



Mechanism of Iron Deficiency Anemia Severity Associated with Ferrous Sulfate Drugs

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DESCRIPTION

Ferrous sulfate is a drug used to treat and prevent iron deficiency anemia. Iron helps to make healthy red blood cells that carry oxygen around the body. Too little iron can lead to anemia due to blood loss, pregnancy, lack of iron in the diet, etc. Ferrous sulfate drugs are most effective when taken on an empty stomach. Most people feel better after taking ferrous sulfate for a week, but it may take up to four weeks to see the full effect. Most adults and some children over the age of 12 can take ferrous sulfate as advised by their doctor or pharmacist.

Iron or ferrous sulfate (Feosol®, Slow FE®) is a mineral that the body needs to make red blood cells. Without enough iron, the body can't make enough red blood cells to keep a person healthy, this is called iron deficiency anemia. Iron deficiency can lead to fatigue, shortness of breath, and decreased physical performance. Liver transplant patients may also be more susceptible to infections. Ferrous sulfate may be needed if people do not get enough iron from their diet. Ferrous sulfate comes in tablet and liquid forms. Side effects may include constipation, stomach cramps, and other digestive problems. Take iron supplements only as directed.

Ferrous sulfate should be taken on an empty stomach with water or fruit juice. However, if the medication upsets the child's stomach, ferrous sulfate can be taken with food. Ferrous sulfate medications are taken orally and are available in liquid, capsules, 300 mg, and 324 mg tablets. Swallow tablets or capsules with a full glass of water unless directed by the doctor. Do not lie down for at least 10 minutes after taking tablets or capsules. Do not crush or chew capsules or tablets. This increases the risk of side effects as all the drug is released at once. Also, do not share extended-release tablets unless a person has a scoreline and have been instructed to do so by the doctor or pharmacist. Swallow the tablet completely or in portions without crushing or

chewing. Take this medicine regularly for maximum effect. Take it at the same time each day to make it easier to remember.

Drug interactions can change how a drug works or increase the risk of serious side effects. Overdose symptoms may include nausea, severe abdominal pain, bloody diarrhea, vomiting blood or coffee grounds-like blood, shallow breathing, weak rapid heart rate, pale skin, blue lips, and seizures. Ferrous sulfate is only part of a complete treatment program that includes a special diet. Some people experience stomach symptoms ranging from heartburn to nausea and vomiting, and taking ferrous sulfate with food can help prevent or alleviate them. Constipation or black or green stools may also occur. Certain health conditions and medications can reduce the body's ability to absorb iron. Take the medicine as soon as possible remembered, but if it is almost time for the next dose, skip the missed dose. Do not take 2 doses at the same time.

Anyone can develop iron deficiency anemia, but the following groups are at higher risk: Menstruating and pregnant women, frequent blood donors, people with kidney failure because they have problems making red blood cells (especially if they are on dialysis), premature or underweight babies, and certain types of cancer or heart failure. People with iron deficiency anemia have different treatment methods depending on the cause. A patient can better absorb iron from plant foods when eaten with meat, poultry, seafood, and foods rich in vitamin C. Foods rich in vitamin C include fruits such as oranges, strawberries, tomatoes, and broccoli also vegetables are included. Ferrous sulfate supplements are toxic and can be fatal in large doses. Do not take more than the dose recommended by the doctor. Always keep supplements out of reach of children. Iron overload is associated with an increased risk of cancer. Excessive iron intake and high-dose iron supplementation may increase the risk of infection in certain individuals and can gain weight.

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Received: 25-Nov-2022, Manuscript No. JBB-22-19368; **Editor assigned:** 29-Nov-2022, PreQC No. JBB-22-19368 (PQ); **Reviewed:** 13-Dec-2022, QC No. JBB-22-19368; **Revised:** 20-Dec-2022, Manuscript No. JBB-22-19368 (R); **Published:** 27-Dec-2022, DOI: 10.35248/0975-0851.22.S8.005

Citation: Atkinson S (2022) Mechanism of Iron Deficiency Anemia Severity Associated with Ferrous Sulfate Drugs. J Bioequiv Availab. S8:005.

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