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PO Box 161 Summer Hill NSW 2130 Australia Ph: (02) 9716 0014, Fax: (02) 9716 9005,
Email www.lead.org.au/cu.html Web:www.lead.org.au/

# Iron Nutrition and Lead Toxicity Part 2

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## Iron Nutrition and Lead Toxicity - Citations

***By Robert Taylor, The LEAD Group Incorporated, June 2009***

***Notes on Sources (For a guide to source content see end of document):***

**For reasons of both availability and reader access this article draws predominantly on free to view articles or the better abstracts of pay for view articles. It must be emphasized that the author is a layman. With no medical or biochemical background this article is limited by my lack of familiarity with some of the more technical aspects.**

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## Source Guide: A guide to the source content of the best citations

For an easy introduction to iron within the body sources 17 and 25 are recommended. Source 18 has some good charts, an effective summary of iron requirements from infancy to adulthood and interesting reflections on the meaning of IDA. Innvista's sheet on IDA (source 56) outlines the symptoms of IDA and provides an historical context. Source 40 has a good explanation of what iron test result mean (as does source 17 p9 for iron deficiency) and the progression from ID to IDA plus a discussion of iron enhancement strategies. For good short summaries of reasons why iron levels may be abnormal see sources 53,152 & 339.

Source 44 is a good and simple description of iron absorption though it does seem to miss a step: the iron conversion from FeIII to FeII in the intestine (sources 170 & 171). It is a dated general article that makes an interesting historical contrast to the far more technical 38 showing how quickly our understanding of the iron metabolism has evolved. For an exploration of the vital role of hepcidin the Ganz articles (123 & 124) are recommended. As to why hepcidin levels would increase in some athletes source 126 explains the connection between exercise, hepcidin levels and inflammation. The article on iron and the genetic effects of alcohol (196) is transformational finally explaining the high levels of iron and lead associated with alcohol consumption. The physiological impact is further discussed in source 323.

Women interested in reading about their iron requirements could start with source 19 (on adolescent female iron requirements). For iron requirements during pregnancy Bothwell's article (84) is thoroughly recommended. For a measured consideration of supplementation requirements during pregnancy sources 59,88,287,288,298 & 335 are all useful. Medical advice should be sought as the level of supplementation can be tailored to your iron status. Source 103 provides a clear outline of the maternal risk factors associated with iron deficiency in newborns.

For the risks and advantages to supplementing infants or children 262 provides a good starting point. Lozoff's study in Chile is a good cautionary tale: encouraging initial results (139) that had to be qualified (though not invalidated) by later outcomes (265,266). None the less this is a crucial period; sources 29 & 30 explain the key nature of iron in the first months of life. 142 & 30 give clear, if mildly technical, explanation of our understanding of iron and the developing brain.

For the impact of lead a good overview is provided by source 46 which contains excellent (if slightly dated) charts on the way lead interferes with the iron metabolism and red blood cell production. Source 45 which provides a good overview of research into iron and lead is unfortunately not only pay for view but has different copyright access in different jurisdictions; the address quoted gives access in the USA, if you live elsewhere you may have to search for the article separately. Source 48 (on neurotoxicity in children) is worth

reading though some sections are technical while 49 (on metal neurotoxicity), while excellent, is too technical for most general readers.

For the impact of iron nutrition on lead toxicity source 118 from the CDC provides a good overview. Source 3 indicates fairly clearly which maternal nutrients have the biggest impacts on a newborn's lead levels. That reducing iron deficiency can reduce lead levels is demonstrated clearly by source 112. Source 7 demonstrates it is the iron deficiency that is the key while source while source 9 shows the importance of the severity of the iron deficiency. On the other hand Rosado article (120) demonstrates through a large study that no major blood lead change from iron level improvements can be expected where deficiency is not both widespread and deep; supplementing iron sufficient children whose primary exposure is not through ingestion has little effect.

In terms of maintaining your iron levels through diet the best sources are those that examine the whole diet. Source 85 demonstrates how big a difference an active tailoring of your diet can make though Figure 5 indicates how little difference it will make if you are already at or above the normal well nourished male's storage level (c.1000mg). The fact that an iron sufficient individual may need 4x the RDI to raise his iron storage significantly indicates how futile the effort could be even if it did not carry significant risks (268). Most women, however, routinely face low iron levels which can easily tip towards deficiency if stressed by events such as pregnancy, illness or increased blood loss. This tendency may have developed as a result of the vulnerability to acute infection in our African homeland (279) but it does not render the consequences less real. Source 130 demonstrates the cognitive cost of allowing this to occur while source 134 clearly demonstrates the emotional cost.

Sources 147 & 148 make interesting contrast in diet studies. They achieve comparable outcomes but reach different conclusions on the value of food intake versus iron supplements. Source 176 clearly identifies the dietary elements associated with higher long term iron levels (heme iron, supplemental iron, dietary but not supplementary vitamin C, and alcohol) while the finding that coffee but not tea is associated with lower iron levels provides intriguing circumstantial support for a rat study (226) that indicates saliva can be modified by regular tannin consumption.

Source 150 confirms the importance of vitamin C and meat in enhancing iron absorption while clearly establishing these two dietary components combined cannot outweigh the negative impact of phosphorus and phytate inhibition. How low inhibitors can reduce dietary iron absorption is demonstrated by source 216 which looks at the diets of Moroccan children. On the other hand the fact that removing coffee from the diet (224) can have little effect indicates that some inhibitors are already counterbalanced in some diets. The very mixed results on food acids in different studies (175) confirm the complexity of interactions that occur within and between foods.

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