Diagnostic and Treatment Algorithm for Iron Deficiency Anaemia

Male: Hb <130g/L

Women: Hb <115g/L

Ferritin: **>100micrograms/L** → Generally rules out IDA even in presence of inflammatory disease

Ferritin: **15-50micrograms/L** *Intermediate result* → Likely IDA in elderly patients and those with inflammatory disease

Ferritin: **<15micrograms/L** → Absolute evidence of iron deficiency irrespective of age or inflammatory disease

IDA
- Assess severity
- Determine cause
- Treat
- Assess response

Assess severity
Hb <50g/L or severe symptoms consider hospital admission

Determine and treat underlying cause
Assess for any source of bleeding.
Refer for further investigations to appropriate speciality.

Refer to BSG IDA guideline (www.bsg.org.uk)
for further information

1st line treatment: oral iron

Assess Response
Recheck Hb and ferritin levels monthly.
(Hb levels should rise by at least 20g/L over 4 weeks)

Adequate Hb response

Poor Hb response
Assess any obvious cause(s)

Continue treatment for 3 months after Hb optimised

Recheck ferritin

Higher
IDA unlikely and other diagnosis should be considered

Unchanged

Recheck Hb and ferritin 3 months after stopping.

Assess compliance

Consider ongoing **prophylactic dose** in at risk patients *

Unable to tolerate or not responding

Seek specialist advice regarding further assessment or investigation and consider need for IV iron

2nd line treatment: IV iron

Assess response

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At risk patients:
- Recurring anaemia and further investigations not indicated/appropriate
- Habitually consume an iron-poor diet
- Malabsorption
- Menorrhagia
- Gastrectomy