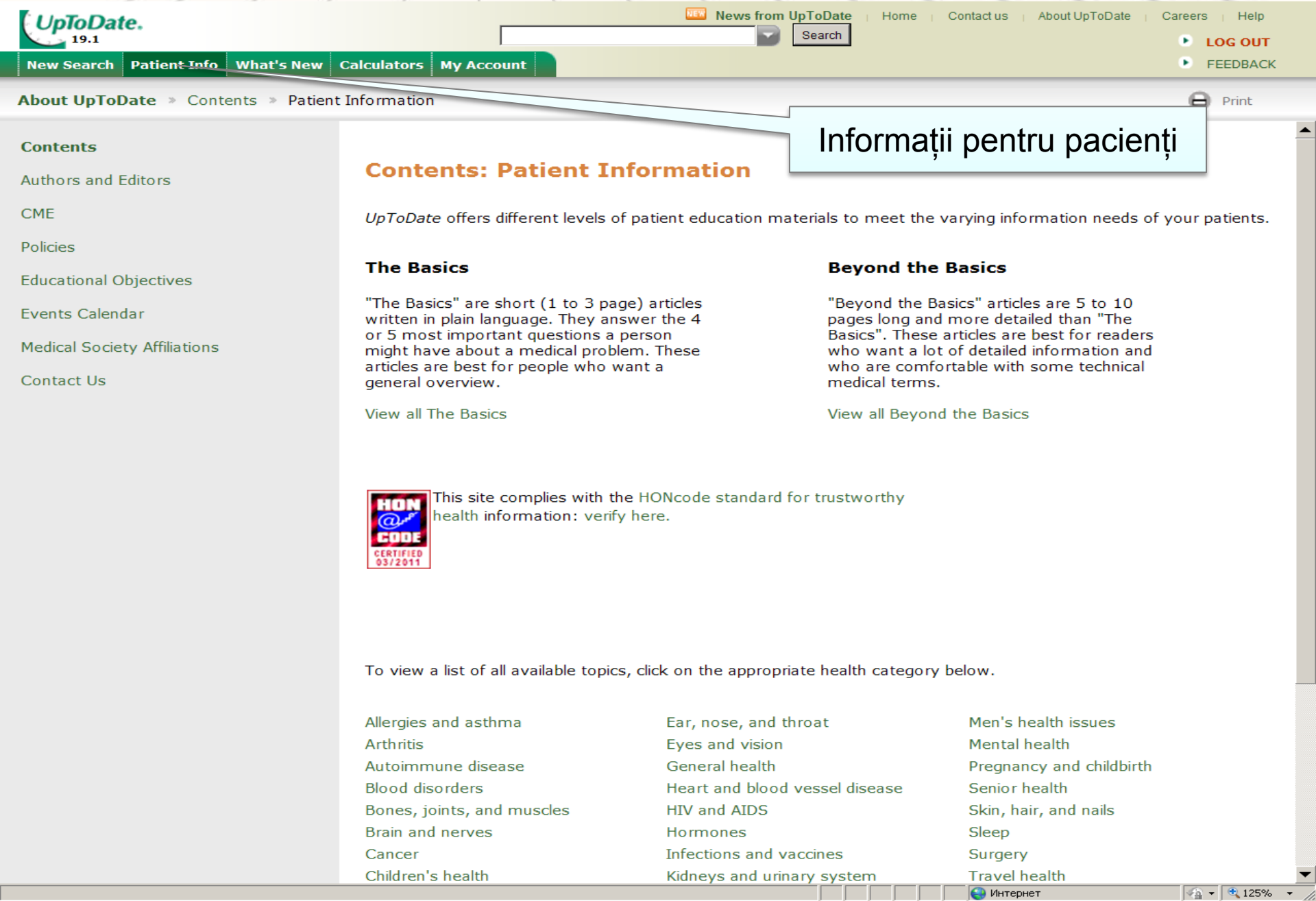


## Contents: What's New

Approximately 40% of *UpToDate* topics are updated every four months. Our editors select a small number of the most important updates and share them with you via What's new. These selections are changed with each major release of *UpToDate*, in March, July and November. See these updates by clicking on the specialty you are interested in below. You may also type "What's new" into the search screen after you have logged in to *UpToDate*.

- Practice changing UpDates
- What's new in adult and pediatric emergency medicine
- What's new in allergy and immunology
- What's new in cardiovascular medicine
- What's new in drug therapy
- What's new in endocrinology and diabetes mellitus
- What's new in family medicine
- What's new in gastroenterology and hepatology
- What's new in hematology
- What's new in hospital medicine
- What's new in infectious diseases
- What's new in nephrology and hypertension
- What's new in neurology
- What's new in obstetrics and gynecology
- What's new in oncology
- What's new in pediatrics
- What's new in primary care internal medicine
- What's new in pulmonary, critical care, and sleep medicine
- What's new in rheumatology

# Informații pentru pacienți




Informații pentru pacienți