

Priority Topic: ANEMIA

Key Features:

1. Assess the **risk of decompensation** of anemic patients (e.g., volume status, the presence of congestive heart failure [CHF], angina, or other disease states) to decide if **prompt transfusion or volume replacement** is necessary.

What you should study:

- ✓ [Transfusion AAFP 2011](#)
- ✓ [EM Cases Episode 36: Transfusions, Anticoagulants and Bleeding](#)

2. In a patient with anemia, **classify the anemia** as microcytic, normocytic, or macrocytic by using the MCV (mean corpuscular value) **or smear test result**, to direct further assessment and treatment.

What you should study:

- ✓ [L'anémie persistante chez la personne âgée MduQ 2014](#)
- ✓ [Anemia in Older Persons AAFP 2010](#)

3. In all patients with anemia, **determine the iron status** before initiating treatment.

What you should study:

- ✓ [L'anémie Ferriprive – Comment fer pour bien le traiter MduQ 2011](#)

4. In a patient with iron deficiency, **investigate further** to find the cause.

What you should study:

- ✓ Iron Deficiency Anemia AAFP 2013
- ✓ Iron Deficiency Anemia in Children CPSP 2011
- ✓ Iron Deficiency and Other Anemias in Children AAFP 2016
- ✓ Evaluation of Anemia in Children AAFP 2010
- ✓ Evaluation of Microcytosis AAFP 2010

5. Consider and **look for anemia** in appropriate patients (e.g., those **at risk for blood loss** [those receiving anticoagulation, elderly patients taking a nonsteroidal anti-inflammatory drug] or in **patients with hemolysis** [mechanical valves]), **whether they are symptomatic or not**, and in those with **new or worsening symptoms of angina or CHF**.

6. In patients with **macrocytic anemia**:

a) Consider the possibility of **vitamin B₁₂ deficiency**.

b) Look for **other manifestations of the deficiency** (e.g., neurologic symptoms) in order to make the **diagnosis of pernicious anemia** when it is present.

What you should study:

- ✓ La carence in vitamine B12
- ✓ Vitamin B12 Deficiency AAFP 2017
- ✓ Evaluation of Macrocytosis AAFP 2009
- ✓ Anémie persistante chez la personne âgée MduQ 2014

7. As part of **well-baby care**, consider anemia in **high-risk populations** (e.g., those living in poverty) or in **high-risk patients** (e.g., those who are pale or have a low-iron diet or poor weight gain).

What you should study:

- ✓ [Iron Deficiency and Other Anemias in Children AAFP 2016](#)

8. When a patient is discovered to have a **slightly low** hemoglobin level, **look carefully for a cause** (e.g., hemoglobinopathies, menorrhagia, occult bleeding, previously undiagnosed chronic disease), as one **cannot assume** that this is normal for them.

What you should study:

- ✓ [Evaluation of Occult GI Bleed AAFP 2013](#)
- ✓ [Alpha and Beta Thalassemia AAFP 2009](#)
- ✓ [Multiple Myeloma AAFP 2017](#)
- ✓ [Severe Anemia from HMB AJOG 2015](#)

9. In **anemic patients with menorrhagia**, determine the need to **look for other causes** of the anemia.