

Table 3: Information to increase efficacy and adherence of oral iron.

To maximize absorption:

- Take on an empty stomach with full glass of water 1 hour before or 2 hours after meals.
- Take with a supplement or dietary source of Vitamin C (e.g., fruit juice, oranges, tomatoes).
- Take in the morning or earlier in the day. (Iron absorption is highest in the morning as the hormone (hepcidin) that reduces absorption is at highest levels in the evening).
- Do NOT take with Calcium supplements or antacids or foods high in calcium.
- Do NOT take with high-oxalate foods (e.g., coffee, tea, chocolate, dark green vegetables).

Oral iron can cause nausea, vomiting, dyspepsia, constipation, diarrhea, metallic taste or dark stools. If your patient is experiencing GI based adverse effects, consider the following:

- Start at lower dose (e.g., one tablet once daily) and titrate up slowly (i.e., every four to five days).
- Give the dose divided twice to three times per day.
- Switch to liquid form for smaller dose titrations (drink through a straw to prevent discoloration of teeth)
- Switch to another preparation with less elemental iron.
- Recommend taking iron with small snack or with meals (however food will decrease iron absorption by 40%).
- Take at bedtime (however, iron absorption is lowest in evening when Heparidin hormone levels are highest).
- Could consider polysaccharide iron complex as an option however, it is more expensive and its effectiveness is inferior to iron salts.