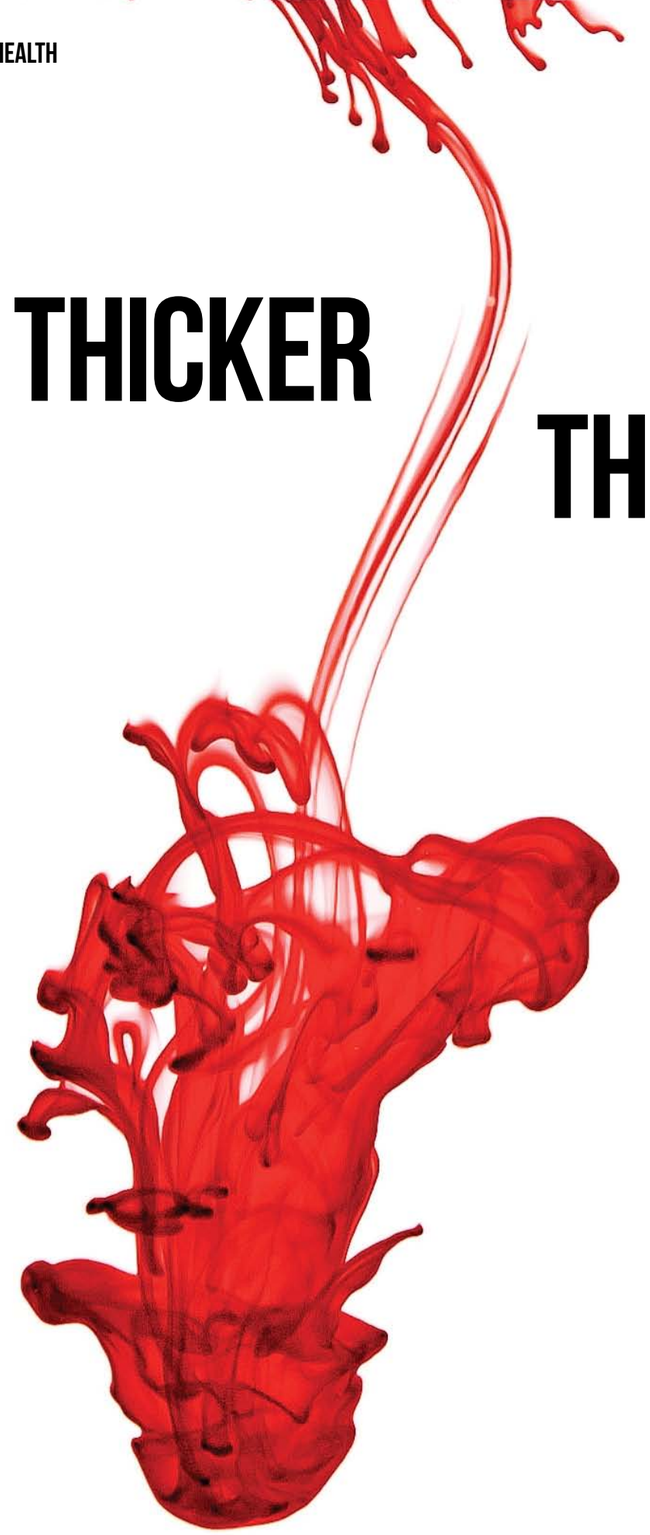
THICKER THAN WATER

Nearly 1% of Irish people have a predisposition to haemochromatosis, a silent disease that can have serious consequences

Words: **Róisín Healy**



Women are consistently told that they are at risk of iron deficiency, and that taking an iron supplement can help ease symptoms like fatigue. But the opposite could also be true. Iron overload, a condition called haemochromatosis, is a common genetic disorder, particularly in Celtic people. The body absorbs more iron than it should, leading to fatigue, weakness, general aches and pains and even sometimes a change in skin colour. If undetected, it can develop into other conditions, such as diabetes, arthritis, heart disease, pancreatitis and liver cirrhosis. As this is a hereditary condition, the Irish Haemochromatosis Association is determined to raise awareness amongst Irish families. It will only develop if both a person's parents carry the defective gene that causes the disorder. One in five Irish people are carriers of the gene, and one in 83 are believed to carry both genes and so are predisposed to iron overload. Approximately 20,000 people in Ireland have been diagnosed with the condition. The IHA estimates that a further 20,000 could be undiagnosed.

PUMPING IRON

Normally, a person will only absorb a small fraction of the iron he or she eats. Someone with iron overload absorbs up to four times that amount. Having this much iron in the body leads to noticeable common symptoms such as chronic fatigue, joint pain, vague abdominal pain and loss of libido. A doctor can test for other symptoms, such as irregular heart beat, diabetes, hormonal changes, enlarged liver or joint damage. Haemochromatosis is diagnosed with a simple blood test. Close relatives of someone with the condition should also get tested. Men tend to show symptoms earlier than women, who lose blood through their period and through childbirth.

WARNING SIGNS

Margaret, who now works with the Irish Haemochromatosis Association, tragically lost her husband after it was discovered that he had the condition. "My husband George was diagnosed with haemochromatosis in April and died six weeks later, aged 63, while awaiting a heart transplant in the Mater Hospital," Margaret says. "George had attended a cardiologist over the years because of an irregular heartbeat. He was prescribed beta-blockers and attributed his chronic tiredness to the prescribed medication. Sometimes he fell asleep watching TV but we thought that it was because of his demanding work as a consultant psychiatrist in St James's hospital. Otherwise, he was a very fit looking man and looked the picture of health." He was subsequently diagnosed with diabetes, and a friend in the medical profession suggested he might have haemochromatosis as he had developed three of the main symptoms – chronic fatigue, diabetes and an irregular heart beat. "He was admitted to St James's Hospital and tests showed that his ferritin levels were 2,500ng, and a genetic test confirmed that he had haemochromatosis." The family were heartbroken when he passed away weeks later, but the adult children in the family got genetically tested and all five were diagnosed with haemochromatosis and Margaret herself was found to have both genes. "Getting tested could have saved our lives."

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TREATMENT

The only way to treat haemochromatosis is to remove iron-rich blood from the body. This is done in a similar way to blood donation, using a method called venesection or phlebotomy to remove approximately one unit of blood. Initially this can be performed weekly for up to a year, until the body has minimal iron stores. The second phase of treatment involves monitoring iron levels as they gradually build back up, with venesections taking place every few months to keep iron levels low. This treatment will alleviate symptoms and prevent further damage. As long as diagnosis happens before damage to organs, patients can live a normal life.