

# ACC Iron Deficiency Anemia Work Up Study

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## Abstract/Intro/Motivation

The American Family Physicians have established that men and non-menstruating women younger than 65 with iron deficiency anemia should receive screening for occult gastrointestinal cancer. Furthermore, the British Society of Gastroenterology have guidelines recommending that postmenopausal women and men aged >50 years should have GI investigation of iron deficiency anemia. Colon/rectal cancer is the 3<sup>rd</sup> most diagnosed and 3<sup>rd</sup> leading cause of death among all people diagnosed with cancer in 2018. Given the potential consequence of failing to rule-out GI malignancy or pre-malignancy in the setting of iron deficiency anemia it would be reasonable for older patients with iron deficiency anemia to receive endoscopy GI evaluation. This retrospective chart review takes a look at how many patients of the internal medicine resident clinic are referred to gastroenterology for work up of their iron deficiency anemia.

## Background

A systemic analysis attempting to identify the causes of the global anemia burden demonstrated that for all populations iron deficiency anemia was the most common cause of anemia. Common causes of iron deficiency anemia include blood loss, reduced iron absorption, and decrease dietary iron intake. Insufficient iron intake, however, is rarely a cause for iron deficiency anemia in the United States given adequate access to iron rich foods. In resource rich countries, blood loss is typically the cause of iron deficiency anemia. It has been well demonstrated that there is a relationship between GI malignancies and iron deficiency anemia. The importance of colonoscopy and/or upper endoscopy for diagnosing GI lesions in patients with iron deficiency anemia has been demonstrated as well. Despite multiple studies demonstrating relationships between iron deficiency anemia and GI pathology, there are no guidelines from the American College of Physicians or the American College of Gastroenterology regarding the work-up of iron deficiency anemia.

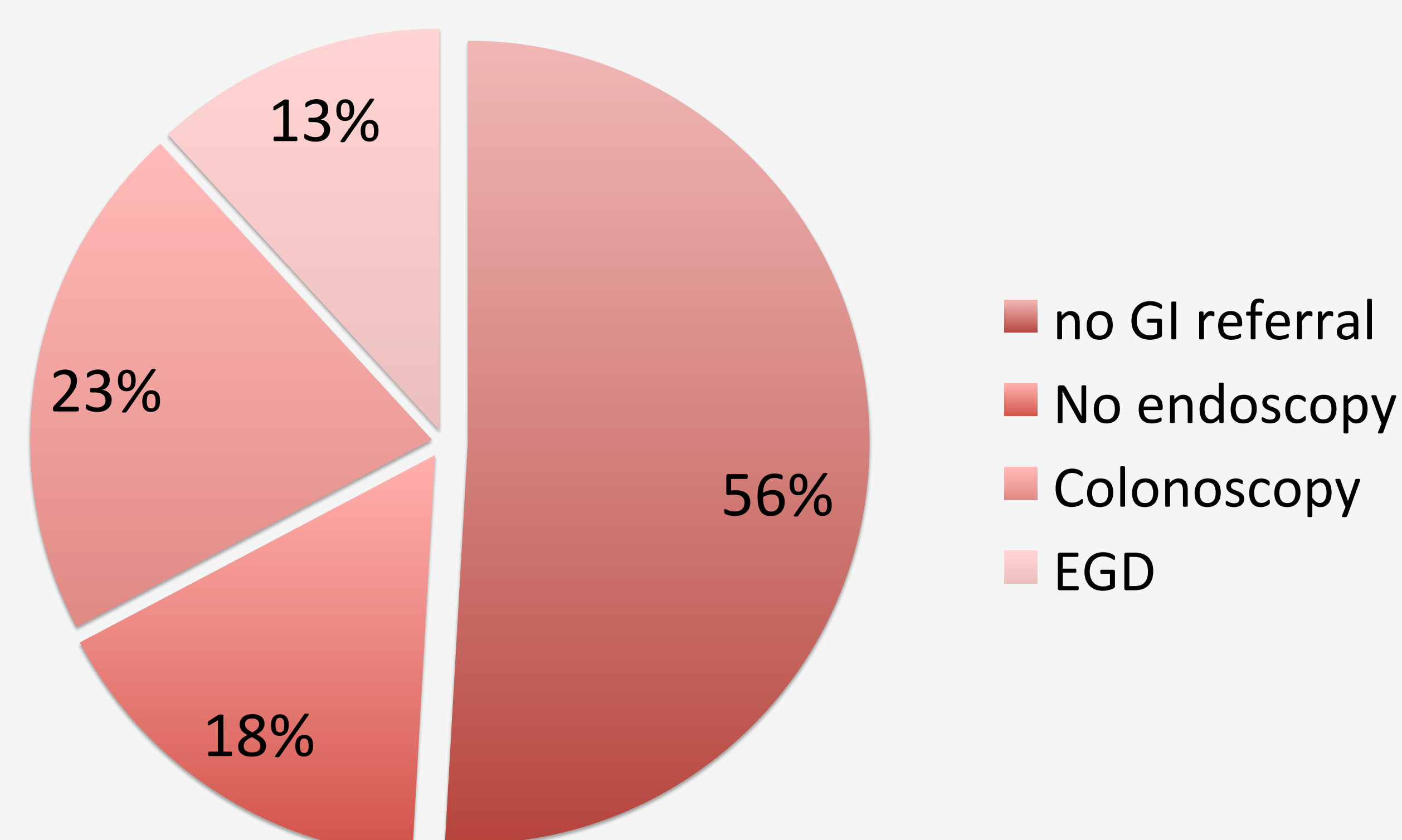
## Objective

Determine the percentage of patients btw ages 50-75 at the UH Internal Medicine Resident clinic with iron deficiency anemia who have been worked up for GI bleeding via endoscopy.

## Methods

- Retrospective Study
- Chart Review via Epic EHR: Lab results and clinic notes were reviewed
- A sample of 95 Patients were generated from ACC practice that fit inclusion criteria from July 2018-June 2019
- Inclusion criteria: 50-75 years old, ferritin <30, Hb<12 in females, Hb<13.5 in males

## Iron Deficiency Anemia Patients



## Results/Discussion

- Among all patients found to have iron deficiency anemia in this study, only 44% were documented to have a referral to gastroenterology for endoscopic evaluation as part of their work up for iron deficiency anemia.
- Of the patients referred to GI for endoscopy, 33% of patients did not follow up with GI for endoscopy.
- Results may be limited as results to colonoscopies are not all documented in epic or may be performed at outside hospitals.
- Of all endoscopies, 60% were positive for abnormal pathology.
- No GI malignancies were found among patients, however endoscopies did reveal multiple polyps, arteriovenous malformations, internal hemorrhoids, and esophageal varices.

## Future Directions

- Delve deeper into why patients are not noted to be referred to GI in the setting of iron deficiency anemia.
- Survey why almost a third of patients who are referred to gastroenterology do not follow up with the gastroenterology practice.
- Investigate methods to increase the local community's presence in the gastroenterology practice for endoscopic workup of their iron deficiency anemia and routine health maintenance.