

Anaemia, Pharmaceuticals and Seniors

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The following is an edited "New Zealandised" version of an article from the Health Sciences Institute of the USA

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Anaemia should be considered a critical health concern for everyone over the age of 50. This is especially so for those who are taking prescription drugs, because many of the best selling drugs on the market today have a side effect that you'll never see mentioned on the label: the impairment of essential vitamin and nutrient absorption.

Red blood cells deliver oxygen from the lungs to the tissues throughout the body. Anemia occurs when the red blood cell count becomes depleted, resulting in fatigue, weakness, and hair loss in extreme cases. The two primary causes of anaemia are iron-poor blood (often triggered by menstruation or internal bleeding), and a deficiency in two critical vitamins: folic acid and vitamin B-12. Getting good amounts of these nutrients is very important for seniors because as we age our ability to absorb vitamins from food diminishes. Consequently, our tendency to develop anaemia rises.

Unfortunately this absorption problem is just the first link in a chain of events that adds up to a health issue that's far more serious than simple fatigue.

Many prescription pharmaceuticals interfere with the absorption of nutrients. For instance, drugs that inhibit stomach acids have been shown to significantly decrease absorption of vitamin B-12; one of the primary vitamins needed to prevent anaemia.

Other medications that are known to play a role in nutrient depletion are among the most frequently prescribed medications on the market. Antibiotics, anti-depressants, anti-inflammatories, blood pressure medications, cholesterol-lowering drugs, estrogen, and tranquilizers can all strip valuable vitamins and minerals from the body. And, when any of these drugs are combined - especially in an older patient - the risk of developing anemia rises.

And now it seems that this chain of events is being rushed along more quickly than ever.

Did you know the average American senior receives 25 prescriptions annually - a 100 percent jump from just four years ago! So as the over-medication of seniors grows at an alarming rate, we see two serious problems becoming even greater health threats:

- 1) the wider variety of drug intake creates conflicting side effects (and as we've seen before, many doctors treat drug side effects with other types of drugs), and
- 2) these potent drug mixes rob patients of the very nutrients they need most when fighting an illness.

But the chain of events just keeps getting worse.

Many mainstream doctors see so many elderly patients who have anaemia that the condition is widely regarded - somewhat lightly - as a normal part of ageing. As a result, when anaemia is diagnosed it often goes untreated. This is a critical mistake because research has shown that anaemia dramatically increases the risk of mortality for those with chronic health problems such as heart disease. At the same time, anaemia can also promote cancer, which thrives in a cellular environment that's starved of oxygen.

Anaemia is easily diagnosed with a typical blood test, so during your next check up, ask your doctor for a reading of your red cell blood count - especially if you're feeling unusually fatigued. If you do have an anaemic condition, the next step is to find out the cause. If your doctor downplays anaemia's importance, or if he recommends a prescription drug to address the problem, you should get a second opinion.

As for treating anaemia, you simply can't go wrong with the right nutrition and supplements. Obviously, high doses of B-12 and folic acid supplements can be helpful, but not necessarily iron supplements. HSI Panelist Allan Spreen, M.D., feels that with most supplements the recommended daily allowance (RDA) is much too low - but not so with iron which can create problems in high doses. Dr. Spreen says, "The RDA of iron is far too high. Plus, even if you were proven to have anemia I wouldn't treat it with inorganic iron. The mineral is too reactive in the body when it is not insulated from the system by being encased within the haeme structure of haemoglobin. Free radical formation from free iron is just too much of a threat."

Dietary sources of haeme iron come exclusively from red meat, fish, pork, and poultry, with beef liver and chicken liver having the highest amounts of iron. An additional intake of vitamin C can also help the body absorb iron.

And finally, you'll be doing your body and red blood cells a big favor by talking to your doctor about discontinuing the use of any synthetic drugs that aren't absolutely necessary.

Source

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