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Iron-deficiency anemia occurs when there is not enough iron in the body. A person can use ingredients containing high amounts of iron and vitamin C to make smoothies that can increase the body's iron intake.Red blood cells contain an iron-rich protein called hemoglobin. It helps transport oxygen around the body. Low iron levels can cause a condition called anemia, which is when a person does not have enough healthy red blood cells to carry oxygen to the body's tissues.Iron-deficiency anemia usually develops over time, when the body's iron intake is low. Treatment for this condition includes taking iron supplements and increasing the amount of iron a person consumes.In this article, we discuss ways in which a person can increase their intake of iron through what they drink. We also look at how much iron a person should consume per day.Share on PinterestPekic/Getty ImagesA 2020 article states that there are two types of dietary iron: heme and nonheme iron.Nonheme iron comes from plants and iron-fortified foods. Heme iron comes from animal food sources. The body does not absorb nonheme iron as easily as heme iron.The National Heart, Lung, and Blood Institute state that increasing a person's vitamin C intake can help the body absorb more iron.A person can make smoothies using the following ingredients, which are high in vitamin C:Citrus fruitsThis group of fruits includes oranges and grapefruits and contains large amounts of vitamin C.Approximately 180 grams (g) of orange segments contains 95.8 milligrams (mg) of vitamin C.The same amount of grapefruit contains 56.2 mg of that vitamin.A person can try the following smoothie recipes, all of which use a citrus fruit.KiwiKiwi is a nutrient-dense fruit that is rich in vitamin C. It is also a good source of vitamin E, fiber, potassium, and folate.Approximately 180 g of kiwi contains 134 mg of vitamin C.Some smoothie recipes that have kiwi in them includeapple kiwi green smoothiekiwi fruit smoothieeasy banana kiwi smoothieStrawberriesThis fruit contains vitamin C, potassium, and folic acid.Approximately 180 g of raw strawberries contains 88.2 mg of vitamin C.Examples of smoothie recipes a person may wish to try include:strawberry smoothiehealthy strawberry smoothiesimple strawberry smoothieGuavaGuava contains fiber, potassium, and vitamin A.In 165 g of raw guava, there is 377 mg of vitamin C.Some smoothie recipes that use guava include:People with iron-deficiency anemia should also try to increase their intake of iron-rich foods.They can make smoothies using the following ingredients:SpinachSpinach and other dark green vegetables, such as cabbage and broccoli, are good sources of nonheme iron.Approximately 85 g, or 3 cups, of spinach contains 2 mg of iron.A person can try the following recipes containing spinach:detox spinach green smoothiestrawberry spinach smoothieKaleKale contains approximately 1.59 mg of iron per 100 g.A person can add kale to their smoothies to increase their intake of iron. They may wish to combine their green vegetables with fruits to sweeten the smoothie.A person can try the following recipes containing kale:kale smoothiekale, apple, and banana smoothiekale smoothieAsparagusAsparagus is a spring vegetable that contains vitamins A and C and fiber.Approximately 85 g of asparagus contains 2 mg of iron.A person can try the following recipes containing asparagus:TofuTofu is a curd that manufacturers make by coagulating soy milk. It comes in a range of firmnesses, from silken to extra firm.A person can use tofu in their smoothies to increase the iron content of the drink. Firm tofu appears to contain higher amounts of iron. However, some people may prefer to use silken tofu for a smoother texture.Firm tofu contains 1.08 mg of iron per 79 g.Approximately 85 g of silken tofu contains 0.95 mg of iron.A person can try the following recipes containing silken tofu:tropical green smoothiestrawberry banana tofu shakepapaya and tofu smoothiePrunesPrunes are dried plums. They are a good source of fiber, potassium, and vitamin K.Half a cup of prunes contains 1.9 mg of iron.A person can try the following recipes that contain prunes:spinach prune smoothiebanana and prune smoothieprunes smoothieFulberriesFulberries grow on trees. They can be sweet or sour.Approximately 100 g of mulberries contains 1.85 mg of iron.Some smoothie recipes that use mulberries include:Dried apricotsDried apricots are a source of vitamin A and potassium. A person can easily blend them to increase iron content of smoothies.Approximately 40 g, or five dried apricots, contains 1.08 mg of iron.A person can try the following recipes containing dried apricots:According to the United Kingdom's National Health Service (NHS), certain foods and drinks can reduce the absorption of iron in the gut.The 2020 article states that some compounds found in food can inhibit iron absorption. These include polyphenols, a group of chemicals found in:black teaherbal teawinecoffeeThe National Institute for Health and Care Excellence note that the recommended intake of iron for a person with anemia is 100–200 mg per day.It is important to note that this amount is higher than the amount a person could find in a typical daily multivitamin or consume through their diet.To treat anemia, a healthcare professional will prescribe medicinal or elemental iron.However, a person can still increase their iron intake via the food and drinks they consume. There are different types of anemia, and each requires different treatment methods. A person should speak with a healthcare professional to receive a correct diagnosis to ensure that they are getting the appropriate treatment.If a person experiences symptoms of anemia, they should seek guidance from a healthcare professional. Doctors use a blood test to diagnose anemia.If a person does not have any symptoms despite low iron levels, they can contact a doctor to find out whether their iron deficiency is due to any underlying conditions.Anemia can cause symptoms such as fatigue, weakness, dizziness, and headaches.A person can increase the iron levels in their blood by drinking smoothies and juices containing ingredients that are naturally high in iron and vitamin C. Fruits, vegetables, and seeds are all good sources of iron. Last medically reviewed on February 26, 2021Blood / HematologyNutrition / DietMedical News Today has strict sourcing guidelines and draws only from peer-reviewed studies, academic research institutions, and medical journals and associations. We avoid using tertiary references. We link to primary sources — including studies, scientific references, and statistics — within each article and also list them in the resources section at the bottom of our articles. You can learn more about how we ensure our content is accurate and current by reading our editorial policy. Malnutrition is common in the elderly, both for those living at home and those in care. A malnutrition screening tool can be used to identify people at risk. In addition to correcting factors that may contribute to weight loss, the first step in improving oral intake is to use real foods. Small, frequent, nutrient dense meals are recommended. Oral nutrition supplements are a useful adjunct to increase protein, energy and nutrient intake. There are standard supplements which are usually powders, but can be premixed liquids. An Accredited Practising Dietitian can provide expert advice to improve nutrition status. They can advise on the use of specialised supplements for patients with conditions such as cancer cachexia and renal disease. Weight loss is not necessarily a normal part of the ageing process. However, undernutrition and malnutrition (see Box) are common in the elderly. This can result in significant morbidity and mortality, hospitalisation, pressure ulcer development, infection and an increase in falls and subsequent fractures. Unintentional weight loss can result in a reduction in the ability to care for oneself, loss of mobility and independence and a poorer quality of life. People who are poorly nourished are more likely to be hospitalised and are less likely to live independently. The rates of malnutrition in older people living at home are estimated to be as high as 30% and in aged-care facilities can be as high as 70%.2.3 Weight loss in the elderly generally results in loss of skeletal muscle mass and strength (sarcopenia).4 Sarcopenia has huge personal and financial costs and remains largely unrecognised. There is wide publicity about the health impact of overweight and obesity and even the frail elderly and their carers can express satisfaction that they are finally losing weight. However, this may be the result of poor dietary intake or an undiagnosed illness. It must be remembered that obesity and malnutrition can exist simultaneously.5 There are multiple factors that may contribute to weight loss and malnutrition. These include: financial problems mental difficulties multiple comorbidities respiratory difficulties (for example dyspnoea) dysphagia poor dentition adverse effects of drugs polypharmacy depression, bereavement dementia reduced taste and smell poor appetite. The first step in reducing malnutrition is to identify those who are at risk. There is a variety of malnutrition screening and assessment tools that are validated in various settings.2 These tools include questions about current weight, body mass index, weight change, appetite and comorbidities, and assign a score indicating level of risk. They can help to identify those who are losing weight and who are at risk, but they must be used together with a 'pathway of action'. The factors contributing to poor intake must be treated where possible. Everyone involved in the care of the person can play a part in encouraging food intake and improving nutrition. The causes of poor intake should be closely examined and corrected. In addition the role of the dining environment and other social factors should not be underestimated.6,7 An Accredited Practising Dietitian can provide a comprehensive assessment and advise on strategies. Most elderly people eat far less than they did when they were younger. Their energy needs are lower, but the requirements for some nutrients such as protein, calcium and riboflavin are actually higher.8 This means that their food must be more nutritious to meet their needs. A variety of dietary measures can be used to improve energy and nutrient intake. While the temptation might be to reach for a commercial oral nutrition supplement as a first step, there are many approaches that can improve oral intake with regular foods. Supplements have an important role, but the first step should be to find ways to increase the intake from familiar and preferred foods. There is a large element of taste fatigue with supplements and they are potentially an expensive option. There are three main approaches to increase the intake of protein, energy and nutrient intake from food: small frequent meals – encouraging snacks between meals increasing the nutrient density of meals by additions of milk powder, grated cheese, margarine and cream nourishing fluids such as milk drinks, smoothies, juice. These strategies can increase protein and energy intake, but if the core food groups9 are not taken in recommended amounts, micronutrient deficiencies may develop. In this instance a multivitamin and mineral supplement may be recommended. Improvements in weight and nutrition status can be very difficult to achieve, and individual dietary advice from a dietitian may be needed. The dietitian can assess whether the use of commercial oral nutrition supplements is appropriate and which supplements may suit the individual person. Studies have shown that judicious use of oral nutrition supplements can improve weight, protein and energy intake, nutritional status, physical function, quality of life and length of stay in acute care.2,10 When a supplement is required there are a number to choose from. The most common and readily available are milk based. They vary in their taste, nutrient profile and indications for use. Standard oral supplements Standard supplements are suitable for people who have some oral intake, but who are struggling to achieve adequate nutrition. These supplements are best taken as snacks between meals to complement normal meals. Most standard supplements are powder based. Some are 'complete', meaning that they will provide 100% of macro- and micronutrient needs if they are taken as the only form of nutrition. Some are supplemented with fibre, some are low in lactose. The standard dilution is one calorie per mL of fluid. Examples include:EnprocalEnsure PowderFortisp PowderProformSustagen hospital formula.Standard liquid supplements Some supplements come premixed in a liquid form. They are particularly useful in the acute-care setting as they do not require mixing and reduce waste. Some products may be more concentrated and provide more nutrition in a smaller volume. The formulations containing two calories per mL are frequently used in a 'med pass' program, where 50–60 mL of the supplement is provided at the same time as the medication round dispenses medicines, three or four times a day. This results in increased acceptance and a significant boost to nutrient and energy intake. Examples of these products include:Ensure liquid, Ensure plus, TwoCal HNFMR (formulated meal replacement)*FortispResource plus, Resource protein, Resource 2.0 Clear liquid supplements Clear liquid supplements have added protein and nutrients and are very useful for people who do not like milk drinks. Most are fruit flavoured. They tend to be quite sweet, but still provide significant nutrition even if they need to be diluted. They are suitable for use on a 'clear fluid' diet. Examples include:Enlive PlusForti JuiceResource fruit flavoured beverage.PuddingsThe puddings are helpful for those who do not like milky drinks, but who are happy to take custards and milky desserts. The available products include:Ensure puddingsFMR (formulated meal replacement) puddings*ForticremeSustagen pudding powder (can be made to different thicknesses).Supplements for diabetes Some supplements have been developed specifically for patients with diabetes. They have a lower glycaemic load, lower carbohydrate and low glycaemic index. In practice, patients with diabetes can usually tolerate the standard supplements. Most ordinary supplements have a low glycaemic index and are taken instead of regular foods. If blood glucose concentrations are elevated on the standard supplements then diabetes-specific options may be considered. They include:DiaspGlucernaResource diabetic. Some products are formulated to only boost protein or energy intake. While some have other additional nutrients they cannot be seen as complete foods. They are added to regular foods or drinks.Glucose polymers Glucose polymers have a neutral taste and can be added to sweet or savoury foods or drinks. They provide a source of pure carbohydrate only. They are not recommended for people with diabetes as they add significantly to the glycaemic load. Examples are:Protein powders Protein powders can assist in increasing protein intake for individuals who will not eat meat or other protein foods and who do not like milk or its alternatives. The protein powders can be added into puddings, mashed potato and soups. Examples are:Fat supplements Fat has a higher energy value per gram than protein and carbohydrate and is an excellent way of increasing energy intake in a small volume.BeneCalorie has no carbohydrate, but contains protein and fat. It can be a useful way to add extra energy in a defined dose. Calogen is a 50% fat emulsion and is often used as part of a 'med pass' program. The commercial supplement companies are finding increasingly diverse ways to provide supplemented nourishing products that may tempt the taste buds of those with a poor appetite. These products are particularly useful when a person does not like the milky drinks. Examples include: bite sized cookies and desserts* Resource dessert fruit. Many specialised supplements are available for a variety of medical conditions. The need for these should be assessed by a dietitian. Examples include: pulmonary supplements – lower carbohydrate renal disease – lower protein, potassium, sodium, phosphate supplements for a variety of metabolic disorders cancer cachexia supplements for metabolic stress elemental (pre-digested) formulae. Adequate nutrition plays an important role in prevention and treatment of wounds and pressure ulcers.11 There is increasing interest in the role of specific nutrients, in particular arginine, in the healing process. A number of supplements have been designed as specific wound management support products. These include: Cubitan Recover Resource Arginaid. The use of oral nutrition supplements can be a valuable adjunct to the nutritional management of an older person who is malnourished or at risk of malnutrition. They should not be used in isolation from other strategies to increase oral intake. The first step should always be to attempt to increase protein and energy from food, preserving the enjoyment of preferred food and maintaining quality of life. * from Flavour Creations Conflict of interest: none declared British Association for Parenteral and Enteral Nutrition. Introduction to malnutrition. 2012. www.bapen.org.uk Dietitians Association of Australia. 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