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Adolescent Anemia

By

Dr.Susan William









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ADOLESCENT ANEMIA

Anemia is a very common problem that is faced by many of the adolescent females globally. The prevalence of anemia

Author
Dr.SUSAN WILLIAM,
M.B.B.S; DNB(O&G), FICOG,
Dip.Gynaec.Endoscopy(Germany),
Clinical Director,
Consultant Obstetrician & Gynaecologist,
William Hospital, Nagercoil,
Kanyakumari District- 629001.

in India varies from 36 – 42% of which adolescent anemia contributes about 50-90% .WHO defines anemia as Hemoglobin <12g/dl. Adolescent anemia is preventable and treatable. It is important that we address the common wealth issues during this vulnerable period.

What are the symptoms of anemia?

Anemia usually presents with excessive bleeding PV, learning disability, lack of concentration, easy fatigability, palpitation, lassitude etc.

Causes of anemia

Nutritional

- 1. Poor dietary intake of iron resulting in deficiency of iron in the body and thus iron deficiency anemia
- 2. Dietary deficiency of Folic acid, Vitamin C, Vitamin B₁₂
- 3. Low bioavailability of Iron

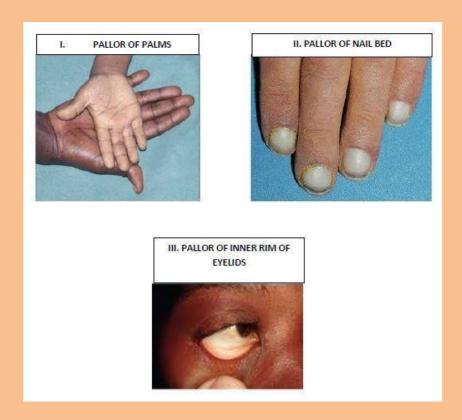
Non nutritional

- 1 Hook worm infestation
- 2. Heavy loss of blood during periods (menorrhagia)

- 3. Malaria
- 4. Teenage marriage and pregnancy

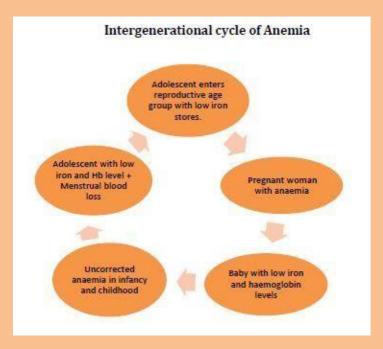
What are the signs of anemia?

- 1. Pallor
- 2. Angular stomatitis
- 3. Palpitation
- 4. Heart failure
- 5. Edema of feet



Intergenerational cycle of Anemia

An adolescent girl who enters the reproductive age with low iron stress and becomes pregnant during adolescence or later is at greater risk of giving birth to a low birth weight and preterm baby. The baby tend to have low iron stress and poor infant feeding practices and malnourished. Thus the vicious cycle of iron deficiency anemia continues.



Why are adolescents at a greater risk?

Due to accelerated increase in requirements for Iron intake, low dietary intake and bio availability of Iron.

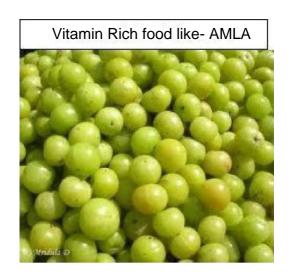
How can we fight iron deficiency among adolescents more effectively?

Adolescence is an opportune time for interventions to address anemia. They are open to new informations and new practices. Group discussions, Counseling, awareness programmes are of great help.

Primary prevention is achieved through well balanced diet rich in iron and vitamins and minerals involved in iron absorption or in the production of RBC.

Interventions include dietary diversification, food fortification with iron, deworming practice etc...Weekly iron folic and supplementation is an effective measure in the prevention of Iron deficiency anemia.







What are the other types of anemia?

Some of the other types of anemia include

- 1. Pernicious anemia Vitamin B_{12} deficiency due to defective absorption of B_{12} from intestine.
- 2. Anemia due to folatedeficiency
- 3. Aplastic anemia is a life threatening form of complete bone marrow failure resulting in pancytopenia
- 4. Hereditary disorders create abnormal hemoglobin and can shorten the life span of RBC and lead to anemia for eg: sickle cell disease Anemia can also be caused by impaired production of normal Hemoglobin Eg. Alpha Thalassemia and Beta Thalassemia

What is the goal?

Anemia is one of the leading cause of maternal mortality in India. Massive and strategic interventions have been made under the national health mission for the improvement of Maternal health. Maternal mortality rate in India has shown drastic fall over the last decade. India's share among global maternal death has declined significantly to 15% over the last 3 years.

Proper counseling, efficient management of adolescent anemia will definitely play a major role in preventing not only adolescent anemia but also anemia in pregnancy and maternal death due to anemia will become almost nil.

Let us dream for a future India which is anemia free

"Dream until your dream comes true"

References:

- 1. Murray CJL, Salomon JA, Mathers CD, Lopez AD. The global burden of disease. Geneva, World Health Organization, 2002.
- 2. World Health Organization. The world health report 2002: reducing risks, promoting healthy life. Geneva: WHO, 2002.
- UNICEF/UNU/WHO/MI. Technical workshop on preventing iron deficiency in women and children – technical consensus on key issues. New York: UNICEF, 1998
- 4. Sachan B, Idris MZ, Singh A. Effect of socio-demographic characteristics on the prevalence of anemia among school going adolescent girls in Lucknow district, India. *South East Asia J Public Health*. 2013;2(1):8–12.
- 5. Koushik NK, Bollu M, Ramarao NV, Nirojini PS, Nadendla RR. Prevalence of anaemia among the adolescent girls: a three months cross-sectional study. *Women.* 2014;14(16):12
- 6. 6.Devi R, Jaysree TM, Felix AJW, Ethirajan N. Prevalence of anemia among children age 10 to 15 years in urban, Chidambaram. *J Drug*