

FREE HEALTH GUIDE 01

So your iron is low. What next?

Girl to girl: replacing iron matters. Finding out why you keep losing it matters too.

Iron deficiency can happen before you become anaemic. A normal haemoglobin result does not, on its own, tell you that your iron stores are adequate.

Tiredness, headaches, palpitations, breathlessness, hair shedding, restless legs or craving ice can be clues. They can also have other causes. Bring your symptoms and actual results to your appointment.

Blood tests to discuss

Tests are chosen for your symptoms and history. This is a discussion guide, not a request for every test.

Test	Why it may help
Full blood count (FBC)	Checks haemoglobin and blood cells for anaemia.
Ferritin	Estimates stored iron. Below 15 micrograms/L suggests absent stores; below 30 generally suggests low stores. Your clinician interprets this alongside your symptoms.
Iron studies, if needed	Transferrin saturation can help when ferritin appears normal despite suspected deficiency. Inflammation can raise ferritin.
Other tests, if indicated	B12, folate or coeliac screening may be relevant depending on your blood count, symptoms and history.

Keep this guide for your next GP appointment. Ask for a copy of your results and a clear follow-up plan.

Your next steps

Ask why

Discuss heavy periods, recent pregnancy, diet, gut symptoms, blood loss and medicines. Treating ongoing heavy bleeding is part of treating the iron problem.

Take your prescribed iron consistently

Follow your own prescription. Ferrous sulfate 200 mg once daily is a common adult regimen; if side effects are a problem, ask about alternate-day dosing or a different preparation.

Help absorption

Take on an empty stomach if tolerated, or with food if needed. Leave a 2-hour gap from tea, coffee, eggs and dairy. Ask a pharmacist about spacing from calcium, antacids and other medicines.

Keep food on your side

Include iron-rich foods such as beans, lentils, fortified cereals, meat or leafy greens. Food supports recovery but may not replace treatment when you are deficient.

Agree a follow-up plan

Ask when to repeat your blood count and iron markers, and how long to continue treatment. If tablets are not tolerated or are not working, ask whether further investigation or intravenous iron is appropriate.

There is no single ferritin target that suits everyone. Agree a goal and follow-up with your clinician. Keep iron out of children's reach.

Questions for your appointment

1. What are my haemoglobin and ferritin results?
2. What is causing the deficiency?
3. How will we treat the cause as well as replace iron?
4. When should I repeat my tests?

When to get help

Get urgent help for chest pain, severe breathlessness, collapse or major ongoing bleeding. Call 999 for a medical emergency.

Sources and further reading

BSG: iron deficiency anaemia guideline (2021)

NHS: iron deficiency anaemia

NHS: taking ferrous sulfate

NHS: B12 and folate diagnosis

Adapted from Doctor Barbara's educational content with source-based updates. General information for adults, not personalised advice. Pregnancy and children's care need tailored advice. This guide cannot diagnose you or replace your healthcare professional.