

Anemia 1

Friday, October 31, 2014
9:38 AM

Learning Objectives:

- etiology, risk factors, symptoms, & treatment for the following anemias:
 - iron
 - B12
 - folate

ANEMIA - ↓ Hb, causing ↓ O₂ carrying capacity

Causes: not enough RBC

- too little in (malnutrition)
- too much out (blood loss, abnormal Hb)

Diagnosis = CBC (Hb, Crit)

Epidemiology

- old
- female
- blacks
- cancer
- CKD

Erythropoiesis

ERYTHROPOETIN (EPO) - initiates/stimulates production of RBCs, released by kidneys when ↓ tissue O₂

- ↑ reticulocytes, erythroblasts, Hb
- **RBC Production:** bone marrow
 - stem cell → reticulocyte (1 week)
 - reticulocyte → RBC (24-48 hrs)
- **RBC Function:** transport O₂
- **RBC Destruction:** spleen (liver, bone marrow)
 - RBC life = 120 days

General Signs, Symptoms, Findings

Signs	Symptoms	Other Findings
- pale skin, nails, eyes - tachycardia (↑ HR) - altered mental status	- fatigue - dizziness - headache - palpitations, chest pain - dyspnea (SOB) - ↓ exercise tolerance	- blood loss - malnutrition - alcohol - CKD, cancer, autoimmune, infections

Morphology

MCV	RBC size	MCHC	[Hb]
Microcytic	small	Hypochromic	low
Normocytic	normal	Normochromic	normal
Macrocytic	large		

Etiologies

Microcytic (Hypochromic)	Normocytic	Macrocytic (Normochromic)
- iron	- hemolysis (sickle, G6PD) - blood loss - chronic diseases	- B12 - folate

	Risk Factors	Etiology (Causes)	Signs/Symptoms	Diagnosis	Tx												
Iron* (most common)	- <2, >65 - menstruation - pregnancy	- ↓ intake - ↓ absorption - ↑ demand (pregnancy, menstruation) - blood loss		<table border="1"> <tr> <td>↓</td> <td>↑</td> </tr> <tr> <td>iron</td> <td>TIBC</td> </tr> <tr> <td>MCV</td> <td></td> </tr> <tr> <td>MCHC</td> <td></td> </tr> <tr> <td>transferrin sat</td> <td></td> </tr> <tr> <td>ferritin</td> <td></td> </tr> </table>	↓	↑	iron	TIBC	MCV		MCHC		transferrin sat		ferritin		- iron - treat underlying cause - improve symptoms & lab findings
↓	↑																
iron	TIBC																
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B12 (rare)	- vegans - alcoholism	- ↓ intake - ↓ absorption (IF, parietal cells)*	- neurologic - paresthesias (hands/feet tingling) - vibratory/position sensation loss - spasticataxia (tense muscles, coordination) - (dementia)	<table border="1"> <tr> <td>↓</td> <td>↑</td> </tr> <tr> <td>B12</td> <td>MCV</td> </tr> </table>	↓	↑	B12	MCV	- B12 - treat underlying cause - improve symptoms & lab findings - prevention/tx of neurologic effects								
↓	↑																
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Folate (common)	- babies, teens - elderly - pregnancy - alcoholism - poor	- ↓ intake - ↓ absorption (GI disorders) - ↑ demand (pregnancy, growth) - drugs (methotrexate, trimethoprim)	- neural tube defects	<table border="1"> <tr> <td>↓</td> <td>↑</td> </tr> <tr> <td>folate</td> <td>MCV</td> </tr> </table>	↓	↑	folate	MCV	- folate - treat underlying cause - improve symptoms & lab findings								
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B12 - maintenance of nerve function; coenzyme involved in NA synth, promotes RBC development

PERNICIOUS ANEMIA - autoimmune destruction of parietal cells

PARIETAL CELLS - produce IF

INTRINSIC FACTOR (IF) - glycoprotein that absorbs B12

FOLATE - coenzyme in AA/protein metabolism, promotes RBC development

