



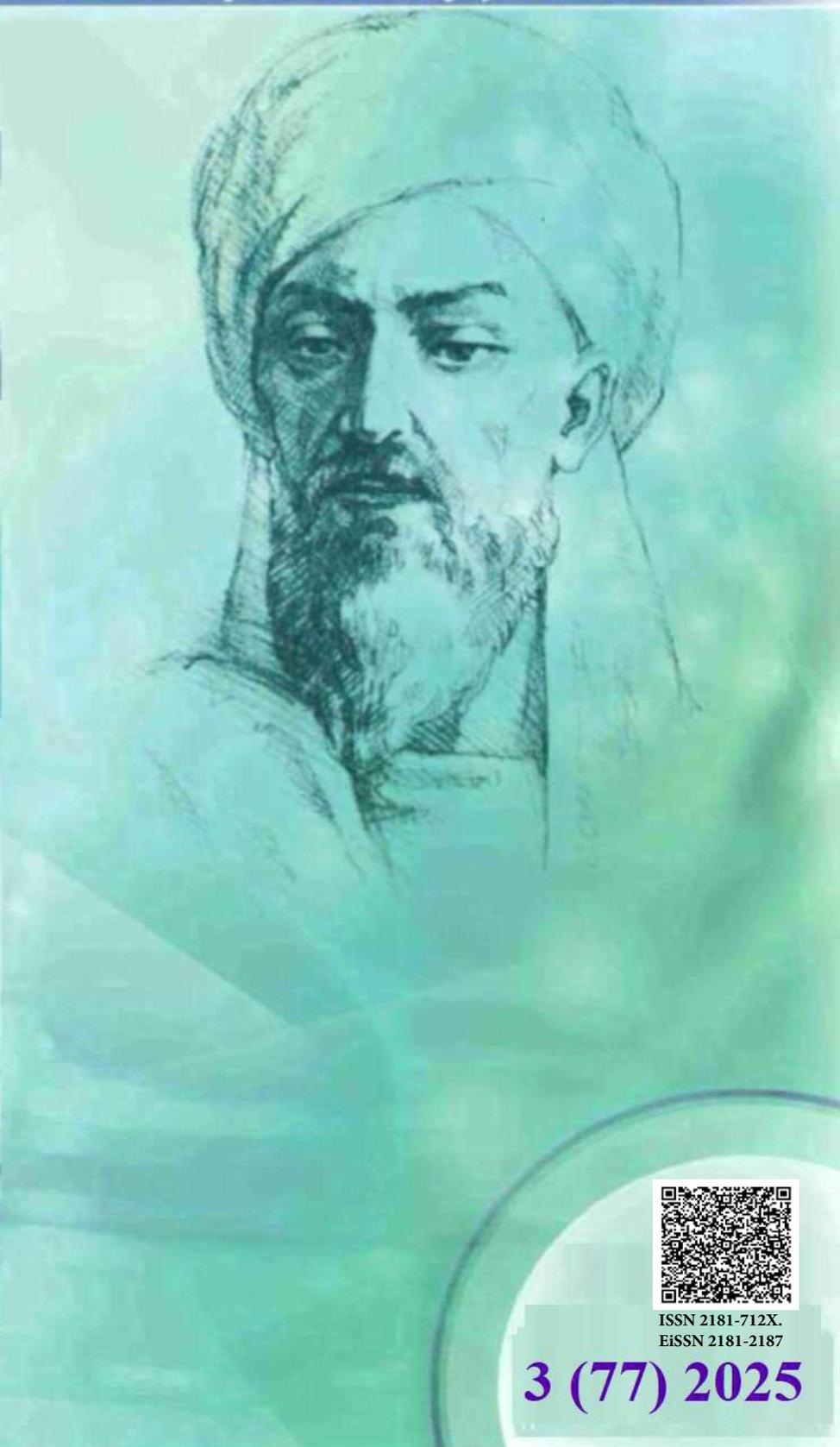
**New Day in Medicine**  
**Новый День в Медицине**

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НОВЫЙ ДЕНЬ В МЕДИЦИНЕ  
NEW DAY IN MEDICINE**

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## CURRENT METHODS OF TREATMENT OF IRON DEFICIENCY ANEMIA IN PATIENTS GERIATRIC AGE

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### ✓ Resume

*This article presents a study that included 30 elderly and senile patients diagnosed with iron deficiency anemia. The patients were examined by a gastroenterologist, proctologist, and urologist, and the following tests were performed: general blood test, serum iron (SI), serum ferritin (SF). Based on the analyses obtained, treatment was performed using oral iron (II) preparations and parenteral iron (III) preparations. Transfusions of erythrocyte mass were performed only for vital indications. When using this scheme, a positive dynamics was achieved in the form of an increase in HB in 74% of patients.*

*Keywords: Elderly patients, iron deficiency anemia, low hemoglobin, iron preparations*

## СОВРЕМЕННЫЕ МЕТОДЫ ЛЕЧЕНИЯ ЖЕЛЕЗОДЕФИЦИТНОЙ АНЕМИИ У ГЕРИАТРИЧЕСКИХ ПАЦИЕНТОВ

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### ✓ Резюме

*В данной статье представлено исследование, включающее 30 пожилых и старческих пациентов с диагнозом железodefицитная анемия. Пациенты прошли обследование у гастроэнтеролога, проктолога и уролога, а также были проведены следующие анализы: общий анализ крови, уровень сывороточного железа (СЖ) и сывороточного ферритина (СФ). На основании полученных данных проводилось лечение с использованием пероральных препаратов железа (II) и парентеральных препаратов железа (III). Переливание эритроцитарной массы осуществлялось только по жизненным показаниям. Применение данной схемы лечения позволило добиться положительной динамики в виде повышения уровня гемоглобина у 74% пациентов.*

*Ключевые слова: пожилые пациенты, железodefицитная анемия, низкий гемоглобин, препараты железа.*

## ГЕРИАТРИК БЕМОРЛАРДА ТЕМІР ТАҢҚИСЛИ АНЕМИЯНИНГ ЗАМОНАВИЙ ДАВОЛАШ УСУЛЛАРИ

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## ✓ *Rezume*

*Ushbu maqolada temir tanqisligi kamqonligi tashxisi qo'yilgan 30 nafar keksa va qariya yoshdagi bemorlar o'rganilgan. Bemorlar gastroenterolog, proktolog va urolog tomonidan tekshiruvdan o'tkazildi, shuningdek, quyidagi tahlillar o'tkazildi: umumiy qon tahlili, qon zardobidagi temir (SJ) va ferritin (SF) miqdori. Olingan tahlillar natijalari asosida davolash peroral (og'iz orqali) temir (II) preparatlari va parenteral (in'ektsiya yo'li bilan) temir (III) preparatlari orqali amalga oshirildi. Eritrositar massa quyish faqat hayotiy ko'rsatmalar bo'yicha bajarildi. Ushbu sxema asosida olib borilgan davolash natijasida 74% bemorda gemoglobin miqdorining oshishi kuzatildi.*

*Kalit so'zlar: keksa bemorlar, temir tanqisligi kamqonligi, past gemoglobin, temir preparatlari.*

## Relevance

According to the United Nations, today there are more than 830 million people living in the world aged 65 years and older. Elderly and senile persons make up the majority of outpatient and inpatient patients. In order to reduce health care costs, reduce the number of doctor visits and home monitoring in geriatric patients, it is necessary to determine the optimal approach to the treatment of chronic diseases and anemia as complications of the underlying disease. However, the quality of life of elderly and senile patients, as well as the prognosis for life and health, is determined not so much by the presence of chronic diseases as by the presence and severity of geriatric syndromes. Geriatric syndrome is a multifactorial age-associated clinical condition that worsens the quality of life, increasing the risk of adverse outcomes and functional disorders.

Anemia is one of the reasons for the worsening of the course of diseases in gerontological patients. In people over 65 years of age, ferrokinetic indicators are at the lower limit of the generally accepted norm, and therefore this part of the population falls into a high risk group for the development of iron deficiency anemia (IDA). In many older patients, lesions of the upper gastrointestinal tract are detected, among which a large proportion is deep atrophic pangastritis associated with *Helicobacter pylori*, more than 50% of cases accompanied by depression of the basal acid-forming function of the stomach (Fedor A. V., 2012), which is a provoking factor for the occurrence of IDA. For the treatment of this pathology, the standards of patient management "iron deficiency anemia" are applied, which prescribe methods of examination and treatment. The choice of iron-containing drugs, their dosage, duration of therapy and indications for prescribing medicines for patients with IDA remains poorly understood.

**The aim of the study:** Was to optimize treatment in patients with geriatric diseases.

## Research material and methods

The study included the results of treatment of 30 patients with a proven diagnosis of IDA associated with other pathological conditions. The patients were examined by a gastroenterologist, proctologist, urologist, and the following laboratory parameters were also taken into account: hemoglobin (Hb), average hemoglobin content in erythrocyte (MCN), average erythrocyte volume (MCV), color index (CP), serum iron (SI), serum ferritin (SF). Treatment was carried out using oral preparations of divalent iron (100 mg of elemental iron in a tablet) at a dose of 200 mg per day, parenteral preparations of trivalent iron (100 mg of elemental iron in an ampoule) at a dose of 100 mg every other day, combined with recombinant human erythropoietin (Repo) at a dose of 2000-4000 IU subcutaneously 2 times a week, if necessary, with the addition of transfusion of erythrocyte mass. Therapy was considered successful with an increase in Hb of more than 10 g / l 4 weeks after the start of therapy with iron preparations. 4 weeks after the start of treatment, an increase in Hb during treatment and an improvement in the subjective condition of patients were observed in 74% of gerontological patients.

## Result and discussions

In the treatment of IDA, first of all, it is necessary to eliminate the cause of anemia and correct iron deficiency. The following therapeutic tactics were used: 1. Oral iron preparations were used, which were used until the normalization of the following indicators (HB, MS, MS, CP) and iron metabolism (SI, SF). 2. The dosage of parenteral iron preparations was carried out with the calculation of the total iron deficiency in the body during exacerbation of chronic gastrointestinal diseases for one month, then oral preparations were used. In case of resection or diseases of the small intestine before normalization of all erythrocyte parameters (HB, MSN, MS, CP) and iron metabolism. SF, SI. In the absence of the effect of oral iron preparations after 4 weeks (an increase in Hb of less than 10 g / l), Repo was added to the

treatment program with a combination of iron preparations, under the control of erythrocyte parameters, which were carried out 1 time a week, SI, SF 1 time a month. 3. Transfusions of erythrocyte mass were performed only for vital indications. When using this scheme, a positive trend was achieved in the form of an increase in Hb in 74% of patients.

### Conclusions

Thus, in patients of gerontological age, WAITING may be polyethological in nature. When prescribing iron preparations, it is necessary to calculate an adequate dose and duration of the course. Polypragmasia should be avoided and it should be borne in mind that some medications may reduce the degree of absorption of iron preparations. In some clinical situations (lack of response to oral therapy, their poor tolerability, the presence of diseases with impaired absorption of iron from the gastrointestinal tract, the need for rapid correction of IDA before surgery), intravenous administration of modern iron preparations is indicated. Treatment of cancer in the elderly and senile is a difficult task that requires an integrated approach to diagnosis, treatment and monitoring of the effectiveness of therapy. Only the use of modern algorithms and treatment methods, dynamic monitoring of blood parameters and iron metabolism will allow achieving a positive result.

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