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**Endoscopy as an Investigation for Non-iron Deficiency Anemia: Single Center Experience**

**Introduction**

Iron deficiency anemia (IDA) is one among the top causes of anemia in 65 years and older patients in developed countries. There is plenty of evidence justifying endoscopic investigation in iron deficiency anemia, but there are no clear guidelines for endoscopic investigation of anemia other than iron deficiency. Upper and lower GI endoscopy were increasingly being done in hospitals in the United States for investigating the cause of anemia of all-cause to rule out occult GI bleeding. Unnecessary investigations raise health care costs and put the patient at risk for complications. The purpose of the study is to focus on the need of endoscopy in patients with any type of anemia and to derive a cost-effective management plan.

**Methods**

A retrospective analysis was done on all anemic in-patients who were referred for both upper and lower GI endoscopy in last 2 years to investigate the cause. Patients who met the inclusion criteria were categorized into Iron deficiency anemia, Anemia of Chronic disease and anemia from other causes. The primary outcome of the study includes any finding that can be attributed to the cause of anemia. Secondary outcome includes any active intervention done during the procedure either upper and lower GI endoscopy.

**Results**

A total of 173 patients were collected who underwent endoscopy and/or colonoscopy for investigation of anemia. Odds of having IDA in patients with positive findings either for endoscopy or colonoscopy compared with patients with no positive result was 3.7(95% CI 1.3-10). Odds of having IDA in patients with active GI bleeding or when there was active intervention done during the procedure compared with patients with no active bleeding was 5.9 ( 95% CI 1.8-19).

**Discussion**

Our study reveals that there is more evidence of endoscopy or colonoscopy investigation in patients with iron deficiency anemia compared to other types of anemia. Also, there was significant intervention done secondary to active bleeding in patients with IDA compared to other types of anemia. This helps us in navigating to manage or categorize patients into iron deficiency and plan for invasive procedures. The study also shows that there was no significant change in management in non-iron deficiency anemias, and the need for endoscopy is not warranted. This also can help reduce healthcare costs and prevent complications from procedures.