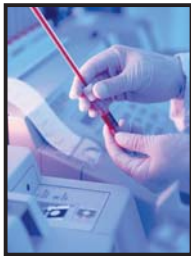


# Frequently Asked Questions



## A Primer for GPs: Hemochromatosis

As presented at the  
University of Alberta

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### 1. What is hemochromatosis?

Hemochromatosis is a disorder of excessive iron stores.

### 2. How do you get hemochromatosis?

Hemochromatosis is acquired either by genetic means (mutations in the HFE gene), or environmental means (individuals with chronic anemia who require frequent transfusions).

### 3. Who is most at risk?

- First degree relatives of those diagnosed with HFE hemochromatosis.
- Individuals with unexplained abnormalities suggestive of end stage organ damage from excessive iron stores, especially liver function abnormalities.
- It is controversial whether individuals of Northern European heritage should be screened in middle age in the same way that one screens for hypertension, diabetes and hyperlipidemia.

### 4. How do I screen for the illness?

The best objective laboratory screen is the per cent transferrin saturation. Saturation of more than 60 % in males and 50% in females is suspicious for hemochromatosis. An elevated ferritin in the setting of elevated per cent transferrin saturation adds further suspicion.

**For an in-depth article on hemochromatosis, please go to page 101.**