In past, the Anemia in the elderly was perceived as an inescapable consequence of ageing. The term “Anemia of the elderly” was commonly used. But now, it is established that Anemia in the elderly is an indicator of poor health and is associated with increased adverse outcomes in the elderly. It may lead to poor quality of life, frailty, cognitive decline, depression, increased risks of fall and hospitalization in the elderly. Thus now the term “Anemia in elderly” is preferred over “Anemia of elderly”. Accurate diagnosis and treatment of Anemia are needed to avoid the adversities mentioned earlier.¹

Anemia in elderly (AE) can be broadly classified into three categories: Nutritional deficiencies, Anemia of Inflammation (AI) and Unexplained Anemia (UAE).²

Nutritional deficiencies Anemia is mainly caused by iron deficiency and also by folic acid and vitamin B12 deficiency, which puts patients with nutritional Anemia at higher risk of mortality. The treatment of nutritional deficiency Anemia through correction of iron, folic acid and B12 preparations is advised. Oral iron preparations are mostly ineffective in the elderly, mainly due to reduced iron absorption. Absorption of iron is poor in the elderly due to hypochlorhydria, frequent PPI prescriptions and increased hepcidin levels in pro-inflammatory states. Newer i.v. Iron preparations like ferric carboxymaltose are found to be highly effective in iron deficiency anaemic elderly with CHF.

Anemia of Inflammation (AI) is due to inflammatory and infectious diseases, chronic kidney diseases, and tumours. Such inflammatory states lead to hepcidin- induced iron sequestration into macrophages and cytokine-dependent bone marrow suppression which predisposes the patient to AI. The emphasis should be on the management of underlying diseases. Hepcidin inhibitors and other agents interfering with the bone hepcidin activating pathways are being developed.

For unexplained Anemia in the elderly (UAE), the most commonly postulated cause is myelodysplastic syndromes (MDS), mostly seen in elderly. MDS is a group of clonal haemopoietic disorders with a median age of diagnosis about 65 years and is present in about 10 to 15 % of cases of unexplained Anemia. Other causes of UAE include hypogonadism, low GFR and relative erythropoietin deficiency. For UAE, studies have revealed that the use of EPO is beneficial. However, the risks of thromboembolic complications must be ruled out before its administration Novels agents that increase the endogenous levels are being studied for the management of UAE.

There are few studies available for anemia in elderly in India.³ In the present issue, Lamba et al. have determined the prevalence of Anemia in the elderly in the urban slums in Meerut.⁴ The study revealed that 49.5 % of the elderly residing in these slums were anaemic. The Anemia in the elderly was found to be significantly associated with employment, socioeconomic status and chronic diseases like COPD, hypertension and Tuberculosis. Such findings are suggestive that the Anemia in the elderly is a common issue. There is a need for proper screening and treatment of the elderly for Anemia to lessen morbidity and mortality in the geriatric population.

In developing countries like India, where nutritional Anemia is a significant health problem, in particular, the iron deficiency Anemia and the government has taken initiatives to address it at the national level in children and pregnant women. National figures regarding the prevalence of nutritional
Anemia in mother and children are available in India but not for the elderly. National Nutrition Anemia Prophylaxis Programme was launched in India in 1970 to prevent nutritional Anemia in mothers and children. Under this programme, the expected and nursing mothers, as well as children, are given iron and folic acid supplements.

There is need of more studies to establish the prevalence of nutritional Anemia in the elderly at the national level, and national programmes running for children and pregnant women should include geriatric population to decrease morbidity and mortality.

REFERENCES