Primary Care Management of Patients with Elevated Ferritin

**REPEAT TEST**
- Normal range for pre-menopausal women <200
- Normal range for men and post-menopausal women <300

**IF STILL ELEVATED, CHECK TRANSFERRIN SATURATION**

- Transferrin Saturation <45%
  - **Hyperferritinaemia**
    - Possible causes:
      - Chronic inflammation
      - Chronic liver disease
      - Rare Hereditary conditions
  - **Investigation**
    - Chronic liver disease screen
    - Ultrasound or CT

- Transferrin Saturation >45%
  - **Secondary iron overload**
  - **Hereditary Haemochromatosis (HHC)**

**Investigation**
Patients without clinical HC or first degree relative with HC require abnormal iron studies on two separate occasions in order to receive Medicare rebate for HFE genetic testing.

HFE genotype testing is only applicable to individuals of Caucasian ancestry.

Genetic testing should not be performed on individuals under 18 years of age if family history is the only indication for testing.

**Diagnosis confirmed – follow haemochromatosis pathway.**

**Ferritin < 1000mcg/L**
- Monitor, no liver biopsy unless other indication.
- Consider referral if other liver pathology or ferritin 500-1000

**Ferritin > 1000mcg/L**
- **REFERRAL TO LIVER CLINIC**
  - Consider liver biopsy
- Phlebotomy if increased iron stores
- May require iron chelation if unable to tolerate phlebotomy