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Diagnosis of anemia of chronic disease in general practice: A retrospective cohort study

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Background: Limited research has been performed that focused on the diagnosis of the underlying cause of ACD in general practice, although this is one of the most common types of anemia.

Aim: The aim of the study was to clarify the diagnostic strategies of general practitioners in patients newly diagnosed with ACD and to determine the most common underlying causes.

Design & Setting: A retrospective cohort study was performed.

Method: Patients newly diagnosed with ACD were selected based on laboratory criteria. ACD was defined as confirmed anemia and ferritin levels were above 100 µg/L combined with decreased iron and/or reduced transferrin. Additional medical information on patients was obtained from the electronic medical files of the general practitioner and/or the referral hospital.

Results: Of the 267 analyzed patients with ACD, in 205 patients (77%) additional investigations were performed; in 31 patients (12%) the cause was apparent at the time of diagnosis and for 31 patients (12%) no additional investigations were requested. In 79% of the 267 patients, an underlying cause was established, with infection (n=68, 32%), autoimmune disease (n=51, 24%) and malignancy (n=48, 23%) as the most frequently observed aetiologies. In 13% of the ACD patients, oral iron supplementation was prescribed by the general practitioner. This was mainly done in patients with severe anemia or less enhanced ferritin levels.

Conclusion: For most patients with newly diagnosed ACD, the general practitioner undertakes additional investigations to establish underlying causes. However, the cause of ACD remains unknown in a small proportion of patients. The use of oral iron supplementation in these patients requires caution.

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