Background

- IDA occurs in 2-5% of men and postmenopausal women in the developed world.  
- 4-13% of gastroenterology clinic referrals arise from a diagnosis of IDA made in primary care.  
- Blood loss from the gastrointestinal tract is the commonest cause of IDA in men and postmenopausal women.  
- 1% of patients with IDA will have a renal tract malignancy.  
- The pretest probability of coeliac disease in those with IDA alone is -5%.  
- IDA is suggested by a serum Hb concentration below the appropriate reference range in combination with a serum ferritin of <15μg/dl (in the absence of inflammatory disease).  

Guidelines for the Investigation & Management of IDA

Upper and Lower GI investigation:

- Should be considered in all male and post-menopausal females in whom IDA has been confirmed unless there is a history of significant non-GI blood loss.
- Unless the upper GI endoscopy reveals carcinoma or coeliac disease, examination of the lower GI tract is required. Desquamitis, erosions, peptic ulceration should not at this stage be accepted as cause of IDA.
- FOB is of no benefit being insensitive and nonspecific.

Urine Dipstick:

- Recommended in all patients.
- US of renal tract if haematuria found on dipstick.

Coeliac Serology:

- Coeliac serology should be undertaken at presentation.
- Duodenal biopsy specimens should be taken at OGD if serology not documented.

Investigation of Pre-menopausal women:

- All pre-menopausal women should be screened for coeliac disease.
- GI investigation is recommended for asymptomatic premenopausal women with IDA aged ≥50 years.
- OGD indicated if IDA with associated upper GI complaints.
- Colonic investigation indicated if presence of colonic symptoms, strong family history or poor response to iron supplementation.

Management

- Iron supplementation is vital to correct anaemia and replenish stores.
- FBC, ferritin checked at 3 weeks to assess response.
- Oral iron should be continued for 3 months after the Hb has been normalised.

Results

Follow-up FBC at 3 months?

- 40% normalised
- 40% <3/12 since commencing
- 5% yes
- 1% no

Follow-up FBC at 3 weeks?

- 62.7% of patients (9.3% male, 25.5% postmenopausal) diagnosed with IDA, failed to receive further serological/radiological/invasive investigations.
- 4.6% of patients diagnosed with IDA had coeliac serology results recorded.
- In 25.6% of patients IDA had been further investigated with a lower and/or upper GI tract scope.

Continuation of Iron Supplements following Hb normalisation

- 79% normalised
- 14% yes
- 7% Hb not yet normalised
- No

References

1. Andrew F Goddard, Martin W James, Alistair S McIntyre, Brian B Scott. Guidelines for the management of iron deficiency anaemia. GUT. 2011;60: 1309-1316