

Jectofer : nursing mothers need the security of adequate iron stores ...

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Nursing mothers need the security of adequate iron stores. As reserves are depleted, the various symptoms of sideropenia become manifest and Jectofer® may well be indicated.



Pregnancy, parturition and the puerperium often leave the mother with an iron deficit and during the early days of motherhood the added strains of responsibility and disturbed sleep often give rise to symptoms of tension and fatigue. It is the rule, rather than the exception, that the majority of nursing mothers have a negative iron balance at a time when they can ill afford it. This deficiency is now widely recognised as a major cause of the syndrome of depression frequently described as "postnatal blues". This situation can rapidly and effectively be remedied by Jectofer, the low molecular weight iron complex which treats the root of the problem — depleted iron stores. Once stores are filled, many of the symptoms disappear and the patient not only feels better but is also then able to meet the trials and tribulations of motherhood.

The remarkable response to Jectofer which may be obtained in the puerperium was demonstrated by Dr. J. SCOTT, who obtained values of 1.5 g./100 ml. in one week. (Brit. Med. J. II, 1963.)

Jectofer indications

The use of Jectofer is recommended in the correction of iron deficiency anaemias in the following circumstances:

1. Whenever a rapid response to iron is needed.
2. Failure of response to adequate oral iron.
3. Where the tolerance of oral treatment is poor.
4. Where orally administered iron may be undesirable for other reasons as in dyspepsia, ulcers, regional enteritis, ulcerative colitis, post gastrectomy or extensive resections of the bowel.
5. In gastro-intestinal bleeding, where oral iron therapy may mask melaena.
6. Where there is a large deficit due to repeated or chronic haemorrhage or acute haemorrhage in a patient already iron deficient. Jectofer may be given as a supplement to blood transfusion when indicated.
7. In late pregnancy where satisfactory serum iron levels may not be attained with oral iron.
8. For the rapid replenishment of depleted iron stores.

Contraindications

Jectofer is of no value in anaemias not specifically due to iron deficiency, in acute kidney and liver damage and haemochromatosis.

Jectofer dosage

The recommended single dose of Jectofer is 1.5 mg. of iron per kg. body weight, given daily. One 2 ml. ampoule contains 100 mg. of iron and constitutes the single dose for an average adult with a body weight in the region of 70 kg. or 150 lbs. For practical work, the single dose of 2 ml. can be recommended for a body weight of 60 kg. or 130 lbs. and over.

The total dose of Jectofer is calculated on the basis of the patient's initial haemoglobin concentration, assuming that:

- about 200 mg. of iron in women and 250 mg. in men is required to increase the haemoglobin by 1 g. per 100 ml. of blood;
- or 35 mg. of iron in women and 45 mg. in men to raise the haemoglobin by 1 %;
- 500—1000 mg. to replenish iron stores.

As stated above, the single dose is decided in relation to the body weight, and the number of these single doses needed is calculated from the patient's haemoglobin value.

A practical guide to the dosage of Jectofer

Body weight		Single dose in ml. calculated and in round figures	Total number of individual single doses for a course of treatment calculated from a haemoglobin value of									
Pound	Kilo		35	40	45	50	55	60	65	70	% Hb	
			5.3	6.0	6.8	7.5	8.3	9.0	9.8	10.5	g./Hb/100 ml.	
65	30	(0.9) 1.0										
90	40	(1.2) 1.0										
110	50	(1.5) 1.5										
130	60	(1.8) 2.0	24	22	20	18	16	14	12	10		
150	70	(2.1) 2.0										
over		(—) 2.0										

In addition to the dosage schedule suggested above, another 5—10 single doses should be given to adults to replenish iron stores. This is particularly important during pregnancy when the extra demands of the foetus must be met.

In children the **single dose** is likewise calculated on the basis of 1.5 mg. of iron per kg. body weight. The total dose needed is established empirically, administering the calculated single dose daily, or every other day, until haemoglobin values reach the normal range.

Caution!

Treatment with other forms of iron therapy should be discontinued before Jectofer administration. Patients with folic acid deficiency, hypoproteinaemia or active urinary tract infection should be treated appropriately before commencing Jectofer therapy.

Supplied

Packs of 5 × 2 ml., 10 × 2 ml. and 50 × 2 ml. (ceramic printed snapules). Each snapule contains 100 mg. of elemental iron.