

Self Check

*Clinical Score IDS
(Questionnaire for cases suspicious of an iron deficiency)*

The most common and typical symptoms of the iron deficiency syndrome are classified in four groups hereafter. Each group of which at least one symptom is present, provides the patient with one point (maximum 4 points).

Do you suffer from:

States of exhaustion?

*Concentration disturbances?
Depressive moods?
Sleep disorders?*

*Dizziness?
Headaches?
Hardening of the neck muscles*

*Loss of hair?
Splitting nails?
Restless legs?*

Evaluation

1-2 points: IDS possible
3 points: IDS probable
4 points: IDS very probable

If at least one point is attained, the ferritin blood value should be measured.

AIM

*Advanced ID Management
(Advanced Iron Deficiency Management)*

Iron deficiency is the most common widespread disease. Nevertheless, it has been overlooked by traditional medicine so far. Only those patients, who have already reached the late stage of an anemia, are commonly identified as iron deficiency patients.

Advanced ID Management provides a first model for the management of patients including those who have not been recognized as iron deficiency patients to date. Since 2005, it has proved its worth with regard to success and tolerance. It comprises 6 steps.

An individual patient management in which the physician and the patient take on a joint responsibility is a prerequisite for a sustainable treatment without the risk of a relapse. The patient provides the mental state, the physician provides the diagnosis. Thereafter, one begins to correlate and to trace out the therapeutic path. The goal is to maintain a ferritin value at which no deficiency symptoms appear.

The concept has been developed by Dr. med. Beat Schaub and implemented in a computer based program by Roman Lim (Master in information technology ETH Zürich). This program is available on the internet since 2005 (Health-Banking).

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Course of Action in Case of Iron Deficiency

Whoever suffers from iron deficiency runs the risk of not being recognized as a patient subject to such a shortage. Only those 12 % in the late stage of an iron deficiency, who suffer from an iron anemia, are granted a "right to iron". For traditional medicine teaches that only in the event of an anemia, an iron deficiency is apparent.

The other 88 %, who do not suffer from an anemia, have so far mainly been assessed to be psychosomatically ill and treated accordingly.

It appears that 86 % of these people said to be psychosomatically ill profit from iron dispensations. 65 % are symptom-free or feel considerably better, 21 % feel at least somewhat better.

These persons have suffered from an *iron deficiency syndrome IDS*.

Step 1:	Step 2:	Step 3:	Step 4:	Step 5:	Step 6:
Self Check	Tentative Diagnosis	Diagnostic Evaluation	Saturation	Confirmation of Diagnosis	Maintenance Therapy
<p>The self check (Clinical Score IDS) provides a first indication of symptoms characteristic of iron deficiency.</p> <p>If at least one point is achieved, a first vague suspicion of iron deficiency exists.</p>	<p>If the Clinical Score IDS indicates such a suspicion, the ferritin value needs to be measured.</p> <p>If it lies below 50 ng/ml, the suspicion is confirmed.</p>	<p>A confirmed suspicion of iron deficiency (characteristic iron deficiency symptoms at a ferritin level below 50 ng/ml) in principle requires the insufficiently filled or empty iron accumulators of the patient to be refilled intravenously.</p>	<p>Before a saturation is carried out, five requirements must be met (1):</p> <ol style="list-style-type: none"> 1. Confirmed tentative diagnosis 2. Exclusion of contraindications 3. Consideration of differential diagnoses 4. Passing of the „final indication check“ (2) 5. Calculating of the individually required iron amount (3) <p><i>Therapeutic Recommendations:</i></p> <p><i>IDS-Patients (4):</i> 200 mg Iron twice a week</p> <p><i>IDA-Patients (4):</i> 500 (to 1000) mg Iron once a Week</p>	<p>The first follow up (appraisal after the therapy) takes place two weeks after the last administration of 0.2 gram or three weeks after the last administration of 0.5 (1.0) gram. It comprises:</p> <ul style="list-style-type: none"> • measurement of the ferritin value (5) • documentation of the change of former symptoms <p>If the treatment has been successful, the diagnosis of IDS (iron deficiency syndrome) is confirmed.</p> <p>If the treatment has not been successful, another cause has to be looked for immediately, in order to be able to treat the symptoms effectively.</p>	<p>At the second follow up (three months later), the same procedure is repeated:</p> <ul style="list-style-type: none"> • measurement of the ferritin value (mostly decreased in the case of women at an age at which they menstruate) (6) • documentation of the state of the patient <p>An observation of the correlation of the patient's state and the diagnostic findings (steps 2, 5 and 6) allows for an individual determination of the rated range, within which the patient does not feature iron deficiency symptoms (7)</p> <p>Now, the amount of iron required per year in order to avoid relapses is calculated (8).</p>

1) Every doctor needs to decide before a treatment, whether there is a natural (as menstruation) or a pathological cause (as blood loss in the gastrointestinal tract), which is responsible for iron deficiency

2) Average of STR (mg/l) and TF (g/l) divided by log (Ferritin (ng/ml)) must amount to 1.5, at least

3) Iron Deficiency Anemia: Ganzoni formula / Iron Deficiency Syndrome: Iron formula of Basel for saturation therapy by Dr. Schaub

4) IDS: Iron Deficiency Syndrome (early stage) / IDA: Iron Deficiency Anemia (late stage)

5) Initial target value for ferritin: 200 ng/ml two weeks after the last partial dose of 0.2 gram / 250-300 ng/ml three weeks after the last partial dose of 0.5 (1.0) gram. With IDA-patients the hemoglobin needs to be determined as well

6) With IDA-patients the hemoglobin needs to be determined as well

7) Ferritin value, state of patient and their correlation can be documented chronologically in a „feel good-passport“, which the patient keeps at home and brings to the consultation

8) Iron formula of Basel for maintenance therapy by Dr. Schaub