GI Evaluation of Iron Deficiency Anemia

Clinical Decision Support Tool

- Does the patient have iron deficiency anemia?
  - Hb < 13 g/dL in men or < 12 g/dL in non-pregnant women, AND
  - Ferritin < 45 ng/mL
  - Because ferritin is an acute phase reactant, levels should be interpreted in the context of patient-specific conditions, such as chronic kidney disease and underlying inflammatory states

- Does the patient have GI-related symptoms?
- No
- Determine other etiology of anemia

- Diagnostic evaluation
  - Testing, including endoscopy, should be tailored to patient’s symptoms

- Asymptomatic patient with iron deficiency anemia
  - Perform non-invasive testing for H pylori and celiac disease

- Endoscopic evaluation recommendations
  - Avoid routine biopsies for celiac disease and H pylori
    - Reserve biopsies for celiac disease for those with positive serologies requiring pathologic confirmation, or those with an endoscopic abnormality or continued high suspicion for celiac disease in setting of negative serologies
    - Reserve biopsies for H pylori for those with endoscopic abnormality, in setting of negative non-invasive testing
  - For patients who require antiplatelet or anticoagulant therapy and have unrevealing bidirectional endoscopy, it is reasonable at this stage to consider video capsule endoscopy to evaluate the small bowel

- Source of anemia found
- Yes
- Treat underlying cause of iron deficiency anemia
  - Add iron supplementation therapy
- No
- Iron supplementation trial
  - Resolution of anemia with iron?
    - No
    - Video capsule endoscopy ± repeat bidirectional endoscopy
      - Consider IV iron
    - Yes
      - Iron stores restored (e.g. ferritin >100)?
        - No
        - Hematology referral
        - Yes
        - Treat underlying cause of iron deficiency anemia
        - No
        - Hematology referral
  - Hematology referral

* Bidirectional endoscopy should include esophagogastroduodenoscopy and colonoscopy at same setting