

An Assessment for Diagnostic and Therapeutic Modalities For Management Of Pediatric Iron Deficiency Anemia In Saudi Arabia: A Crosssectional Study.

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Abstract

This study aims to assess the diagnostic criteria and therapeutic modalities for pediatric IDA employed by physicians in a major public healthcare facility in Riyadh, Saudi Arabia.

Outcomes

Wide variability was observed in IDA diagnosis and therapy practices. For nutritional IDA, only 15.6% recommended no other laboratory tests in addition to CBC. The majority preferred treatment with ferrous sulfate (77.6%) divided into two doses (57.1%), but the total daily elemental iron doses varied widely from 2 to 6 mg/kg. For intravenous iron, 42.9% recommended iron dextran, 32.7% iron sucrose, and 13.4% would continue oral iron. Of all assessed factors, median score was significantly highest in pediatric hematologists compared with pediatricians, family medicine specialists and GPs; $p = 0.007$, and those work in tertiary care compared with those in primary care; $p = 0.043$. However, in multivariate robust regression analysis, overall score was only significantly associated with professional qualification.

Keywords: Iron deficiency anemia; treatment; diagnosis; assessment; pediatric.

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Factor	N (%)	Univariate analysis		Multivariate analysis	
		B (95% CI)	p	B (95% CI)	p
Professional qualification					
Pediatric hematologist	8(5.4)	14.98(6.81,23.15)	< 0.0001	13.71(2.48,24.95)	0.017
Pediatrician	77(52.4)	2.87(-1.02,6.77)	0.15	1.77(-6.05,9.59)	0.66
Family medicine	12(8.2)	2.69(-4.20,9.58)	0.44	2.66(-4.30,9.58)	0.45
General practitioner	50(34)	1		1	
Type of current work setting					
Tertiary	76(51.7)	3.63(-0.03,7.28)	0.05	1.26(-6.40,8.92)	0.75
Primary	71(48.3)	1		1	