

Impact of Multiple-Dose IV Iron Therapy on Quality of Life: Results from a Patient Survey

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Background

- ~5 million people in the US have iron deficiency anemia (IDA).¹
- While intravenous iron (IVI) can be used to treat IDA when oral iron is not effective or tolerable, guidance on transitioning from oral to IVI varies by disease state, and in some cases may not be clear.²⁻⁴
- Different IVI products require a varying number of infusions per treatment course (ranging from 1 to 10).
- Multiple-dose IVI infusions may affect patient quality of life.⁵⁻⁷

Objective

To understand the impact of multiple-dose IVI on quality of life for patients with IDA.

Methods

- In early 2023, patients > 18 years of age in the US with a confirmed diagnosis of IDA who had recently received multiple-dose IVI therapy (defined as ≥ 2 infusions per month) completed an online survey conducted by The Harris Poll.
- Questions covered IDA symptoms before and after treatment and activities of daily living.

Results

- 323 patients completed the survey.
- 193 were prescribed ≥ 2 multiple-dose IVI infusions per month (average 2.6 infusions/month, average 14.3 total).
- Patients waited an average of 1.5 years after their diagnosis for their first multiple-dose IVI infusion.
- 36.8% of patients reported missing a dose of multiple-dose IVI.

Figure 1. Patient Characteristics

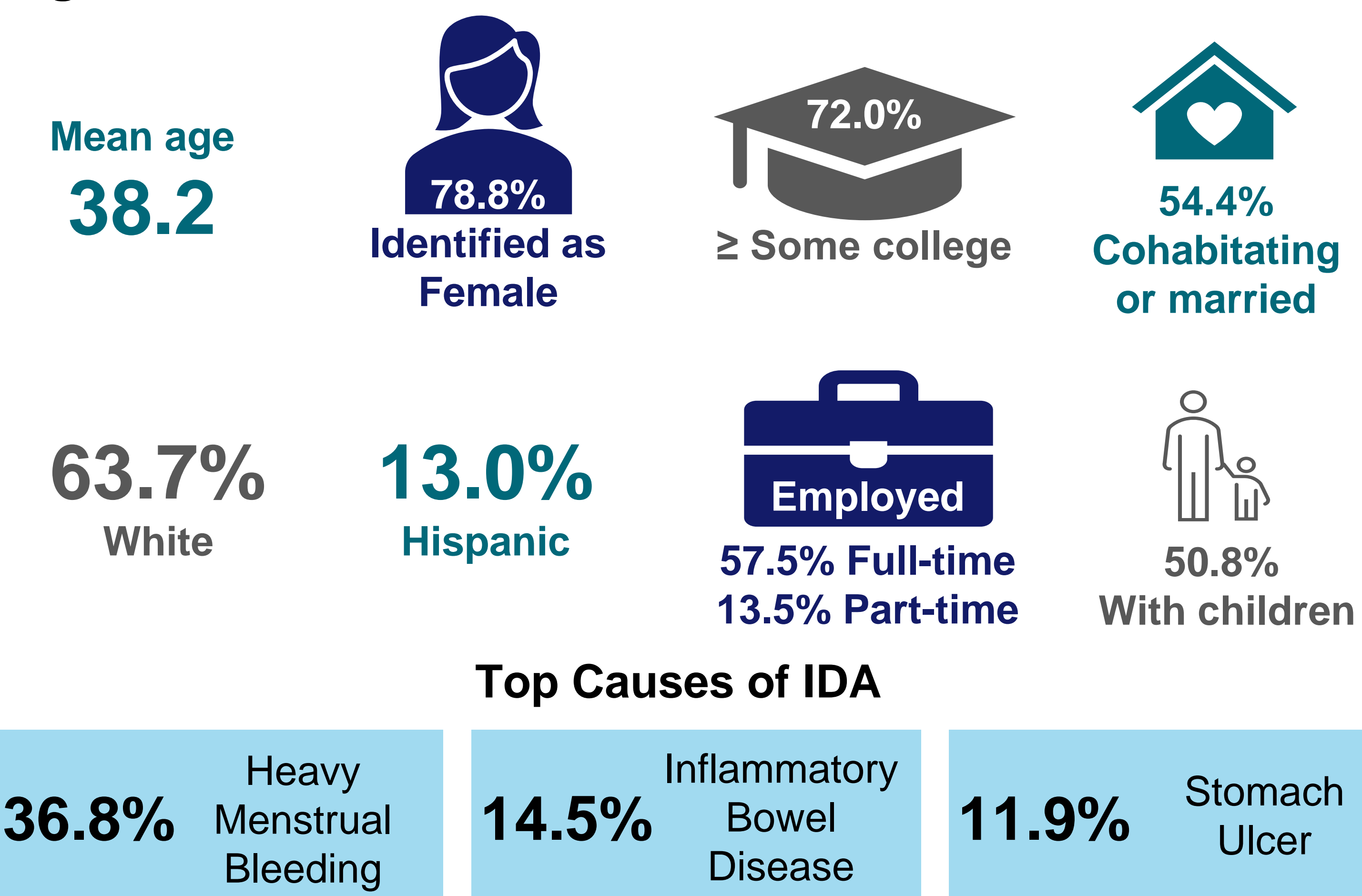


Figure 2. Patients Experiencing Symptoms Before Multiple-Dose IVI in Total Sample

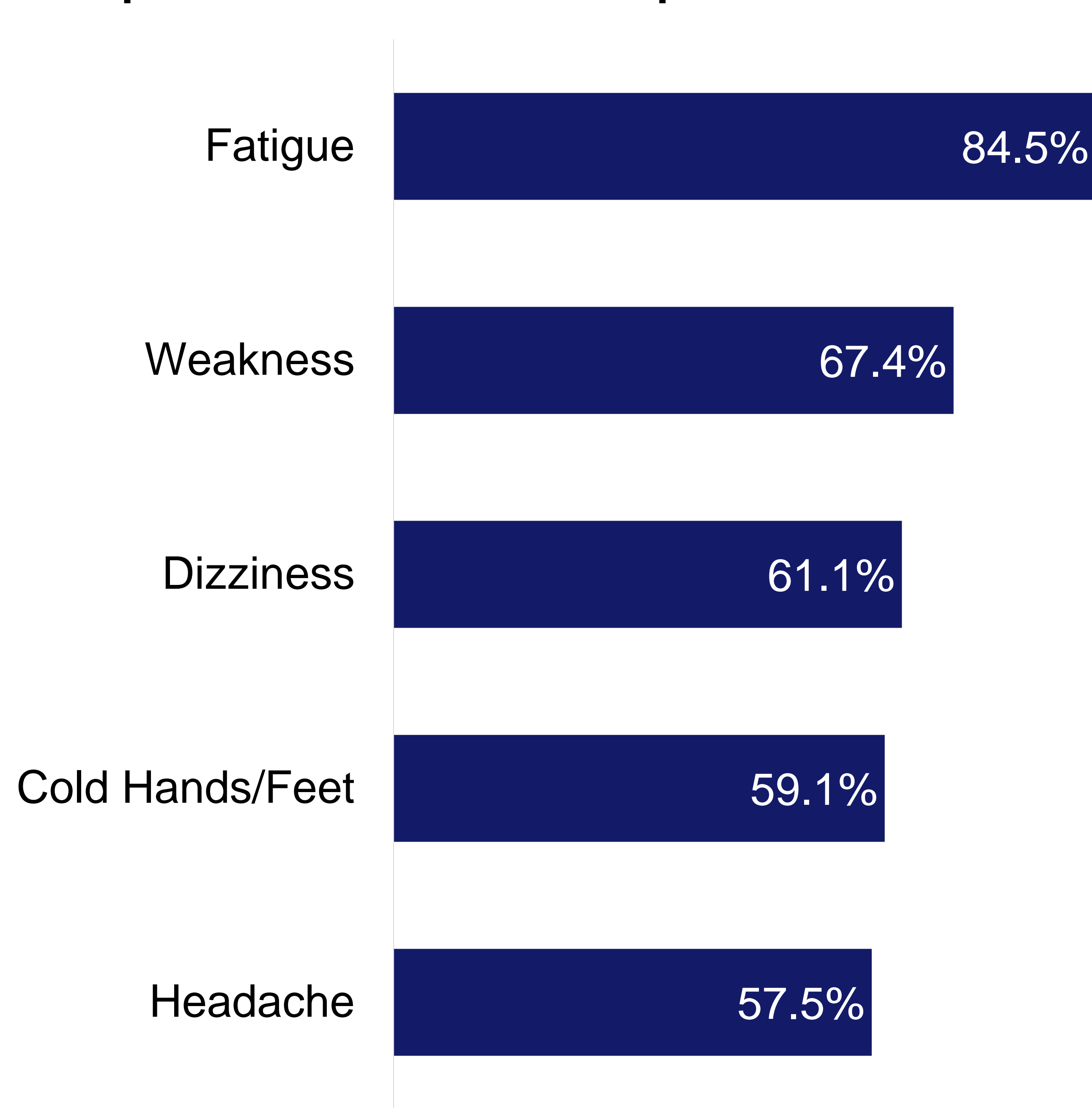


Figure 3. Symptom Improvement After Multiple-Dose IVI in Patients Experiencing Symptoms

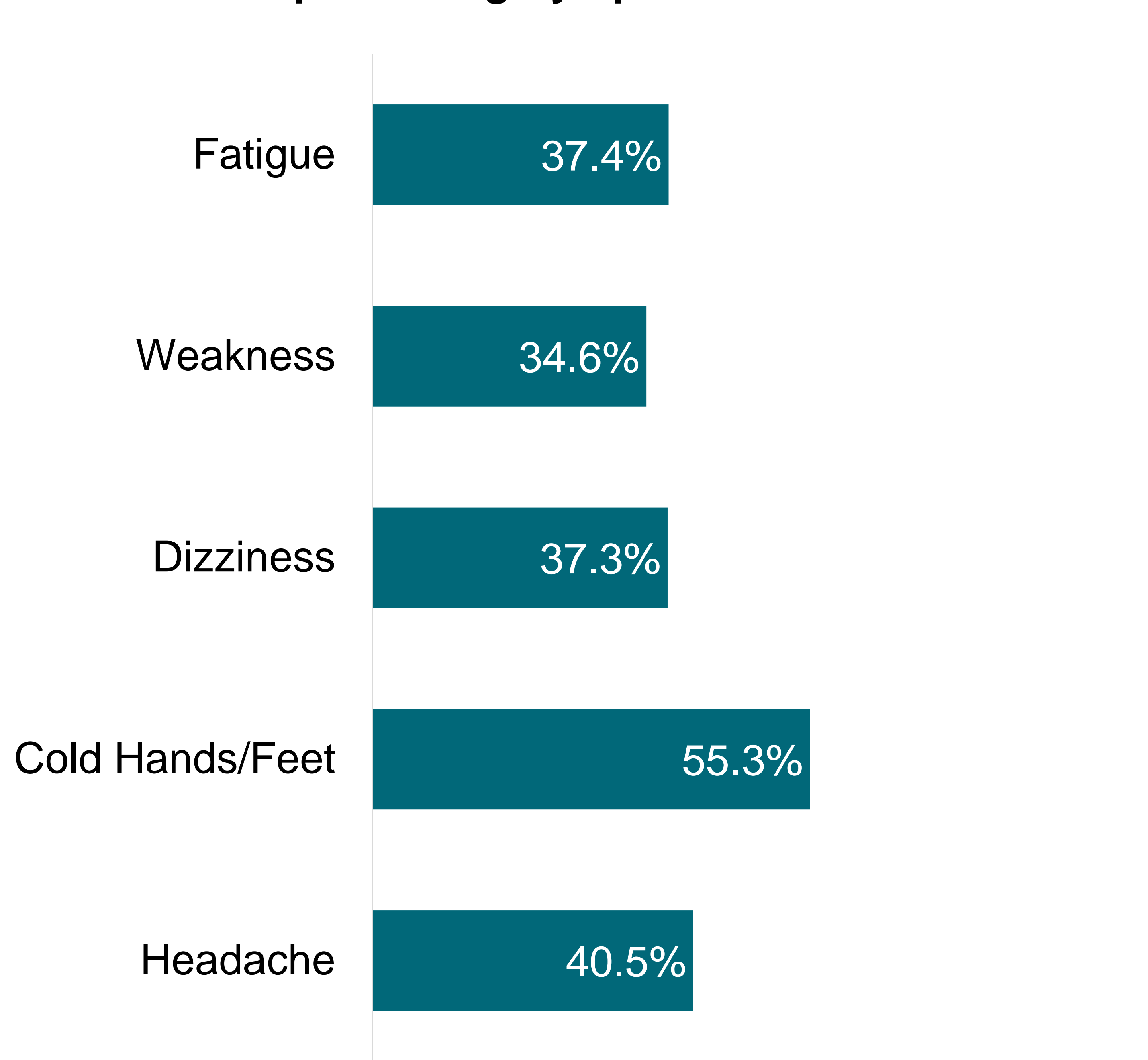
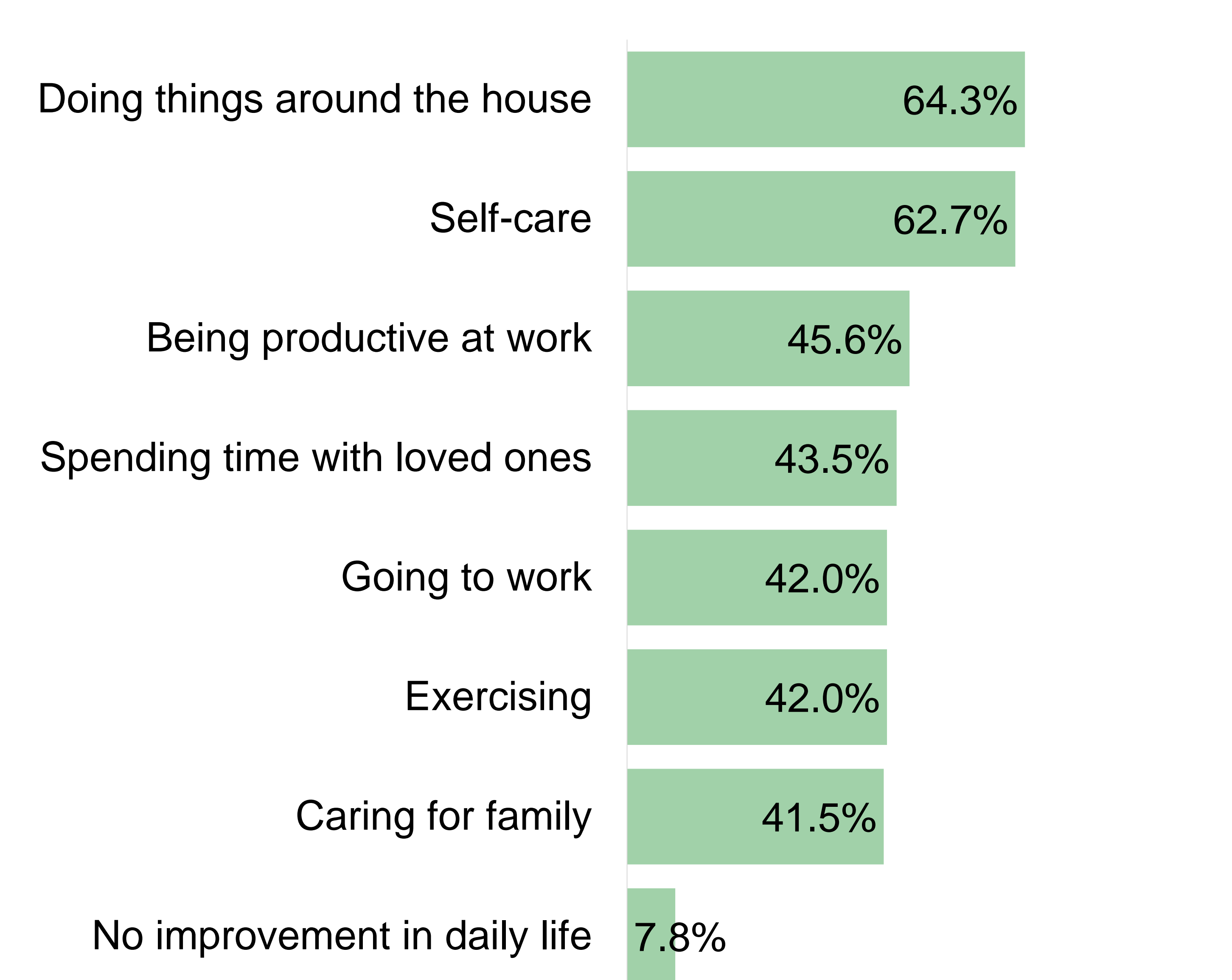


Figure 4. Improvement in Activities of Daily Living After Multiple-Dose IVI in Total Sample



Conclusions

- An average of 1.5 years passed from diagnosis to first IVI prescription. This is a potential gap in care as many patients may have experienced chronic blood loss during this time.
- Although symptoms improved with multiple-dose IVI treatment, approximately 1/3 to over 1/2 of symptoms remained.
- Only 2 of 7 activities of daily living were reported to improve in more than half of patients.
- More than 1/3 of patients missed ≥ 1 infusion.
- Improvements in symptoms, activities of daily living, and quality of life could be more marked with better treatment adherence.
- Adherence could be facilitated by a single-dose IVI option.

87.1% would prefer single-dose IVI, which may improve adherence and quality of life.

Limitations

- This study may be subject to self-report bias.
- The survey was completed by a small sample, so results may not generalize to all patients treated with multiple-dose IVI.
- The sample was limited to patients currently receiving multiple-dose IVI and may not reflect the perspectives of patients who have completed a full treatment course.

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