

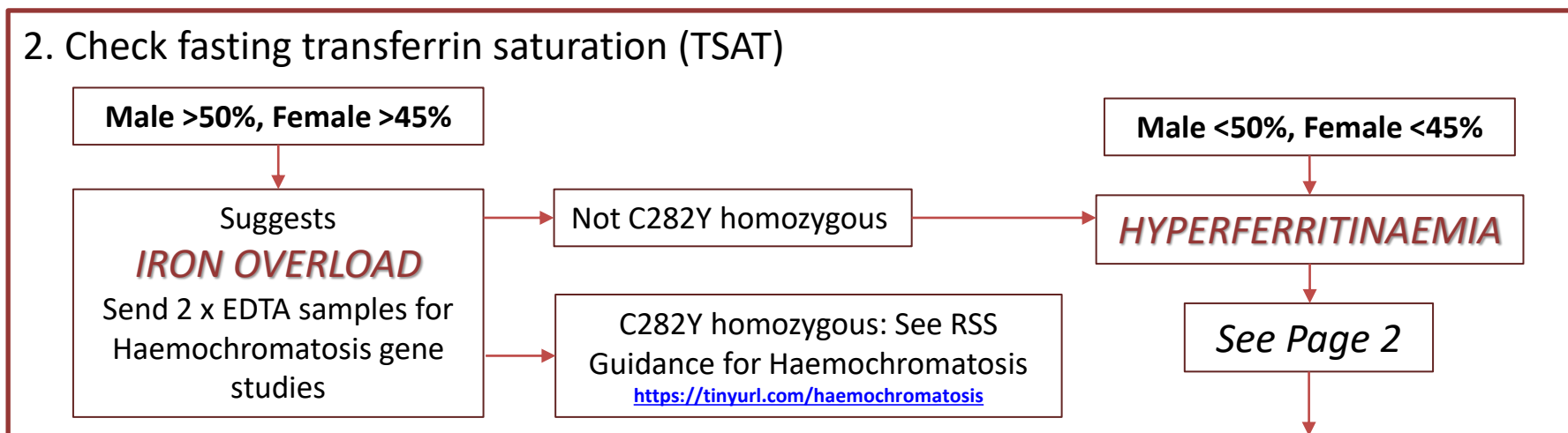
Investigation of Raised Ferritin in Primary Care

Ferritin reference intervals: **Male: 30 – 400ug/L**
Female: 30 – 150ug/L (under 60y); 30 – 260ug/L (over 60y)
Ferritin levels increase throughout life with significant increases post-menopause in female patients.

1. Initial clinical assessment

• Red flags - ?Malignancy / Ferritin persistently >1000ug/L	➤ Refer without delay
• Assessment of alcohol consumption	➤ AUDIT-C assessment
• Assessment of risk factors for liver disease	➤ Viral hepatitis, metabolic syndrome, DM
• Clinical examination for signs of chronic liver disease and iron overload	
• Acute illness	➤ Check CRP. Repeat in 6 weeks if unwell
• History of repeated blood transfusions / iron therapy	Check: FBC, CRP, U&E, LFTs, HbA1c, Lipids, TFTs, as appropriate.
• Family history of iron overload, liver disease, liver cancer	

2. Check fasting transferrin saturation (TSAT)



Investigation of Raised Ferritin without iron overload

Males Ferritin >400ug/L TSAT <50%	Post-menopausal women Ferritin >260ug/L TSAT <45%	Pre-menopausal women Ferritin >150 ug/L TSAT <45%
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- ❖ Correlate with clinical history and, where necessary, repeat history and examination
- ❖ Consider undiagnosed serious conditions (listed below by most to least common):

Chronic alcohol consumption	Suggestive lab markers: raised GGT, MCV, poor nutritional status
Metabolic syndrome	Waist circumference, dyslipidaemia, HbA1c, blood pressure
Steatotic / fatty liver	Calculate Fib-4 (requires AST, ALT, platelets), then refer to local guidance
Acute inflammation	Acute infections including viral hepatitis
Chronic inflammation	Chronic infection, autoimmune disease
Malignancy	Investigate as appropriate, consider referral to Rapid Diagnostic Centre
Haematological disorders	FBC and film. Refer to local Haematology guidance

- ❖ Harmful alcohol use?
 - Calculate Fib-4 and follow referral pathway for Direct Access Fibroscan.
- ❖ Risk factors for metabolic dysfunction associated steatotic liver disease (MASLD) (fatty liver)?
 - Refer to local guidelines for investigation and management of [suspected liver disease](#), even if LFTs are normal.
- ❖ Cause not found?
 - Advice & Guidance to Hepatology or Haematology, as appropriate.