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MEDIA RELEASE

RATES OF INTRAVENOUS IRON THERAPY INCREASE FIVE-FOLD

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THE number of Australian women of reproductive age receiving intravenous iron treatment has increased five-fold since 2013, according to research published online today by the *Medical Journal of Australia*.

Iron deficiency anaemia, which affects 14–22% of women of reproductive age is usually treated with oral iron supplementation, but intravenous (IV) iron therapy is sometimes preferred "because of gastrointestinal effects, low patient adherence, and the delayed effect of oral iron therapy", according to the researchers.

Dr Antonia Shand, a maternal fetal medicine specialist at Royal Hospital for Women in Sydney, and a Research Fellow at the Children's Hospital at Westmead Clinical School, University of Sydney, and colleagues analysed dispensing data for a 10% random sample of Australians eligible to receive subsidised medicines under the Pharmaceutical Benefits Scheme (PBS). They included data for all women aged 18–44 years with a dispensing claim for intravenous iron during January 2013 – December 2017.

"The annual number of dispensing claims increased from 17 920 in 2013 to 97 040 in 2017, and the annual rate of intravenous iron dispensing rose from 0.4 per 100 women in 2013 to 2.1 claims per 100 women in 2017," Shand and colleagues found.

"In 2017, intravenous iron was dispensed to one in 50 Australian women of reproductive age, five times the proportion in 2013."

Possible adverse outcomes of IV iron therapy include permanent skin staining and the risk (albeit rare) of potentially fatal anaphylaxis. Therefore, intravenous iron should be administered in settings where allergic reactions can be treated promptly, but whether this is generally the case is not known.

"Intravenous iron therapy for women of reproductive age also has considerable financial implications: based on average PBS prices, its total annual cost increased 35-fold, from $750 000 in 2013 to $26.9 million in 2017," the authors wrote.

The reasons for the rise in IV iron therapy was "unclear", but may include increased awareness of patient blood management guidelines, the ease of treatment, and the perception that its side effect profile is more favourable than for oral iron therapy, Shand and colleagues concluded.

"The rapid growth raises concerns about whether it is being employed appropriately and cost-effectively, given the potential harms and the lack of strong evidence for its value for improving quality of life and reproductive health outcomes."

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