

QUESTION

1. A 60-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 blood pressure is well-controlled, and his blood glucose levels are stable. Physical examination reveals mild anemia and a heart rate of 100 bpm. Laboratory tests show a hemoglobin level of 11 g/dL, a hematocrit of 33%, and a ferritin level of 100 ng/mL. The patient's diet is generally healthy but lacks variety. What 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. Iron deficiency anemia

EXPLANATION

The patient's symptoms of fatigue and weakness, along with the laboratory findings of mild anemia (hemoglobin 11 g/dL, hematocrit 33%) and a ferritin level of 100 ng/mL, are most consistent with iron deficiency anemia. Iron deficiency anemia is a common condition, especially in older adults, and is often caused by chronic blood loss or inadequate iron intake. The patient's diet, which lacks variety, may be contributing to iron deficiency. The other options are less likely: Vitamin B12 deficiency would typically result in a macrocytic anemia (hemoglobin < 10 g/dL, hematocrit < 30%), and folate deficiency would also result in a macrocytic anemia. Chronic kidney disease and hypothyroidism can cause anemia, but the patient's ferritin level is within the normal range, and there are no other clinical features suggestive of these conditions.

ANSWER: A. Iron deficiency anemia