

### QUESTION

A 65-year-old male patient with a long history of hypertension and a recent diagnosis of type 2 diabetes mellitus is being treated with lisinopril and metformin. He has been experiencing increasing fatigue and weakness over the past few weeks. His physical examination shows a pale conjunctiva and a heart rate of 100 beats per minute. Laboratory tests reveal a hemoglobin level of 10 g/dL and a ferritin level of 100 ng/mL. Which of the following is the most likely cause of his symptoms?

- A. Iron deficiency anemia
- B. Vitamin B12 deficiency
- C. Folate deficiency
- D. Chronic kidney disease
- E. Hypothyroidism

ANSWER: A

### EXPLANATION

The patient's symptoms of fatigue and weakness, along with the laboratory findings of a low hemoglobin level and a normal ferritin level, are most consistent with iron deficiency anemia. The normal ferritin level suggests that the anemia is not due to a chronic inflammatory process or a myelodysplastic syndrome. The patient's history of hypertension and type 2 diabetes mellitus, along with his treatment with lisinopril and metformin, does not suggest a cause for the anemia.

Iron deficiency anemia is a common cause of fatigue and weakness in older adults. It is often caused by chronic blood loss, such as from a gastrointestinal ulcer or a colon polyp. The patient's symptoms and laboratory findings are most consistent with iron deficiency anemia. The normal ferritin level suggests that the anemia is not due to a chronic inflammatory process or a myelodysplastic syndrome. The patient's history of hypertension and type 2 diabetes mellitus, along with his treatment with lisinopril and metformin, does not suggest a cause for the anemia.