Intravenous administration of iron in epoetin-treated haemodialysis patients

Sir,
Allow me to comment on the ‘Editorial Comment’ of Macdougall on which iron preparation should be used and how frequently and in what dose it should be given to patients on long-term haemodialysis [1]. The comment is both inaccurate and biased. Macdougall states that whilst iron dextrin (polymaltose) is widely used in France, it is licensed only for intramuscular use and not for i.v. administration. Iron dextrin (polymaltose) (Malto Fer; Fer Lucien) has been licensed for use in France intravenously (i.e. into the extracorporeal circuit during haemodialysis) for over 20 years; in addition, more recently iron hydroxide saccharose (Venofer) has also been licensed for i.v. use [2]. Iron dextrin has an excellent safety record as we have reported on numerous occasions, particularly when given in small doses every dialysis. We have published extensively [3–5] on this subject since our first successful use of i.v. iron maintaining 50 haemodialysis patients without blood transfusion indefinitely in the mid-1960s [6,7] and several years before the 1995 reference to a publication by Sunder-Plassmann and Hörl on small dose i.v. iron every dialysis [8], but clearly Macdougall prefers to quote abstracts on the dangers of small, frequent iron dosage based upon questionnaire data presented in abstract form and utilizing the crystal ball gazing of evidence-based medicine techniques [9,10] rather than extensive excellent clinical experience reported over more than 30 years.

Monaco

Stanley Shaldon


**Reply**

Sir,

I am grateful to Dr Shaldon for his comments on the intravenous use of iron dextrin (polymaltose) in France. In fact he is only partly correct in what he says. As I have confirmed with the manufacturing company, Vifor International in Switzerland, iron dextrin was never ‘officially’ licensed for i.v. use in France as we define this term today. It was, however, adopted onto hospital formularies for low-dose administration into the extra-corporeal circuit during haemodialysis and this has now become accepted practice in many units (including Dr Shaldon’s) in France. Iron sucrose on the other hand has been granted a Produce Licence for i.v. use by the EMEA regulatory body, and as such it has become widely accepted throughout Europe (Dr Jessica Tanner, Medical Director, Vifor International, Switzerland; personal communication).

I was, however, aware of Dr Shaldon’s excellent publications on the subject of low-dose i.v. iron during dialysis and I am sorry if my choice of the Sunder-Plassmann and Hörl reference has offended him. This article was an Editorial Comment rather than a comprehensive review of the subject and space restraints did not allow every single relevant reference to be included. The aim of my article was to provide a balanced overview of the options for administering i.v. iron without simply recounting my personal opinions, and I felt I had achieved this.

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