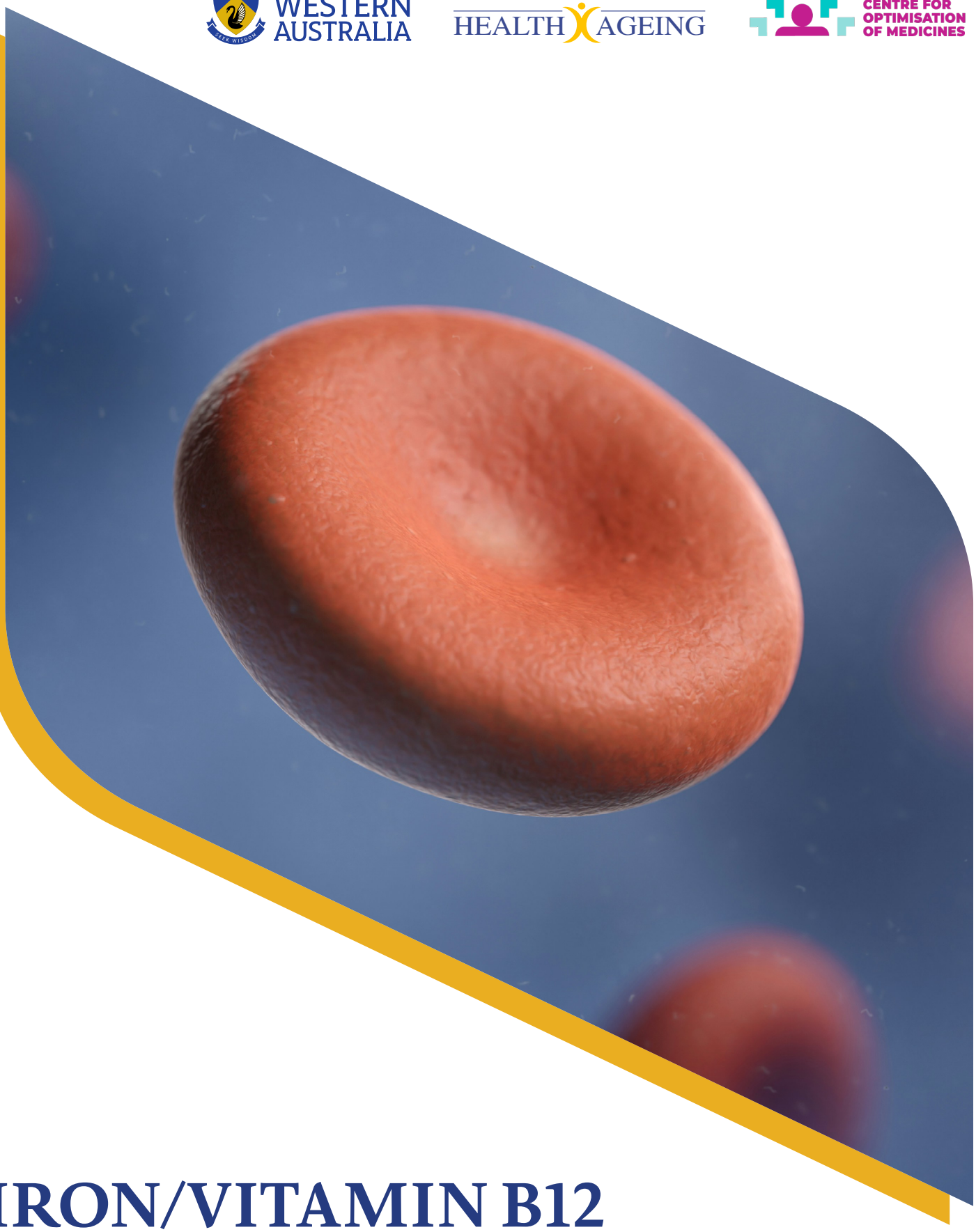
THE UNIVERSITY OF WESTERN AUSTRALIA

WESTERN AUSTRALIAN CENTRE FOR HEALTH AGEING

CENTRE FOR OPTIMISATION OF MEDICINES



IRON/VITAMIN B12

Deprescribing in older people: A clinical practice guideline

dRx™

Type	Recommendation
	WHEN TO DEPRESCRIBE
CBR	If haemoglobin and ferritin/B12 levels are within an acceptable range, we suggest deprescribing be offered to older people taking iron and/or vitamin B12: 1. Without an ongoing indication (e.g. underlying cause of iron deficiency has been addressed); 2. For drug-induced indication where the original drug can be suitably reduced, discontinued, or replaced by another drug (e.g. inappropriate prescribing cascade related to metformin or proton pump inhibitors and B12); or 3. With no clear or known indication (e.g. no documented history of iron/B12 deficiency or pernicious anaemia).
GPS	Deprescribing decisions should be made in consultation with the person and their GP and/or specialist providers to ensure it aligns with their preferences, goals and overall treatment plans (ungraded good practice statement).
	ONGOING TREATMENT
CBR	We suggest continuing iron or vitamin B12 therapy in older people whose deficiency is due to permanent underlying conditions, such as a history of gastric surgery, pernicious anaemia, or unmodifiable dietary limitations (e.g. vegetarian or vegan diet).
	HOW TO DEPRESCRIBE
CBR	We suggest ceasing iron and/or vitamin B12 therapy without the need for tapering. We suggest before deprescribing, assessing nutritional status and other relevant health factors, as part of a comprehensive care plan to ensure ongoing patient well-being.
	MONITORING
CBR	We suggest offering laboratory monitoring of complete blood count, iron studies/B12 periodically (e.g. 11 months after discontinuation as per the Medicare Benefits Schedule or sooner if symptoms arise) to promptly identify any recurrence of iron/B12 deficiency.
CBR	We suggest advising patients to report to their healthcare providers symptoms of iron/B12 deficiency such as unexplained lack of energy, shortness of breath, headache, and heart palpitations, or B12 deficiency symptoms of glossitis (tongue soreness), and neuropathy (numbness involving fingers/toes).

CBR, consensus-based recommendation; GPS, good practice statement

Note:

Evidence is drawn from studies involving participants aged ≥ 65 years and over.

Chronological age may not reflect health status. Among Aboriginal and Torres Strait Islander peoples, individuals aged 50 years and over are considered older.

Statements in this guideline are not prescriptive and should be applied using a shared decision-making approach.

Access to healthcare services may vary and can influence healthcare decisions.

Medicine needs may change over time; medicines may be restarted if clinically necessary, based on shared decision-making and informed consent.

For supporting evidence and further information, please visit **deprescribing.com** or scan the QR code:

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