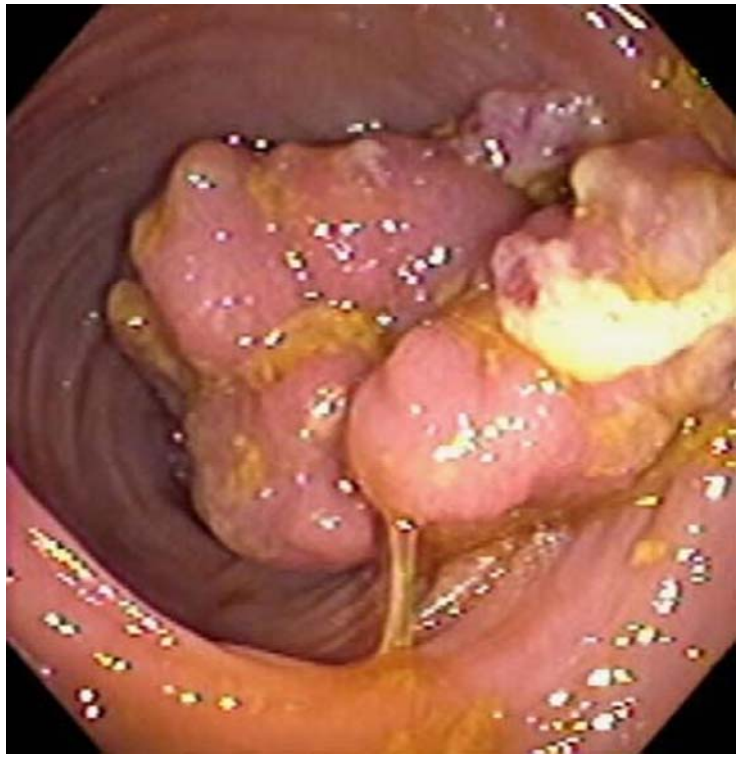
Sandwell and West Birmingham Hospitals NHS
NHS Trust

Iron deficiency anaemia

Nigel Trudgill

Summary

- Definition
- Causes
- How to investigate
- How to refer
- Treatment
- Colorectal cancer
- Bowel cancer and bowel scope screening

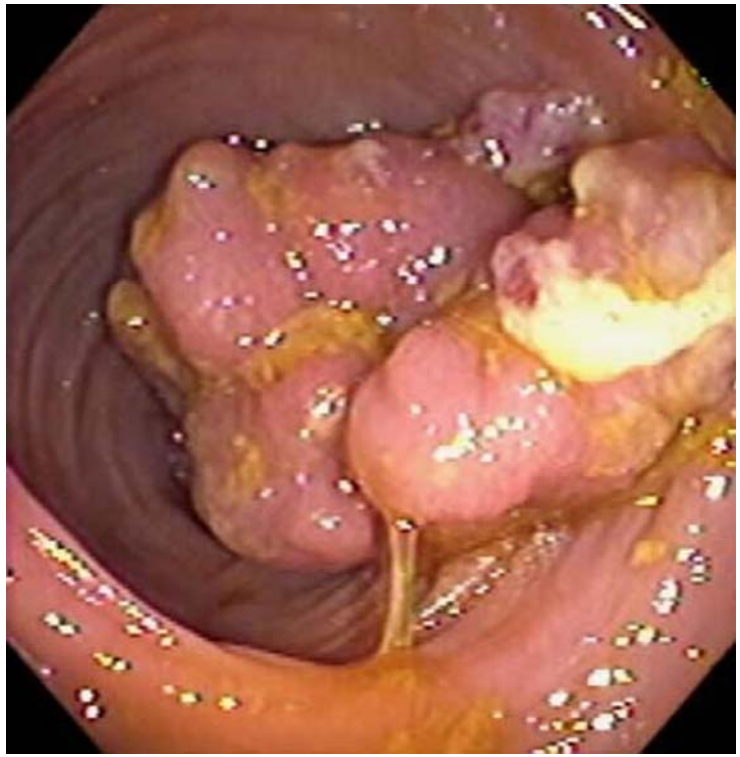


Definition IDA

- Hb below lower limit normal
  - Older patient + lower Hb more pathology
  - MCV/MCH not reliable (Hbopathy, chronic disease, normochomic IDA)
- Ferritin
  - <20 diagnostic
  - 20 – 40 consistent
  - Ferritin >100 effectively excludes IDA
- Iron studies
  - Low iron and high transferrin
- Please do not use FOBs
- Response to oral iron
  - Hb should rise by 2g after one month iron TDS whatever the cause (including cancer)

Iron deficiency anaemia

- Causes in men/non-menstruating women referred for investigation
  - Lower GI - Cancer (10%), polyps, vascular ectasia
  - Upper GI – Cancer (<5%), coeliac disease (3%), severe oesophagitis, erosions/ulcers, vasuclar ectasia, previous surgery, Helicobacter



Iron deficiency anaemia

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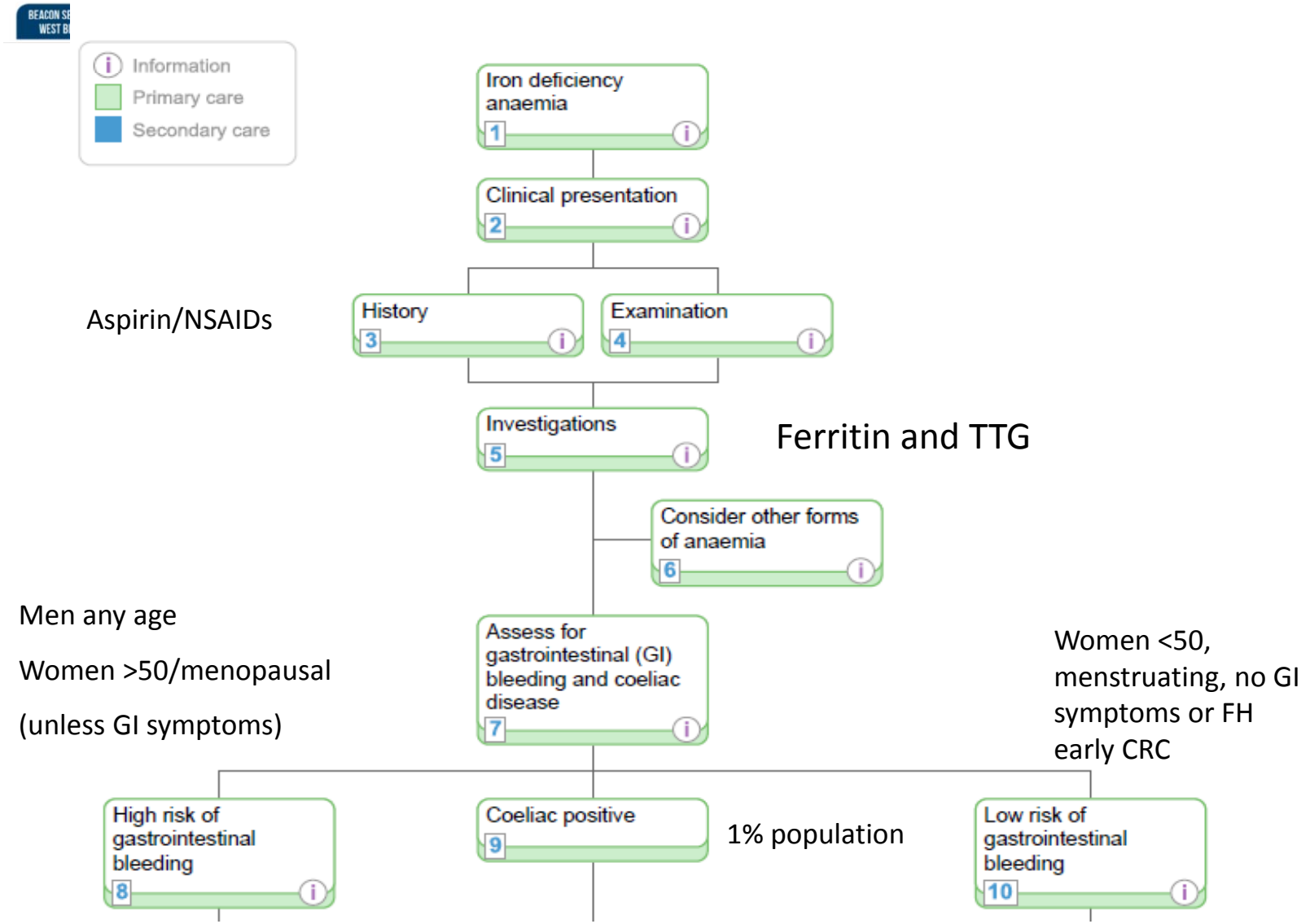

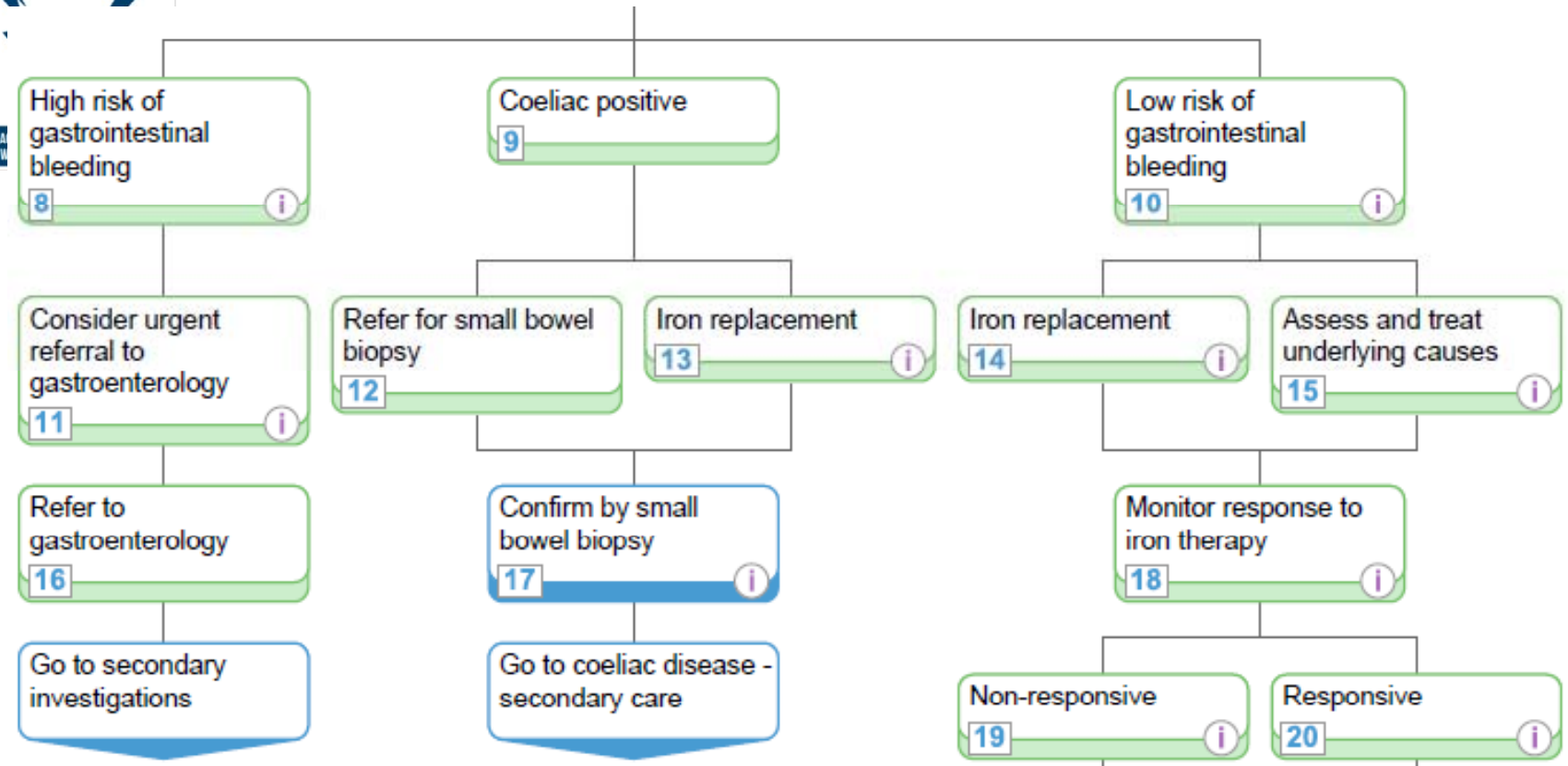

84% IDA due GI pathology

1% urology (MSU)

OGD
Colonoscopy or plain CT abdomen oral contrast (frail)

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How to refer

31 62 URGENT

Pan-Birmingham Cancer Network NHS

31 62 URGENT

URGENT REFERRAL FOR SUSPECTED UPPER GI CANCER (Version 4.0, 2010)

If you wish to include an accompanying letter, please do so. On completion please **FAX** to one of the numbers below

These forms should only be used for suspected cancer and in conjunction with the NICE Referral Guidelines for Suspected Cancer, June 2005

PATIENT AND GP DETAILS

PATIENT

Surname

Forename

D.O.B. Gender

Address

Postcode

Telephone

NHS No

Interpreter required Yes/No (Delete as applicable)

Language

Serious mobility problems?

GP DETAILS (inc Fax Number)

Date of Decision to Refer

Date of Referral

GP Signature

INDICATION FOR REFERRAL:Choose A or B

A: URGENT ENDOSCOPY

>55 with persistent dyspepsia of **recent onset*** ☐

Persistent vomiting **with** dyspepsia ☐

Unintentional weight loss **with** dyspepsia ☐

Dysphagia ☐

Haematemesis/melaena (not needing admission) ☐

Suspicious barium meal ☐

Recent onset means NEW and not a recurrence of previous dyspepsia

Additional Information:

Diabetes: On tablets? ☐ On insulin? ☐

Confirm patient **NOT** taking proton pump inhibitor now ☐

B: FAST TRACK OUT PATIENT (2 WKS)

Iron deficiency anaemia (men/post-menopausal women) ☐

It is essential following is provided or referral will be returned

Hb result.....g/dl Ferritin result ..... ug/L

Jaundice ☐

Upper abdominal pain **and** weight loss ☐

Upper abdominal mass ☐

For Hospital Use

Appointment Date Clinic Attending

UPPER GI CLINICS WITH RAPID ACCESS FACILITIES

Hospital	Tel	Fax
City	0121 507 5805	0121 507 5075
Good Hope	0121 424 7476	0121 424 7376
Heartlands and Solihull	0121 424 5000 (Jaundice 424 2482)	0121 424 5001 (Jaundice 424 1484)
Queen Elizabeth (UHBFT)	0121 627 2485 (Jaundice 627 2416)	0121 460 5800 (Jaundice 627 2449)
Walsall Manor	01922 721172 ext 7227 or 6764	01922 656773
Sandwell	0121 507 5805 (Jaundice 5073819)	0121 507 5075 (Jaundice 5073265)

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Pan-Birmingham Cancer Network NHS

31 62 URGENT

URGENT REFERRAL FOR SUSPECTED COLORECTAL CANCER (Version 2.0)

If you wish to include an accompanying letter, please do so. **On completion please FAX to the number below.**

These forms should only be used for suspected cancer and in conjunction with the NICE Referral Guidelines for Suspected Cancer, June 2005

Patient Details	GP Details (inc Fax Number)
Surname Forename D.O.B. Gender Address Postcode Telephone NHS No Hospital No Interpreter? Y / N First Language:	 Fax No: **Date of Decision to Refer** **Date of Referral** **GP Signature**

Do not use this form for patients who do not meet the criteria. Please use a routine letter.

Relevant information: (Check as appropriate) **Notes**

6 weeks rectal bleeding > 60 years ☐ _____

6 weeks change in bowel habit (looser stools/ increased stool frequency) > 60 years ☐ _____

6 weeks bleeding and change of bowel habit (looser stools/ increased stool frequency) > 40 years ☐ _____

Right sided abdominal mass ☐ _____

Rectal mass ☐ _____

Iron deficiency anaemia (men/non-menstruating women) ☐ _____

[Essential following provided or anaemia referral will be returned: Hb result.....g/dl Ferritin result ..... ug/L]

Clinical Details

History/Examination/Investigations.....

Medication .....

Diabetes mellitus? Y / N Insulin? Y / N Oral hypoglycaemic? Y / N

For Hospital Use

Appointment Date Clinic Attending

Was the referral appropriate Yes No (if no please give reason)

COLORECTAL CLINICS WITH RAPID ACCESS FACILITIES

Hospital	Tel	Fax
City	0121 507 5805	0121 507 5075
Good Hope	0121 424 7476	0121 424 7376
Heartlands and Solihull	0121 424 5000	0121 424 5001
Queen Elizabeth (UHBFT)	0121 627 2485	0121 460 5800
Sandwell	0121 507 3834	0121 507 3723
Walsall Manor	01922 721172 ext 6876 or 7227	01922 656773

How to refer

- Upper GI and lower GI 2WW forms
  - IDA in men/non-menstruating women
  - Hb and Ferritin essential
  - Lower GI investigation essential and first, unless upper GI symptoms/coeliac
  - (We will do both upper and lower however referred)
- Gastroenterology if atypical
  - e.g. young women with GI symptoms
- Please don’t refer IDA to haematology/geriatrics

Treatment

- Ferrous sulphate BD at least 3/12 until FBC normal

- No cause - monitor FBC and re-refer if recurs rapidly (small bowel investigation?)

Colorectal cancer

2WW criteria (50% CRC meet, 25% diagnosed via 2WW)

- 6 weeks rectal bleeding > 60

CRC Risk – Age Men Obesity FH

- 6 weeks change in bowel habit (looser stools/ increased stool frequency) > 60
- 6 weeks bleeding and change of bowel habit (looser stools/ increased stool frequency) > 40
- Right sided abdominal or rectal mass
- Iron deficiency anaemia (men/non-menstruating women)

CAPER risk assessment tool for risk of CRC >40

Constipation	Diarrhoea	Rectal bleeding	Loss of weight	Abdominal pain	Abdominal tenderness	Abnormal rectal exam	Haemoglobin 10-13g/dl^{-1}	Haemoglobin <10g/dl^{-1}	
0.4	0.9	2.4	1.2	1.1	1.1	1.5	0.97	2.3	PPV as a single symptom
0.8	1.1	2.4	3.0	1.5	1.7	2.6	1.2	2.6	Constipation
	1.5	3.4	3.1	1.9	2.4	11	2.2	2.9	Diarrhoea
		6.8	4.7	3.1	4.5	8.5	3.6	3.2	Rectal bleeding
			1.4	3.4	6.4	7.4	1.3	4.7	Loss of weight
				3.0	1.4	3.3	2.2	6.9	Abdominal pain
					1.7	5.8	2.7	>10	Abdominal tenderness

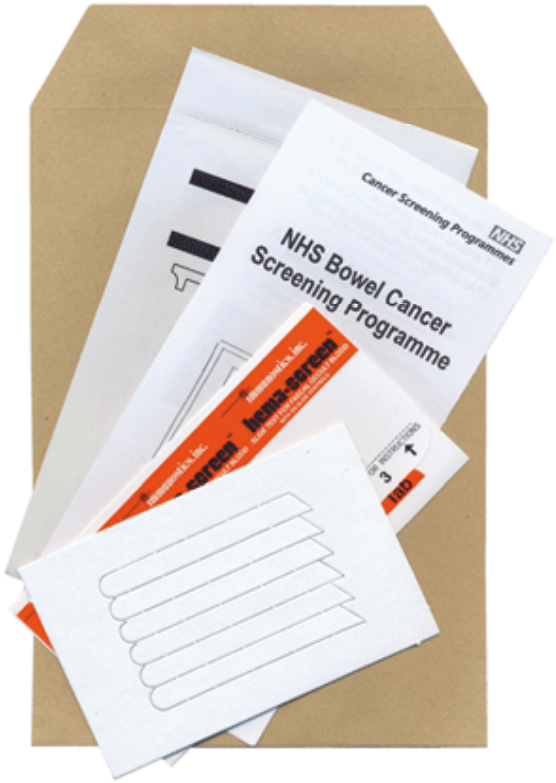
Red: requires referral

Amber: consider referral

Yellow or white: manage in primary care

Bowel cancer screening

- All 60-74 year olds sent FOB on birthday over 2 year cycle from Rugby
- FOB positive invited to see BCSP nurse to ensure fit colonoscopy
- 25% reduction CRC mortality
- Only clinical use for FOB now
- Only 50% CRC detected by FOB



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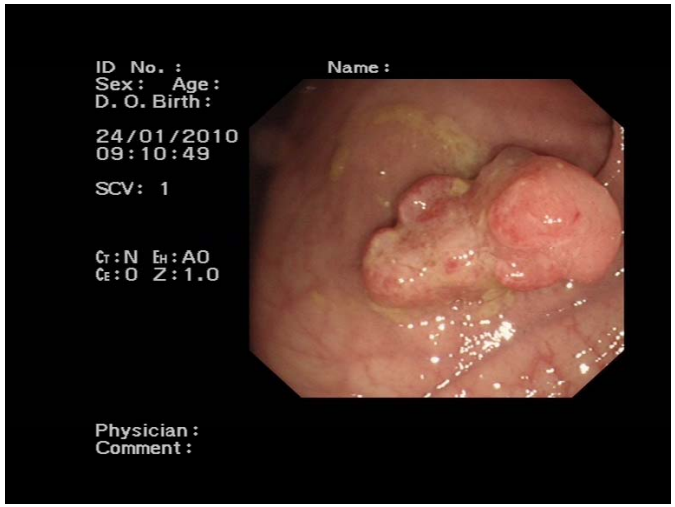
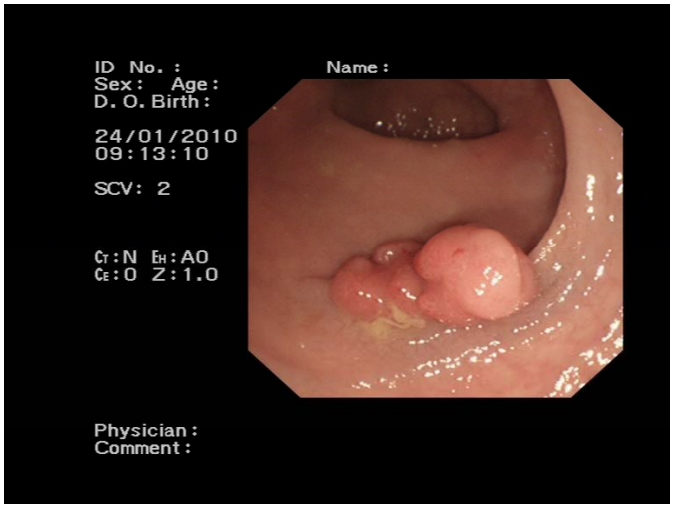
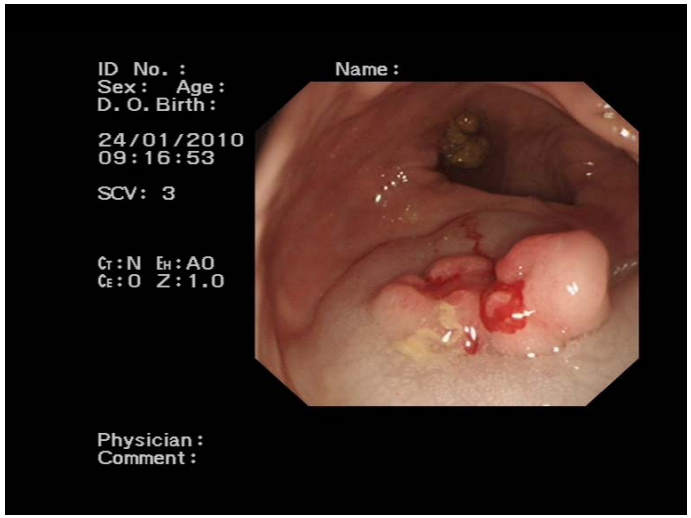
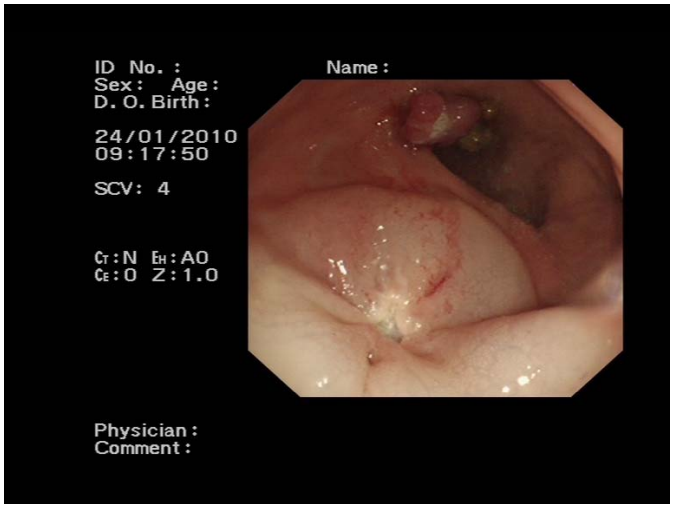
Bowel cancer screening







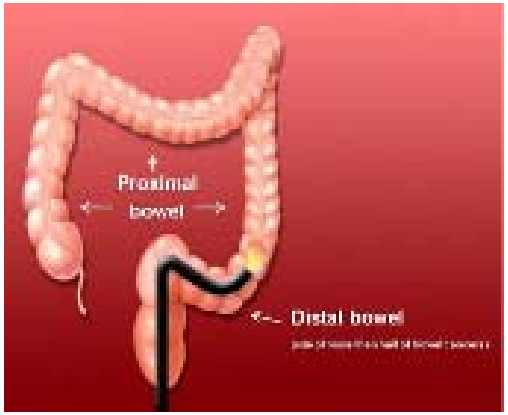


BCSP uptake

PCT	Uptake (standard 60%)
West Midlands (overall)	52.4%
Sandwell	46.6%
City	34.9%
South Birmingham	46.5%
BEN	48.9%
Dudley	56.8%
Walsall	52.2%

Bowel scope (flexi sig) screening

- All 55 year olds invited for flexi sig on their birthday
- Reduces incidence CRC by 33% and mortality by 43%
- Starting May 2014 at UHB



Summary

- Ferritin crucial to diagnosis IDA (and TTG)
- Men and non-menstruating women with IDA should be referred by 2WW
- Colonic cancer in 10% referred IDA in these groups
- Decision support in CRC diagnosis
- Please encourage your patients to do their screening FOB and attend for their flexi sig