

Optimizing Therapeutic Strategies in the Management of Cardiorenal Anemia Syndrome

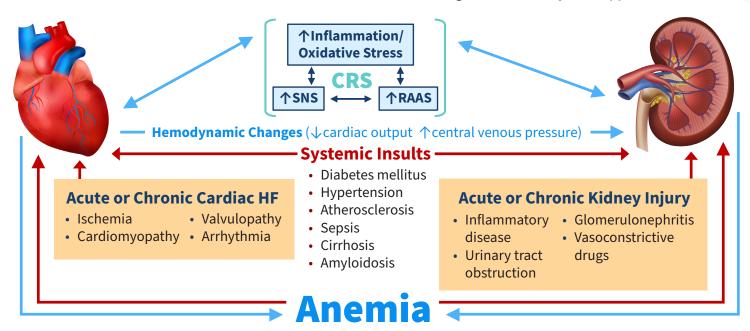


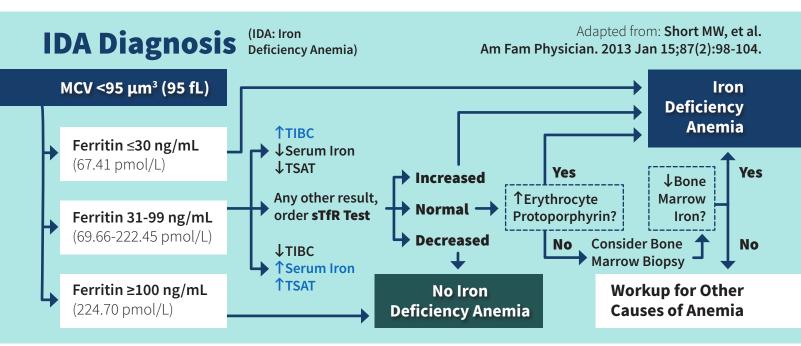
CORNERSTONE CLINICAL TOOL

The HF-CKD-Anemia Triad

Adapted from:

McCullough P, et al. Kidney Intl Suppl. 2021.



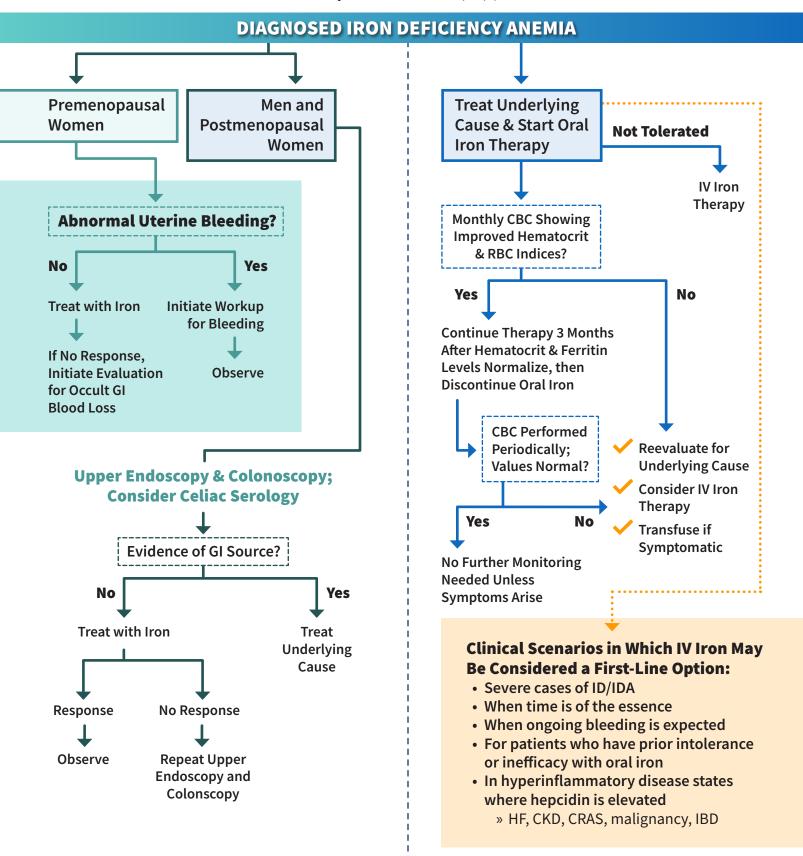




Evaluation

Adapted from: Short MW, et al.
Am Fam Physician. 2013 Jan 15;87(2):98-104.

Treatment





ID Management in HF Guidelines

Adapted from: McDonagh T, et al. Eur Heart J. 2021;42(36):3599-3726.

McDonagh T, et al. Eur Heart J. 2023; (00):1-13.

2023 Focused Update and 2021 European Society of Cardiology (ESC) Guidelines for the Diagnosis and Treatment of Acute and Chronic Heart Failure

Class I, Level C:

All patients with HF should be periodically screened for anemia and ID with a full blood count, serum **ferritin concentration**, and **TSAT**.

Class IIa, Level A:

IV FCM or FDI should be considered in symptomatic patients with HFrEF and HFmrEF, and ID, to reduce the risk of HF hospitalization.

Class I, Level A:

IV iron is recommended in symptomatic patients with HFrEF and HFmrEF, and ID, to alleviate HF symptoms and improve QoL.

Class IIa, Level B:

IV FCM should be considered in symptomatic HF patients recently hospitalized for HF and with LVEF <50% and ID to reduce the risk of HF hospitalization.

2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure: A Report of the American College of Cardiology (ACC)/American Heart Association (AHA) Joint Committee on Clinical Practice Guidelines Adapted from: Heidenreich PA, et al. J Am Coll Cardiol. 2022;79(17):e263-e421.

Class 1, Level C-EO:

Patients diagnosed with HF should have **iron studies included** with laboratory evaluation to optimize management.

Class 2a, Level B-R:

In patients with HFrEF and *ID with or without anemia*, IV iron replacement is reasonable to **improve functional status** and **QoL**.

IV Iron Product-Specific Quick Reference Table

Iron Product	Elemental Iron (mg/mL)	Labelled TDI?	HF or CKD Indication?	Test Dose Required?	Infusion Time
FCM	50	Yes	CKD, HF	No	≥15 minutes
FDI	100	Yes	CKD	No	≥20 minutes
Ferumoxytol	30	No	CKD	No	≥15 minutes
Iron Sucrose	20	No	CKD	No	≥15 minutes
Low-Molecular- Weight Iron Dextran	50	No	-	Yes	1 hour (not to exceed 50 mg/min)
Sodium Ferric Gluconate	12.5	No	CKD	No	1 hour

Note: This table is intended for quick reference only. Please check product labeling for complete information, including indications, adverse events, and warnings/precautions.

Auerbach M, et al. Lancet Haematol. 2020;7(4):e342-e350.; FDA Prescribing Information.

