

Optimizing patient care: rethinking referrals for iron deficiency anemia in internal medicine

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Received: 14/01/2024

Accepted: 23/05/2024

Published: 07/06/2024

Dear Editor,

I am writing to express my concern about the prevailing trend of inappropriate referrals of patients with iron deficiency anemia to hematologists by internal medicine specialists. Iron deficiency anemia, while involving the blood, is not solely a hematological disorder. It is essential for internal medicine specialists and primary care clinicians to be cognizant of the distinct nature of this condition and consider a broader range of differential diagnoses before making referrals.

Iron deficiency anemia (IDA) is a condition characterized by a deficiency of iron, an essential component for the proper functioning of red blood cells¹. While hematologists play a crucial role in the management of blood disorders, it is important to recognize that iron deficiency can arise from various causes, including gastrointestinal bleeding, malabsorption, and nutritional deficiencies.¹ Consequently, not all cases of iron deficiency anemia necessarily require the expertise of a hematologist.

It is crucial to acknowledge the specific implications of iron deficiency in women, often stemming from gynecological factors such as menstrual blood loss, pregnancy, and reproductive health issues. In light of this, collaboration with gynecologists becomes paramount in ensuring a thorough evaluation and a more accurate diagnosis.² Thus, collaboration with gynecologists assumes significance to ensure comprehensive evaluation and accurate diagnosis. Menstrual blood loss alone can result in significant iron depletion, leading to anemia in premenopausal women.³

The inappropriate referrals of such cases to hematologists can result in unnecessary burden on specialized services, leading to increased healthcare costs and potential delays in the diagnosis and treatment of other, potentially more severe, conditions. Moreover, it places an additional strain on the already stretched resources of hematologists, who could be better utilized for cases that truly necessitate their expertise.

I urge internal medicine specialists and primary care clinicians to enhance their understanding of the differential diagnosis of iron deficiency anemia and consider collaborating with other relevant specialties, such as gastroenterology

and nutrition, when appropriate. For instance, chronic gastrointestinal bleeding due to conditions like peptic ulcer disease or colorectal cancer can lead to iron deficiency anemia. Similarly, malabsorption syndromes such as celiac disease or inflammatory bowel disease can impair iron absorption, contributing to anemia.⁴ This interdisciplinary approach will ensure a more comprehensive evaluation of patients, leading to improved patient outcomes and more efficient use of healthcare resources.

A comprehensive national study on anemia and its underlying causes revealed significant insights into the prevalence and impact of IDA across different demographics in Turkiye. The study highlighted the substantial burden of anemia, particularly among women of reproductive age and children. Several clinical trials have been conducted to evaluate different treatments for IDA in Turkiye. For instance, a study published in the Journal of Hematology & Oncology explored the effectiveness of oral iron supplements versus intravenous iron treatments in pregnant women with IDA. This study aimed to find the most effective and safe treatment protocols for this vulnerable population. These studies and trials underscore the ongoing efforts in Turkiye to better understand and mitigate the impact of iron deficiency anemia through research, dietary recommendations, and clinical interventions.

In conclusion, the prevalence of inappropriate referrals of iron deficiency anemia patients to hematologists by internal medicine specialists is a matter that warrants attention. By fostering a better understanding of the diverse etiologies of iron deficiency anemia among primary care clinicians, we can promote a more efficient and effective healthcare system.

Keywords: Iron, internal medicine, anemia

ETHICAL DECLARATIONS

Referee Evaluation Process

Externally peer-reviewed.

Conflict of Interest Statement

The authors have no conflicts of interest to declare.

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Cite this article as: Ünal S. Optimizing patient care: rethinking referrals for iron deficiency anemia in internal medicine. *Kastamonu Med J.* 2024;4(2):78-79.



Financial Disclosure

The authors declared that this study has received no financial support.

Author Contributions

All of the authors declare that they have all participated in the design, execution, and analysis of the paper, and that they have approved the final version.

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