



Table 1: Common and/or Possible Causes of IDA

Increased requirement	Decreased intake
<p>Rapid growth (infants and adolescents)</p> <p>Menstruation</p>	<p>Low socioeconomic status, malnutrition</p> <p>Diet (e.g., vegetarian, vegan, iron poor)</p>
Increased loss	Decreased absorption
<p><u>Gastrointestinal:</u> Inflammatory bowel disease (IBD) e.g., ulcerative colitis, Crohn's disease* Hookworm infestation (older children and adolescents) Occult blood loss secondary to cow's milk protein-induced colitis (preschool children) Chronic or high dose use of NSAIDs</p> <p><u>Genitourinary:</u> Heavy menstrual bleeding Chronic hematuria</p> <p><u>Hemolysis:</u> Intravascular hemolysis</p> <p><u>Other:</u> Frequent epistaxis Mechanical hemolytic anemia (i.e. distance runner)</p>	<p>Dietary factors (excessive milk consumption in preschool children and carbonated drinks in older children and adolescents)</p> <p><u>Gastrointestinal:</u> Helicobacter pylori (older children and adolescents) Celiac disease Pediatric short bowel syndrome Inflammatory bowel disease (IBD) e.g., ulcerative colitis, Crohn's disease* Medications that decrease gastric acidity or bind iron e.g. antacid/proton pump inhibitors.</p>
<p><i>*Inflammatory conditions may be associated with iron deficiency due to poor iron absorption and anemia of chronic inflammation.</i></p>	