Anemia Management at Stormont Vail Health

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Objectives

- Discuss the prevalence of anemia due to micronutrient deficiencies
- Explore the risks to patients with pre-operative anemia
- Describe the risks to prenatal patients who are anemic
- Identify potential implications to neonates born to anemic mothers
- Explain potential interventions to mitigate risks of anemia









Patient Blood Management



- Patient blood management (PBM) is a comprehensive, patientcentered, multi-disciplinary effort to reduce the need for unnecessary allogeneic blood transfusion (Gammon et al., 2022).
- A key element of PBM is early identification and treatment of anemia, or a decreased red blood cell mass.
- Anemia is prevalent across the globe and associated with a wide variety of clinical manifestations including an increase in morbidity and mortality (Jansen, 2019).
- In a 2021 policy brief, the World Health Organization estimated that over 2.9 billion people worldwide have anemia with or without additional micronutrient deficiencies.



POLICY BRIEF

THE URGENT NEED TO IMPLEMENT PATIENT BLOOD MANAGEMENT

Risks of Allogeneic Transfusion

- Potential disease transmission;
 particularly those not yet identified
- Circulatory overload
- Immune modulation
- Alloantibody formation
- Hemolytic transfusion reactions
- Febrile complications
- Increased incidence of DVT & PE



PBM Successes

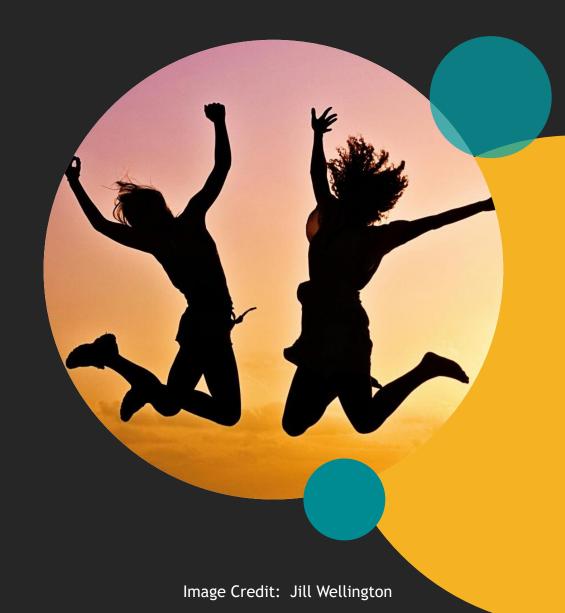
- Empowered Blood Bank laboratory scientists with 100% prospective transfusion auditing
- Transfusions not meeting Medical Staffapproved transfusion indications are reviewed by Blood Bank Manager and/or Clinical Pathologist
- Majority of red blood cell transfusions are ordered as single-units



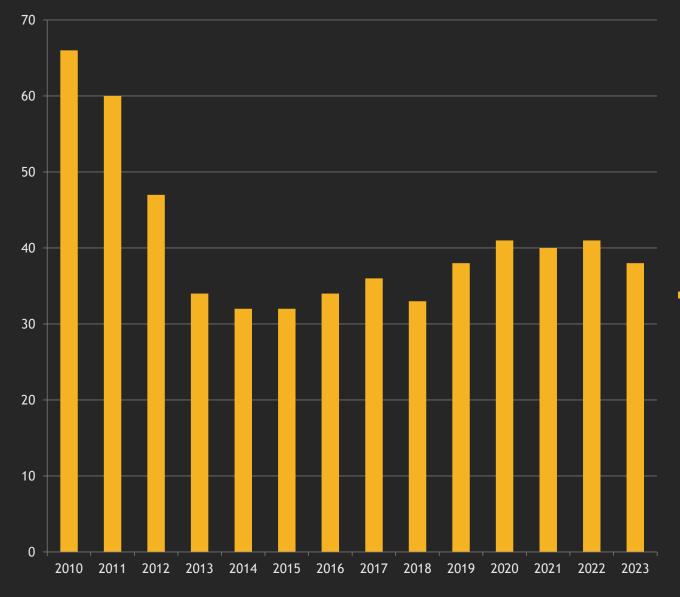


PBM Successes

- Full case review by multi-disciplinary committee of all massive hemorrhage events
- Plasma is no longer transfused based on an INR; requires viscoelastic testing with weight-based administration
- Partnership with Pharmacy colleagues to maximize opportunities to appropriately reverse anticoagulant medications
- Implementation of thromboelastic testing to focus on function rather than simply treating a number



RED CELL TRANSFUSIONS/1000 PATIENT DAYS



■ RED CELL TRANSFUSIONS/1000 PATIENT DAYS



2.9+ BILLION

individuals with anaemia (2-4,195) and/or micronutrient deficiencies (4-7)

- Iron deficiency and other micronutrient deficiencies
- Pre-operative anaemia in surgical patients (IDA, AI)
- Anaemia following surgical interventions
- Anaemia in patients with common noncommunicable diseases
 - Anaemia in patients with oncological and haematological malignancies
 - Anaemia in patients with infectious diseases (including viral and parasitic infections)
 - Hospital-acquired anaemia in patients without haemorrhage or surgery

600+ MILLION

individuals with chronic or acute blood loss and/or bleeding disorders (32-44)

- Major surgery
- Medical and surgical ICU
- Obstetric/peripartum bleeding
 - Heavy menstrual bleeding

- Gastrointestinal bleeding
- Haemoglobinopathies
- Coagulopathies
- Phlebotomy/ venipunctures
- Trauma





Risk Factors for Anemia



- Poor dietary intake of iron, vitamin B-12, and/or folate
- Intestinal disease affecting nutritional uptake (ex. Chrohn's and celiac)
- Previous bariatric surgery
- Age over 65
- Menstrual periods
- Pregnancy
- Chronic disease such as cancer, kidney failure, or diabetes
- Family history

Image Credit: Roger Brown









- Shortness of breath
- Excessive tiredness
- Irregular heartbeat
- Dizziness or lightheadedness
- Chest pain
- Cold extremities
- Headaches





Anemia



- The most common cause of anemia worldwide is iron deficiency. Incidence is higher in resource-challenged populations.
- Sufficient iron levels are necessary for the optimal performance and production of all human cells, so the range of symptoms observed in iron deficiency anemia (IDA) are broad.
- Iron deficiency without anemia can present with the same range of symptoms.

Anemia

 Fortunately, iron deficiency anemia is a modifiable risk factor.

 The challenge is to identify the problem while there is still sufficient time to treat.



Anemia is a Significant Modifiable Risk Factor

Preoperative Anemia is:

- Prevalent
- Associated with increased morbidity/ mortality
- 3. Treatable



1.93x higher risk of infection



5.04x higher risk of transfusion



3.75x higher risk of kidney injury



2.9x higher risk of 30 days mortality



22% longer hospital stay

Anemia in Pregnancy

June 27, 2023

Prevalence of Iron Deficiency and Iron-Deficiency Anemia in US Females Aged 12-21 Years, 2003-2020

Angela C. Weyand, MD¹; Alexander Chaitoff, MD, MPH²; Gary L. Freed, MD, MPH³; et al

• In a 2023 study, Weyand et al analyzed national data spanning 2003-2020 for females aged 12-21 years of age. The overall prevalence of iron deficiency was 38.6%.



Anemia in Pregnancy



- Decreased iron stores and resulting hemoglobin levels decrease the delivery of oxygen to tissues.
 - Decreased cognitive and physical performance
 - Difficulties regulating body temperature
 - Decreased immune function
 - Increased susceptibility to infection, and issues with enzymatic processes
 - Irritability
 - Headaches
 - Extreme fatigue with potential limitations on the ability to work or care for other children
 - Increased risk of postpartum hemorrhage
 - Elevated risk of postpartum depression

Risks to Infants Born to Anemia Mothers



Iron assessment to protect the developing brain † ‡

Georgieff Michael K 2 🖂

- The implications of anemia to the developing fetus and infant can cause lifelong deficits.
 - Increase in preterm delivery
 - Potential for cerebral developmental delays
 - Decreased iron stores incapable of supporting the rapid growth and development immediately after delivery



Risks to Infants Born to Anemia Mothers

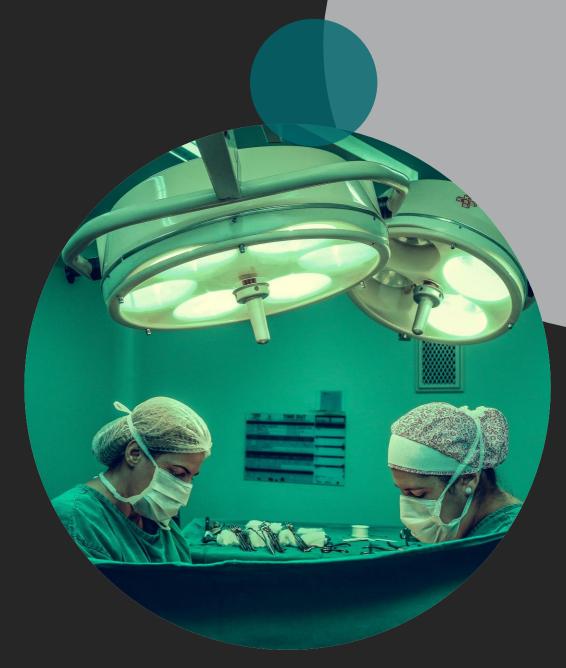




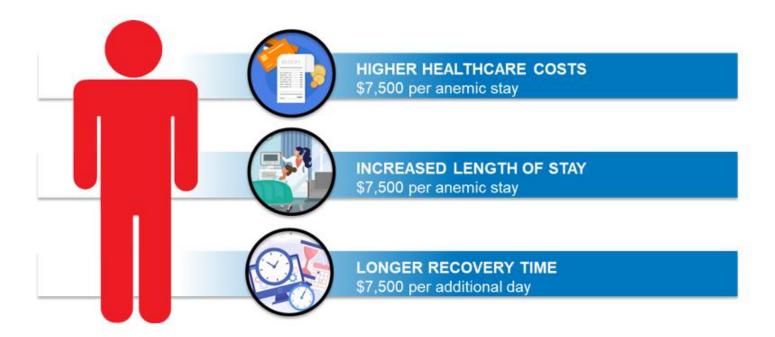
- Significant cost to society in supporting a child dealing with sequelae of iron deficiency early in life
 - Mental health effects
 - Educational challenges
 - Impacts future potential to maintain adequate employment

Benefits of addressing preoperative anemia

- Avoidance of allogeneic transfusion
- Patients better able to participate in recovery process
- Fewer instances of post-op infections
- Reduced length-of-stays
- Decreased readmissions



Economic Implications of Anemia



Failure to address anemia is diverting resources from other patient care initiatives



- Chemistry hold tube drawn at the same time as the complete blood count; with or without differential
- Iron studies automatically reflex if indicated
- Test panel is available to all providers in system



Microcytic Anemia

If HGB < 13.0 g/dL (< 12 for non-pregnant/preoperative)

& MVC </= 81.6 fL

Reflex→

Retic, Iron, TIBC, TSAT%, Ferritin, Creatinine with eGFR



Normocytic Anemia

If HGB < 13.0 g/dL (< 12 for non-pregnant/preoperative)

& MCV between 81.7 fL and 98.3 fL

Reflex→

Retic, Iron, TIBC, TSAT%, Ferritin, Creatinine with eGFR



Macrocytic Anemia

If HGB < 13.0 g/dL (< 12 for non-pregnant/preoperative)

& MCV >/= 98.4 fL

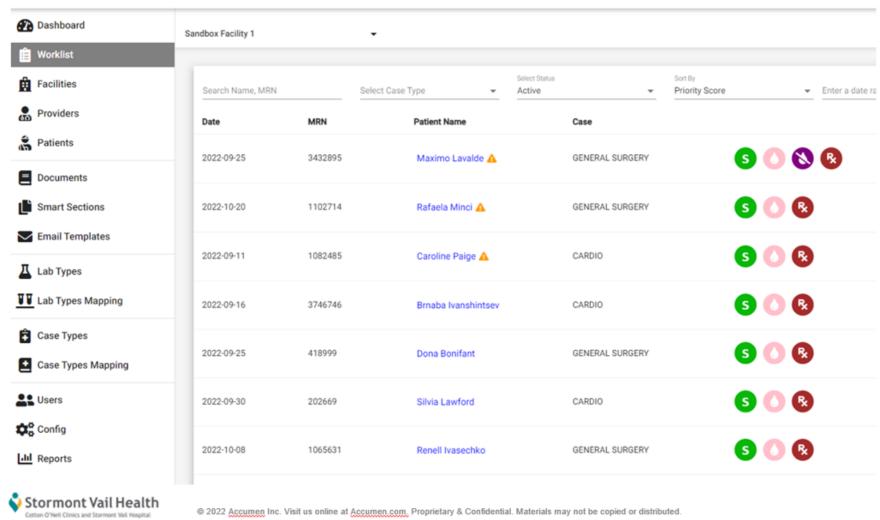
Reflex →

Retic, B12 level, Creatinine with eGFR



Patient Worklist







Treatment Options









Initial Challenges

- Getting support for a hemoglobin trigger of <13 g/dL
- Not all providers know how to evaluate the results
- Large IT component
- Change in culture beyond "just anemia"
- Getting lab testing completed with time to treat
- Few clinicians focus on benign hematology

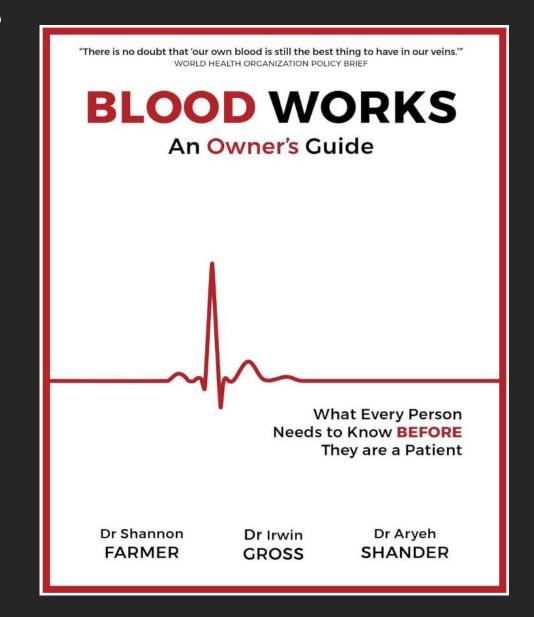






Few initiatives have the ability to improve patient care and the bottom line. Anemia management can.





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THANK YOU

