Aktiferrin®-F

Suscaps®

For the treatment of iron and folic acid deficiency

Composition

Each Suscaps contains:

Iron (in form of iron [II] sulphate) (USP)	34 mg
DL-serine (USP)	129 mg
Folic acid (USP)	500 mcg
Cyanocobalamin (USP)	300 mcg

Properties

Aktiferrin-F contains a combination of iron (II) sulphate and the amino acid DL-serine, together with folic acid and vitamin B_{12}. Iron (II) sulphate in combination with DL-serine gives a particularly high iron absorption rate, thus resulting in a rate of iron incorporation in the body which rapidly restores the serum iron level to normal. The tolerance of the preparation is enhanced by the small dosage.
The simultaneous administration of folic acid favours the formation of new cell nuclei and promotes the synthesis of the nucleic acids. This is extremely important, particularly in pregnancy. Vitamin B_{12} complements the action of folic acid: the biosynthesis of the nucleic acids depends on the simultaneous presence of folic acid and vitamin B_{12}.

Pharmacokinetics

Orally administered iron is absorbed in the upper gastrointestinal tract. Divalent iron is able to pass through the mucosal barrier much more readily than trivalent iron. The exact mechanism of iron absorption is still unknown although there is evidence that the formation of unstable chelates (complexes) with amino acids plays a part. A marked increase in iron absorption in animals fed with iron-serine complexes has been observed experimentally. The percentage of iron absorbed through the intestinal mucosa is greater or smaller according to the iron status of the individual.
Iron in its trivalent form is bound to transferrin in blood and is transported to the sites of haemopoiesis or is stored in specific stores. Only about 1 mg of iron is excreted daily in dead cells of the skin and mucous membranes and in bile and urine. Additional losses of varying amounts can be caused by haemorrhage.

Indications

Iron deficiency anaemia, latent deficiency of iron and folic acid, particularly during pregnancy and lactation.

Dosage

1 Suscaps of Aktiferrin-F per day, swallowed whole. In severe cases the dose can initially be increased to 1 Suscaps 2 to 3 times per day.

Duration of treatment

Iron therapy is a long-term treatment. It should be continued 2-3 months beyond the normalisation of the red blood cell picture in order to fill the body's iron depots.

Contraindications

The preparation should not be administered in the case of iron accumulation (haemochromatosis, chronic haemolytic conditions) and impaired iron utilisation (sideroachrestic anaemia, anaemia due to lead poisoning, thalassaemia). Megaloblastic anaemia in vitamin B_{12} deficiency.

Side effects

Aktiferrin-F is very well tolerated. Occasional gastrointestinal symptoms such as sensations of fullness, feelings of pressure over the stomach, constipation or diarrhoea may occur, but disappear on reducing the dose.

Interactions

Iron therapy should be discontinued during antibiotic therapy with tetracyclines, since the latter interfere with the absorption of iron. Antacids and cholestyramine can also reduce iron absorption.

Overdosage

Cases of overdosage or poisoning by Aktiferrin-F have not been previously reported. However, acute iron poisoning, especially in children, is described in the literature. The lethal dose is estimated at 3-16 g. Due to the necrotising effect of iron, the ingestion of overdoses is followed within 1-1½ hours by vomiting, abdominal pain and melaena. Death may occur in this early stage in severe cases. Survival of the initial phase is followed by a latent period which can last up to 24 hours. Following this, acidosis and hepatocellular damage can develop, and coma, usually with a fatal outcome, can occur.
Treatment consists of performing gastric lavage as rapidly as possible and inducing vomiting. Desferrioxamine is recommended as an antidote.

Presentation

Packings of 30 Suscaps
Hospital packings

The information contained here is limited. Further information can be obtained from your doctor or pharmacist.

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