Tower Bridge Hospital London

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open 7 days, 9am–7pm
towerbridgehospital.co.uk

PATIENT INFORMATION · GENERAL HEALTH

Iron deficiency and anaemia
the missing iron always has a reason

Iron deficiency is the commonest nutritional deficiency in the world and one of the commonest causes of persistent tiredness. Correcting it matters — but so does answering the question that gets skipped: where has the iron gone? In an adult, that question sometimes has a serious answer.

Seek urgent assessment if you have

- **chest pain, severe breathlessness or fainting**
- **black tarry stools**, or vomiting blood
- **visible blood in the stool**, or a persistent change in bowel habit
- **unexplained weight loss**, or a lump in the abdomen
- a **very low haemoglobin** with palpitations or collapse

In men of any age, and in women after the menopause, iron deficiency anaemia requires investigation of the gut — it is a recognised presentation of bowel cancer. Being given iron tablets without that investigation is not adequate care.

Symptoms

- tiredness that sleep does not fix, and breathlessness on stairs
- pale skin, palpitations, headaches and dizziness
- **hair shedding**, brittle or spoon-shaped nails
- **restless legs** at night — strongly associated with low ferritin
- sore, cracked corners of the mouth, and a smooth sore tongue
- **pica** — craving ice, soil or chalk — which is odd, specific and genuinely diagnostic
- reduced exercise tolerance and poor concentration

Ask for ferritin, not just haemoglobin

Haemoglobin is the last thing to fall. Iron stores can be exhausted for months or years before anaemia appears, and during that time you can have every symptom of iron deficiency with a 'normal' full blood count. **Ferritin is the test that shows the stores.** Ferritin below 30 indicates deficiency in most people; below 15 is definitive. Ferritin rises with inflammation, so it is interpreted alongside CRP. If you have been told your blood count is normal but you have the symptoms above, ask specifically for ferritin.

Where the iron goes

- **Heavy periods** — by far the commonest cause in women who menstruate, and frequently normalised for years.
- **Pregnancy and breastfeeding**, which have high demands.
- **Gut blood loss** — ulcers, inflammation, polyps, bowel cancer, and regular anti-inflammatory or aspirin use.
- **Coeliac disease**, which impairs absorption and is found in a meaningful proportion of unexplained cases.
- **Diet** — vegan and vegetarian diets, and iron-poor diets generally.
- **Long-term acid-suppressing medication**, which reduces absorption.
- Blood donation, endurance exercise, and after bariatric surgery.

Taking iron so that it works

- **Alternate-day dosing is now often preferred** to daily. Taking iron every day raises hepcidin, which blocks absorption of the next dose; alternate days absorbs more overall with fewer side effects.
- **Take it on an empty stomach** if you can tolerate it, with **vitamin C** or orange juice, which substantially improves absorption.
- **Avoid tea, coffee, milk, calcium supplements and antacids within two hours** — all markedly reduce absorption.
- **Black stools are expected** and harmless. Constipation is common — increase fluid and fibre rather than stopping.
- If one preparation upsets you, another may not. Do not simply abandon it.
- **Continue for three months after ferritin normalises** to refill the stores, or it will simply drop again.

When infusions are used

Intravenous iron corrects deficiency far faster than tablets and is used where tablets are not tolerated or not absorbed, where losses outstrip what tablets can replace, in significant anaemia before surgery, and in chronic kidney or inflammatory bowel disease. It is given in a single or small number of sessions.

Why come to us. We test **ferritin alongside a full blood count** as standard, not haemoglobin alone, and add B12, folate, coeliac screening and thyroid function where the picture suggests it — all in-house, with results explained by a clinician in the same visit. We then look for the cause rather than simply prescribing iron: women's health assessment for heavy periods, gastroenterology review, with endoscopy arranged through our CQC-registered partners where the gut needs investigating. Open seven days a week, no referral needed.

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open 7 days, 9am–7pm

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **Blood Tests** · **Women's Health** · **Gastroenterology** · **Health Screening & MOT** · **All patient leaflets**

Written and reviewed by Dr H Bolat, GP & Clinical Director **Review date: 26 July 2026** **Next review due: July 2028**

Ref: TBH-PIL-145

This leaflet is based on current NHS, NICE and British Society of Gastroenterology guidance on iron deficiency anaemia. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.