

Editor's comment

Common and often poorly managed



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Iron deficiency anaemia is, according to the World Health Organization, the most common and widespread nutritional disorder in the world. What the WHO are talking about is a micronutrient deficiency. As this edition of *CME* shows, that is only one aspect of anaemia. However, it is worth spending a bit of time thinking about the consequences of this very common micronutrient deficiency.

Interestingly, as well as having significant effects on women and children in the developing world, iron deficiency anaemia is apparently significantly prevalent in industrialised countries. A WHO report talks of 'staggering numbers' – 2 billion people, over 30% of the world's population, are anaemic. This is mainly due to iron deficiency and, in resource-poor areas, this deficiency is frequently exacerbated by infectious diseases such as malaria, HIV/AIDS and various parasitic infestations.

Iron deficiency is a public health issue of enormous proportions, extracting a heavy

toll in terms of ill-health, premature death and lost earnings because iron deficiency reduces people's capacity to work, leading to serious economic problems, both individually and on a national scale.

The WHO report lists a few 'salient facts':

- In developing countries every second pregnant woman and 40% of pre-school children are estimated to be anaemic.
- Anaemia contributes to 20% of maternal deaths.

At a global level, the WHO has instituted a comprehensive package of public health measures to combat anaemia, which include increased iron uptake, controlling infection and improving nutritional status, such as vitamin B₁₂, folate and vitamin A. These are small measures to take to prevent a huge burden of ill-health.

Another aspect of anaemia is also worth talking about. Even among the comparatively wealthy, anaemia is common. And, more to the point, anaemia

is often a sign of more serious illness. Some years ago my stepfather went to give blood in Ficksburg, Free State. He was told that he was anaemic and was sent to his GP who, astonishingly, simply treated him with iron tablets. My stepfather was nearing 60 at the time. It wasn't until he developed diarrhoea and other warning signs that his bowel cancer was diagnosed. He was lucky. He celebrates his 82nd birthday this year. A similar thing happened to my mother, this time in Scotland, where, at the age of 72, she was given iron tablets by her GP. Thankfully she is on warfarin and her bladder cancer was diagnosed when she presented with frank haematuria. The cancer was tiny and, 6 years later, she is still fine.

They were lucky. Let's hope that this edition of *CME* emphasises the importance of anaemia, not just as a common condition, but as a very simple way to diagnose warning signs of serious illness.

CME is published monthly by the South African Medical Association Health and Medical Publishing Group,
Private Bag X1, Pinelands, 7430 (Incorporated Association not for gain. Reg. No. 05/00136/08). Correspondence for CME
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