

**Harvard Medical School Department of
Continuing Education and the Renal Division
of Brigham and Women's Hospital**



Nephrology Rounds
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Iron Therapy in Chronic Kidney Disease

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Objectives:

This issue of *Nephrology Rounds* will help readers to:

- understand the regulation of normal iron balance
- recognize functional iron deficiency
- understand the limitations/benefits of oral iron
- understand the benefits/potential toxicity of intravenous iron

Questions:

1. Iron is normally excreted through the kidney.
True False
2. Oral iron is adequate to correct iron deficiency anemia in dialysis patients.
True False
3. Gastrointestinal side effects vary greatly among oral iron preparations.
True False
4. Vitamin C improves iron absorption.
True False
5. The risk of anaphylaxis and death is greater with iron dextrans than non-dextrans.
True False
6. Transferrin oversaturation is a significant clinical problem.
True False

7. Literature supports an increased risk of infection with maintenance iron therapy.
True False
8. In a patient with an Hb of 10 g/dL who is nonresponsive to rhEpo with a transferrin saturation (TSAT) of 20% and a ferritin of 300 µg/mL, a trial of iron therapy is indicated.
True False
9. Cough is common side effect of intravenous iron therapy.
True False
10. Iron repletion should be discontinued in a patient with a ferritin of 850 µg/mL.
True False

To receive AMA category 1 credit, you must correctly answer 60% of the test questions.

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This program was issued in May 2005. All tests must be returned by August 31, 2005.

Please send completed test and a check for \$25 U.S. (Check made payable to Harvard Medical School) to: Harvard Medical School/Department of Continuing Education,
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Please keep a copy of your test before submission. A certificate will be sent upon successful completion of the test along with the answer key.

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