

Iron Deficiency and Mental Health, Fatigue and Quality of Life



SUMMARY

- Iron deficiency (ID) can present as mental health issues.
- Fatigue is one of the most common and early symptoms of iron deficiency.
- Iron deficiency has multiple impacts on quality of life (QoL).
- There are gaps and barriers in understanding women's experience and response to iron deficiency and treatment.

Mental Health

- **Psychiatric Symptoms and Iron Deficiency**
Iron deficiency should be ruled out in patients presenting with psychiatric concerns, especially depression, anxiety, fatigue, or sleep disturbances.
- **Postpartum Depression (PPD)**
Studies show a strong link between IDA and PPD:
 - 8 out of 10 studies found increased risk of PPD in women with iron deficiency anemia.
 - 4 out of 5 studies showed a reduction in PPD risk when iron therapy was provided (Wassef et al., 2019).
- **Medication-Induced Deficiency**
Certain psychiatric medications, including SSRIs and antipsychotics, can deplete iron or interfere with iron metabolism, potentially worsening fatigue and mood disorders.
- **Transgender Health Consideration**
Estradiol therapy in transgender individuals may suppress the erythropoietin (EPO) axis, increasing the risk for iron deficiency. Monitoring and supplementation may be warranted in those on long-term hormone therapy.

Fatigue

- **Prevalence and Mechanism**
Fatigue is one of the most common and early symptoms of iron deficiency—even before anemia develops. It results from reduced hemoglobin and impaired oxygen delivery to tissues.
- **Multisystem Burden**
Fatigue is often underrecognized in chronic illnesses like renal failure, multiple sclerosis, cancer, psychiatric illness, and cardiovascular disease (Heesen et al., 2006; Smets et al., 1993; Lee et al., 2014; Lerdal et al., 2012).
- **Evidence for Improvement with Iron**
 - A meta-analysis of 18 trials found that iron supplementation improved self-reported fatigue, even if objective activity didn't change (Houston et al., 2018).
 - Oral iron was effective in reducing fatigue in menstruating women with low ferritin or mild anemia (Vaucher et al., 2012; Verdon et al., 2003).
 - Dietary and supplemental iron improved vitality and mental well-being in women of childbearing age (Patterson et al., 2001).
 - IV iron (such as ferric carboxymaltose) increased hemoglobin and reduced fatigue in women with IDA (Auerbach et al., 2019).
 - Patients receiving IV iron experienced ≥ 2 g/dL hemoglobin increases in 81% at 5 weeks, compared to just 6% with placebo, with significant fatigue relief (Vadhan-Raj et al., 2014).
 - However, fatigue recovery was slower with ferric carboxymaltose due to phosphate depletion (Zoller et al., 2023).
- **Post-CABG fatigue**
Over 50% of patients report fatigue after coronary artery bypass grafting, and 10% continue to experience symptoms after three months (Barnason et al., 2008; Rubin et al., 2004).

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Quality of Life

- **Definition and Relevance**
Health-related quality of life measures a person's perceived physical and mental health over time. It is a critical patient-reported outcome and is significantly impacted by iron deficiency anemia (CDC, 2017).
- **Workplace Productivity**
IDA reduces energy, attention, and performance at work. Correcting anemia improves presenteeism and overall productivity (Kronke et al., 2012).
- **IV Iron and QoL Improvement**
 - Cancer patients receiving IV iron showed significant gains in physical function and overall QoL (Ludwig et al., 2022).
 - In heart failure patients, iron status was more predictive of QoL outcomes than hemoglobin levels alone (Klip et al., 2013).
 - Women with heavy menstrual bleeding who were treated for IDA experienced improved mood, energy, and social functioning (Fraser et al., 2014).
- **Even Mild IDA Matters**
Mild iron deficiency impairs physical, emotional, and social well-being. Iron therapy has been shown to improve scores on validated scales within weeks (Manasanch et al., 2011; Sato et al., 2006).
- **Other Populations**
 - Patients with inflammatory bowel disease (IBD), even in remission, had reduced QoL when iron deficient. Correction improved fatigue and well-being (Nielsen et al., 2016).
 - In chronic kidney disease (CKD), IV iron led to significant improvements in both physical and emotional health (Scott et al., 2015).
 - In CKD stages G3b–G5, both anemia and iron deficiency independently reduced QoL (Yamaguchi et al., 2024).
 - Pediatric IBD patients who received IV iron reported sustained improvements in energy, mood, and academic performance (Baker et al., 2020).
- **GI Side Effects and Newer Iron Formulations**
Oral iron can cause gastrointestinal side effects that negatively impact QoL. Newer formulations and IV alternatives may reduce this burden (Cancelo-Hidalgo et al., 2013).

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Iron Deficiency and Mental Health, Fatigue and Quality of Life



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