

### Key Facts

- \* Common presentation in general outpatients
- \* The urgency of evaluation depends on severity and whether there is active and/or acute bleeding.

### Symptoms

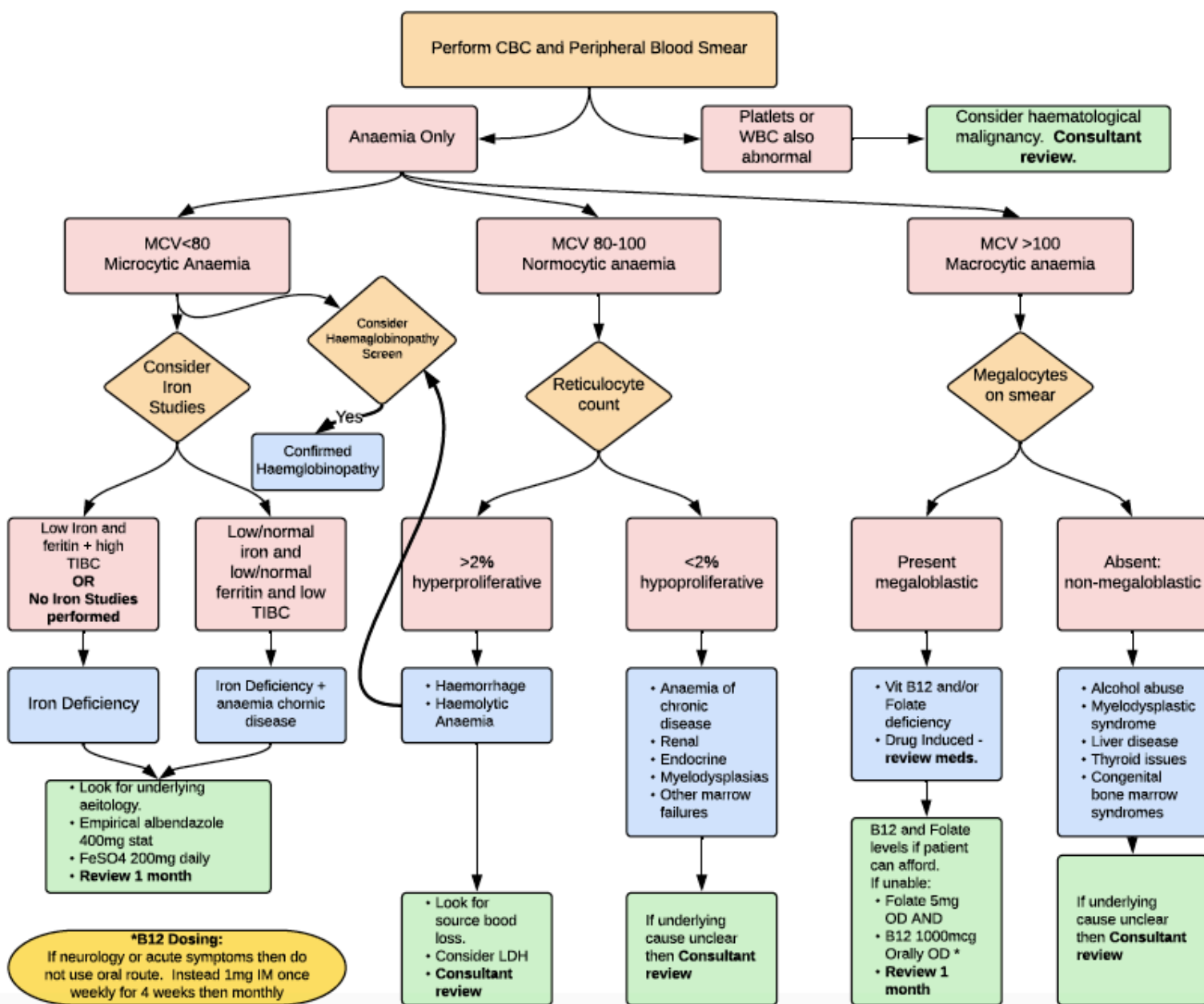
- Fatigue
- Weakness
- SOB on exertion/reduced exercise tolerance
- Dizziness
- Pica

### Normal Hb

- Men - 13.5 to 17.5 g/dl
- Women - 12.0-15.5 g/dl

Patients with an Hb below this range should be worked up for their anaemia.

**Approach** - to be used in conjunction with a full history and examination.



### Potentially harmful medication:

The following medication may cause or exacerbate anaemia:

- NSAID's
- Anticonvulsants
- HIV medication
- Proton Pump Inhibitors
- Metformin
- DMARD's e.g. methotrexate

### Potentially beneficial medication:

**Iron** - Advise the patient to take on an empty stomach and to avoid taking antacids, milk or caffeine at the same time. Taking with orange juice may be beneficial. If GI side effects consider alternate day dosing.

**B12** - High dose oral replacement is appropriate in most patients. 1000mcg can be found in some vitamin supplements e.g. neurorubine forte.

### Consultant review if any of the following:

- Diagnosis or cause uncertain
- Failure to respond to initial therapy
- Concerns regarding haematological malignancy
- Evidence of haemodynamic instability.
- Hb < 7
- Concerns regarding acute blood loss

### References:

- *BMJ Best Practice 2021. <https://bestpractice.bmj.com/topics/en-us/93/diagnosis-approach>*
- *Uptodate - accessed 2022*
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