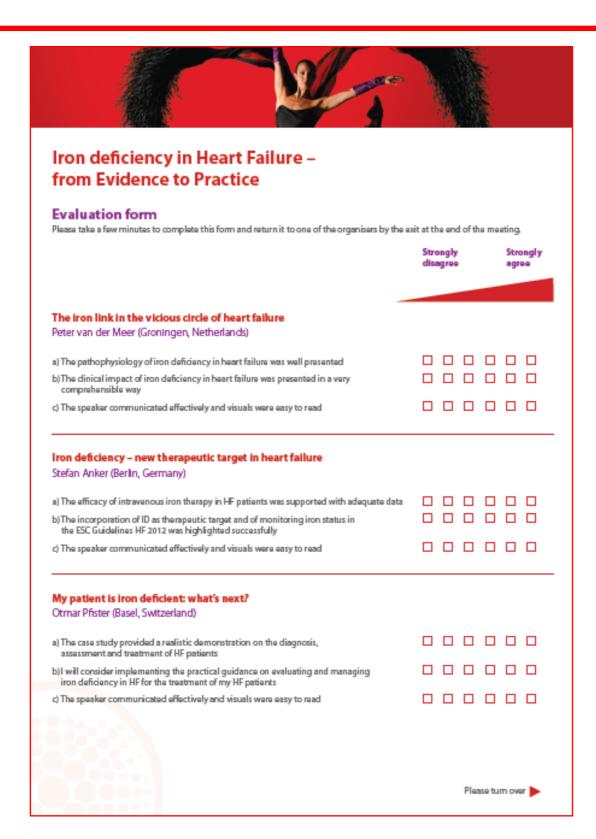
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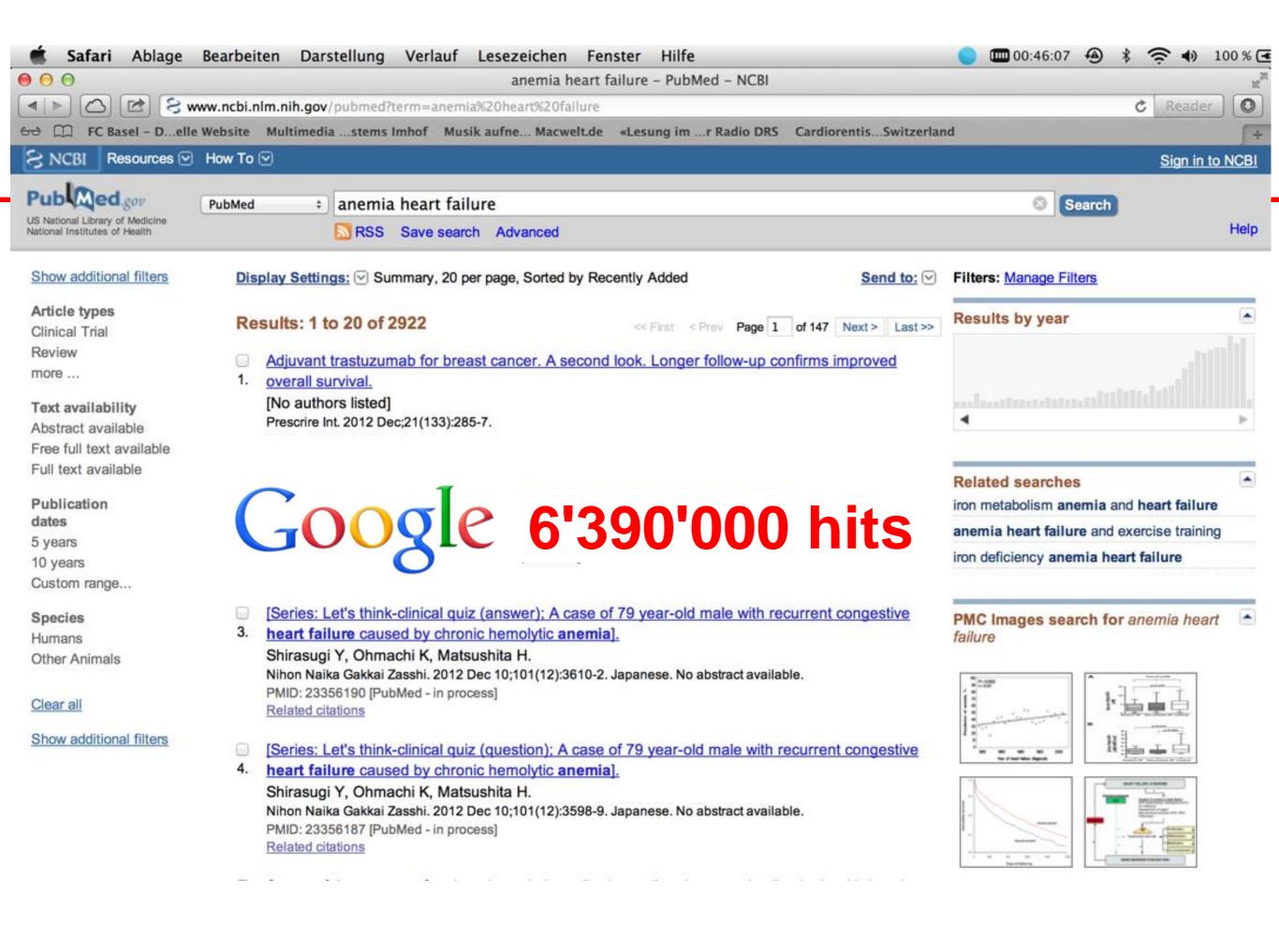
Iron Deficiency in Heart Failure – from Evidence to Practice

Chair:	Georg Noll, Switzerland; Michael Böhm, Germany
18:00 -18:10	Chair's introduction Georg Noll, Switzerland
18:10 -18:25	The iron link in the vicious circle of heart failure Peter van der Meer, Netherlands
18:25 -18:40	Iron deficiency - new therapeutic target in heart failure Stefan Anker, Germany
18:40 -18:55	My patient is iron deficient: what's next? Otmar Pfister, Switzerland
18:55 -19:15	Question and answer session Michael Böhm, Germany, and faculty

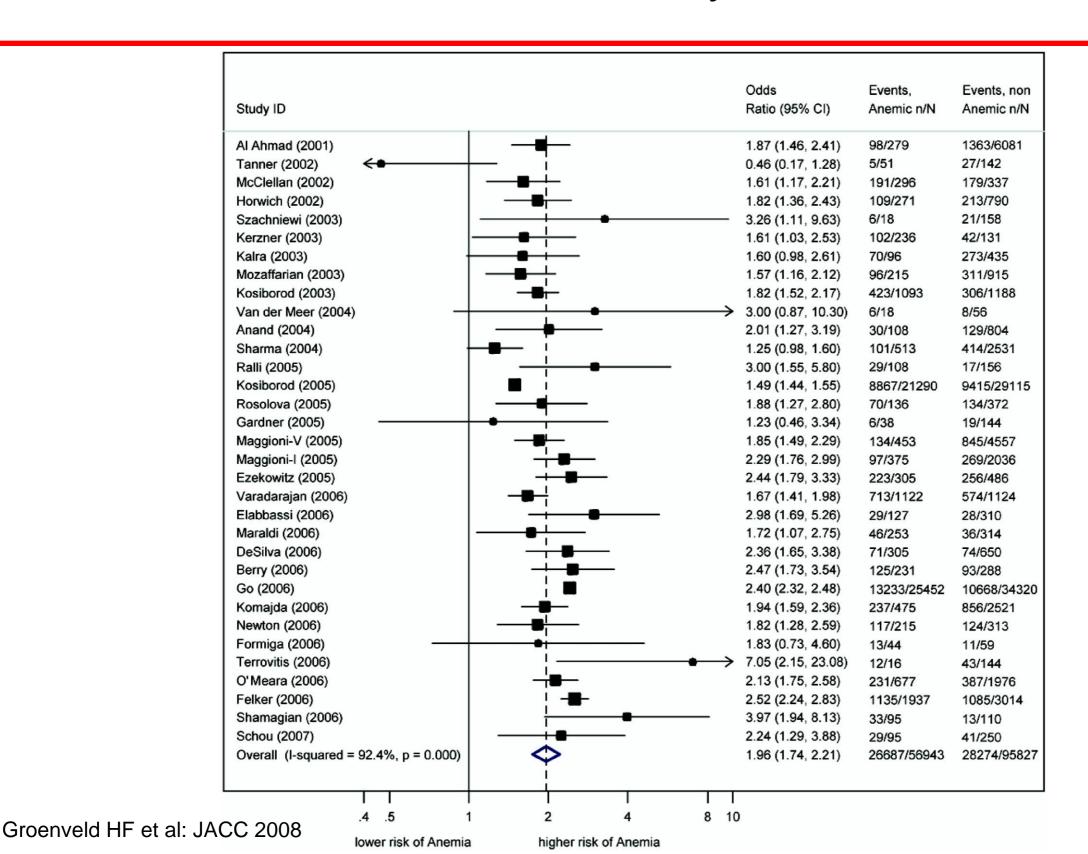
Iron Deficiency in Heart Failure – from Evidence to Practice

Introduction

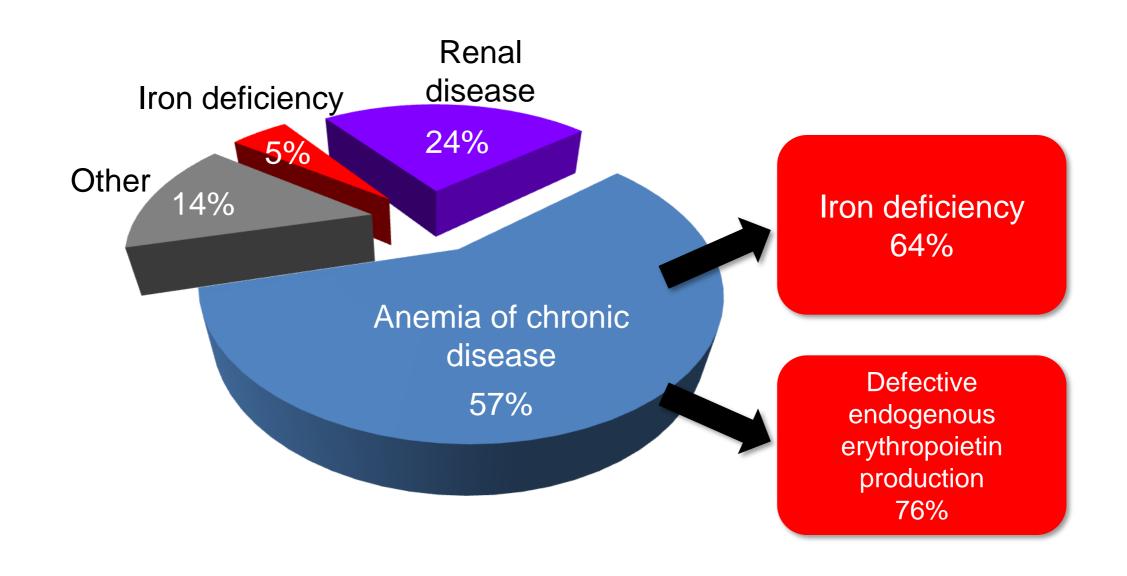
Georg Noll, MD Zürich, University Hospital, Switzerland



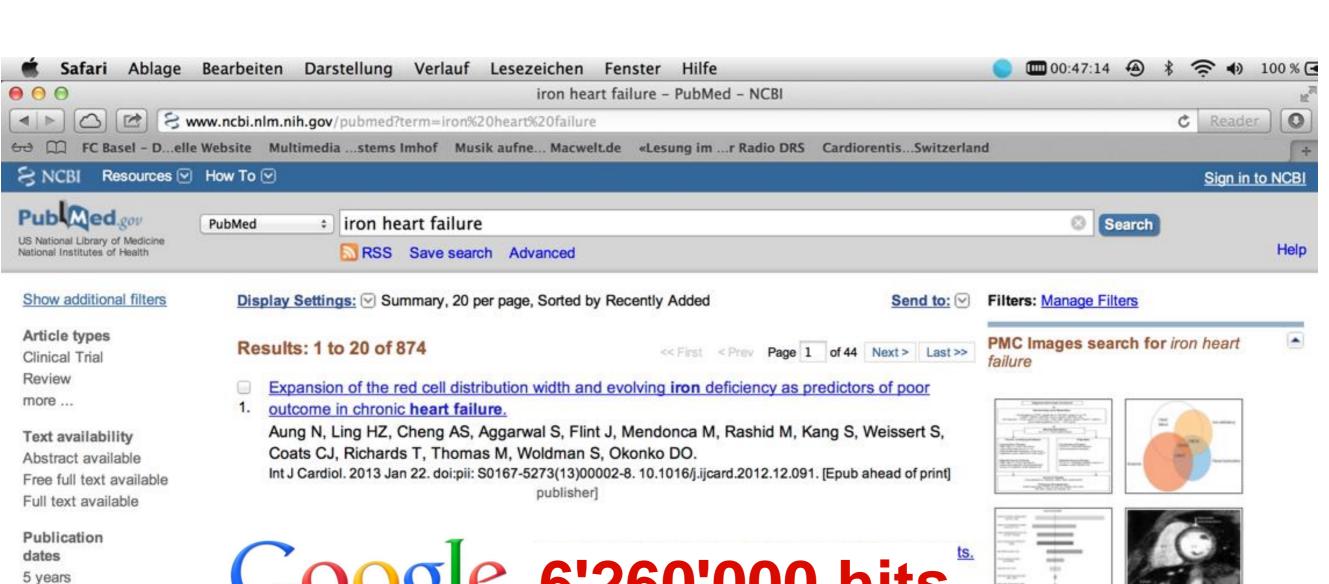
Anemia and Mortality in CHF Meta-analysis



Iron deficiency is the main cause of anemia in CHF



N=148 anemic CHF patients





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- The Value of Machine Perfusion Biomarker Concentration in DCD Kidney Transplantations.
- Hoogland ER, de Vries EE, Christiaans MH, Winkens B, Snoeijs MG, van Heurn LW. Transplantation, 2013 Jan 4. [Epub ahead of print]

PMID: 23296150 [PubMed - as supplied by publisher]

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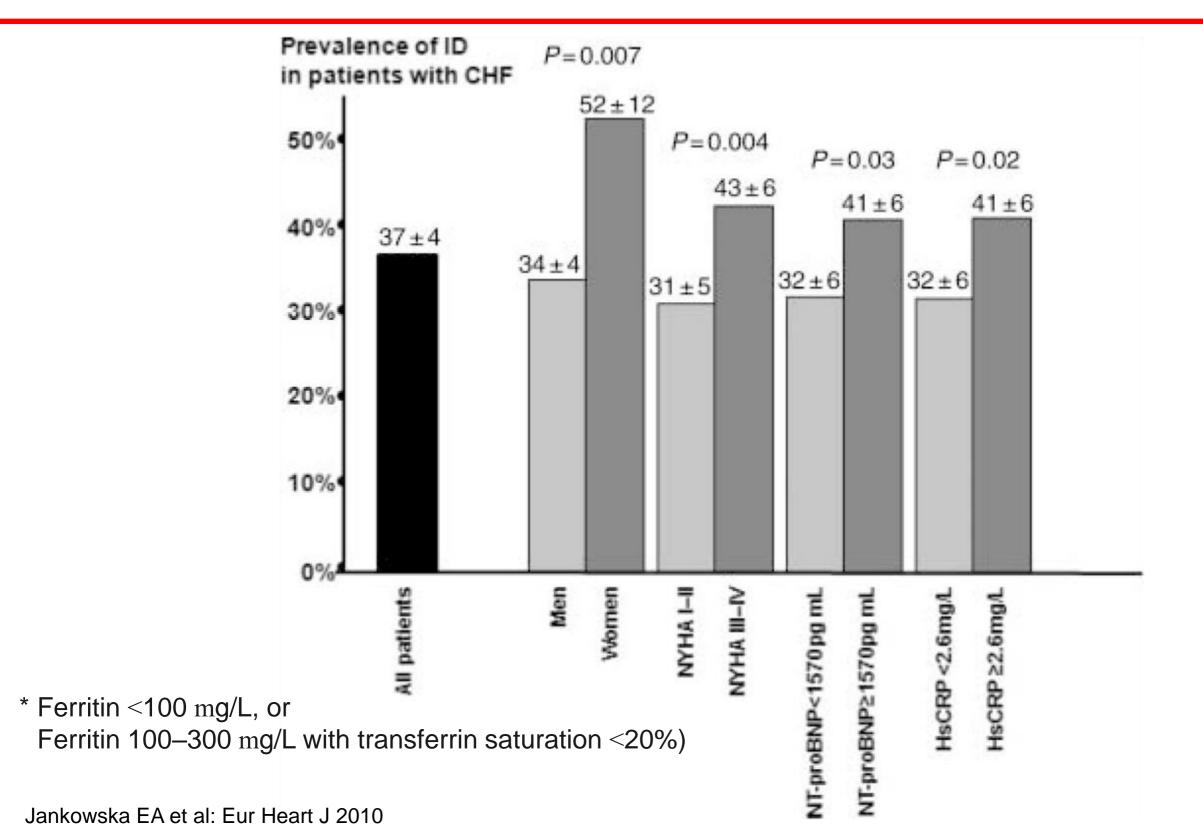
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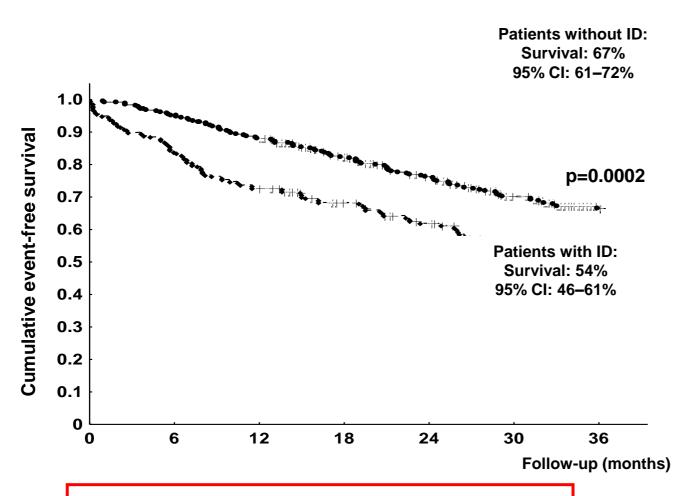
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Prevalence of iron deficiency* in patients with CHF



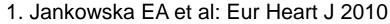
Iron deficiency is associated with increased morbidity and mortality also in absence of anemia

Iron deficiency: Ferritin <100 mg/L, or 100–300 mg/L with transferrin saturation <20%)

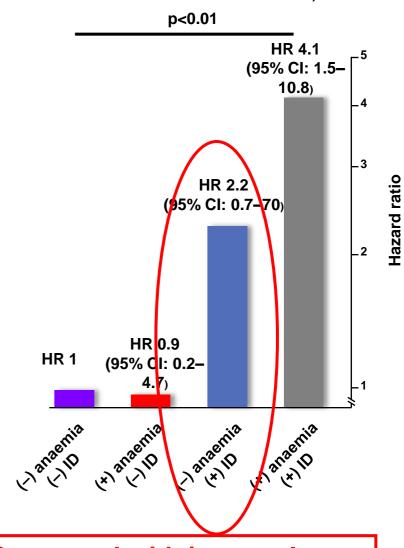


ID (but not anemia) was related to an increased risk of death or hospitalisation¹:

Adjusted HR=1.6 (95% CI 1.1–2.2; p<0.01)¹



2. Okonko DO, et al. J Am Coll Cardiol 2011;58:1241-51



Compared with iron-replete patients without anemia, ID patients had 2–4-fold escalated risk for death irrespective of anemic status²

Significant differences between the 2008 and 2012 ESC Guidelines – iron deficiency

2008 ¹	2012 ^{2,3}		
Iron deficiency NB: No specific section on iron deficiency included in 2008 guidelines. Referred to in anaemia section only			
"The most important underlying causes [of anaemia] includeiron deficiency"	"Iron deficiency may contribute to muscle dysfunction in HF and causes anaemia"		
	"459 patients with NYHA class II or III systolic in HF, Hb between 9.5 and 13.5 g/dL, and iron deficiency were randomised 2:1 to i.v. ferric carboxymaltose or saline"		
	 "Recommendations for the diagnostic investigations in ambulatory patients suspected of having HF: Measurement of blood chemistry (including sodium, ferritin/TIBC*) Detect reversible/treateble causes of HF (e.g. hypocalcaemia,) and co-morbidities (e.g. iron deficiency)" 		
"Among potential therapies, the use of erythropoietin-stimulating agents, usually together with iron, to increase red blood cell production represents an unproven option"	"Over 6 months of treatment, <u>iron therapy</u> improved self-reported patient global assessment and NYHA class (as well as 6-MWT and health-related quality of life) and <u>may be considered as a treatment for these patients"</u>		

- 1. Dickstein K, et al. Eur Heart J 2008;29:2388–442;
- 2. McMurray JJ, et al. Eur Heart J 2012;33:1787-1847.
- 3. McMurray JJ, et al. Eur J Heart Fail 2012:14:803-869

* TIBC = Total Iron-Binding Capacity TSAT= Serum iron/TIBCx100

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