Anemia is the most common extra-intestinal manifestation of IBD which, in most cases, results from an absolute or functional iron deficiency. Although anemia and iron deficiency may have a dramatic impact on the quality of life of IBD patients, they are underdiagnosed and undertreated. By providing consensus guidelines and practical treatment algorithms, the Belgian IBD research and development Group (BIRD) wants to increase awareness and knowledge among clinicians to improve the management of anemia and iron deficiency in their IBD patients.

http://www.birdgroup.be
TREATMENT OF ANEMIA IN IBD

Hb < 12g/dl (female) or <13g/dl (male)

DA: Iron deficiency anemia
ACD: Anemia of Chronic Disease

Transferrin saturation <20%?

YES

NO

Active disease?*

Ferritin <30μg/L?

NO

YES

No iron deficiency
Other cause for anemia

Ferritin <100μg/L?

NO

YES

No absolute iron deficiency
ACD or other cause for anemia

IDA
Hb <10.5g/dl?

NO

YES

IDA+ACD
Hb <10.5g/dl?

NO

YES

PO or IV*

Intolerance or inadequate response after 2 months

Switch to IV

+ EPO if inadequate response

GOAL
+2g/dl Hb within 4 weeks
Transferrin saturation >30%
Ferritin: 200-500μg/L

* CRP > 5mg/L, calpro > 250 μg/g, endoscopic lesions, raised activity score

+ Optimalisation of IBD treatment

* Functional iron malabsorption due to cytokine-driven increase in hepcidin