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World Iron Awareness Week
1-7 May 2017

MEDIA RELEASE

World Iron Awareness Week: spotlighting the highs and lows of dietary iron

Haemochromatosis Australia and the Dietitians Association of Australia are urging Australians to have their iron levels checked before starting supplementation, as symptoms of iron overload are similar to those experienced when iron levels are too low.

The call out comes as World Iron Awareness Week kicks off today.

“Adequate iron intake is essential for human health but having too little or too much can cause harm,” said Clare Collins, Accredited Practising Dietitian (APD) and Spokesperson for the Dietitians Association of Australia.

“Iron helps put a spring in our step by transporting oxygen around the body, yet iron deficiency remains the most common nutritional deficiency in the Western world.”

At the other end of the scale, iron overload or Haemochromatosis, is a serious condition that results from the incorrect uptake, processing and storage of dietary iron within the body.

This genetic predisposition is present in about one in 200 people of European origin and is the most common genetic disorder in Australia.

When undetected and untreated, iron overload can cause organ and tissue damage potentially resulting in premature death.

Iron deficiency often shows up as tiredness or fatigue, but excess iron can also cause these symptoms. For this reason, Di Prince, President, Haemochromatosis Australia recommends people see a GP for blood tests before taking iron supplements.

“People with iron overload often feel tired all the time, sometimes with aching joints. Excess iron can continue to build up in the liver, the heart and other organs causing serious problems including arthritis and diabetes,” said Professor John Olynyk, Medical Advisor to Haemochromatosis Australia.

“However, if haemochromatosis is detected before damage occurs, it can easily be managed and is no barrier to a normal life.”

“So many people don’t know this condition exists. It was two years before a specialist made the correct diagnosis,” said Karin Calford, who has hereditary haemochromatosis and is an active member of Haemochromatosis Australia.

She says “It’s so encouraging to see the condition gaining more attention. We have excellent patient resources for GPs and the public.”

-ENDS-

**For further information, or to organise an interview with
Di Prince, Prof John Olynyk, or Prof Clare Collins,
contact Felicity Curtain, Dietitians Association of Australia, on 0409 661 920.**

FAST FACTS

- Initial tests for haemochromatosis are simple blood tests called “iron studies” that can be ordered by your doctor.
- Treatment is simple, cheap and effective. This consists of regular removal of blood, known as a venesection. The procedure is the same as for blood donors.
- The Australian Blood Service provides a therapeutic venesection service for eligible patients <http://resources.transfusion.com.au/cdm/ref/collection/p16691coll1/id/235>
- Guidelines for preventative activities in general practice (RACGP RedBook 2016) provides updated advice for GPs <http://www.racgp.org.au/your-practice/guidelines/redbook/2-genetic-counselling-and-testing/>

If you are concerned about your dietary intake of iron or would like to know more about iron in food, see an Accredited Practising Dietitian (APD) To find your local APD, visit www.daa.asn.au or free call 1800 812 942.

For further information about haemochromatosis, visit Haemochromatosis Australia website www.ha.org.au or call 1300 019 028.