

## Hemochromatosis

Hemochromatosis is an iron-storage disorder where there is an increase in iron absorption from the intestine and deposits of the iron in tissues. Iron deposition causes damage, scarring (fibrosis) and/or failure of the organs especially the liver, pancreas, heart and pituitary gland. The liver is usually the first organ involved. Of symptomatic patients with hemochromatosis, there is liver enlargement in 95%, increased skin pigmentation (bronzing) in 90%, diabetes mellitus in 65%, joint abnormality in 25 - 50%, heart involvement in 15% (most common manifestation is congestive heart failure), loss of libido and testicular atrophy. The diagnosis of hemochromatosis can be made when the above conditions are present in a patient. However, iron overload of short duration or of modest degree may exist without any of the clinical manifestations noted above or with only some of them. Demonstration of excessive iron can be done by measuring the iron level in the blood along with its ferritin level (a protein in the blood that carries iron), by doing a CT scan of the liver, or by a liver biopsy. Biopsy is the definitive test. Treatment of hemochromatosis involves removal of the excess body iron and supportive treatment of damaged organs. Iron is best removed by phlebotomy (removing blood) of a pint once or twice a week. Chelating agents (chemicals that remove minerals from the blood) that are taken orally are less effective. Adequate treatment and follow-up increases the 5 year survival rate from 33% to 89%.

**If your client has a history of hemochromatosis, please answer the following:**

**1. Please list date of diagnosis:**

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**2. What organs are involved? (check all that apply)**

Liver \_\_\_\_\_

Pancreas (Diabetes) \_\_\_\_\_

Joints \_\_\_\_\_

Heart \_\_\_\_\_

Pituitary \_\_\_\_\_

**3. When was the last phlebotomy treatment?** \_\_\_\_\_

**4. Was a liver biopsy done?** \_\_\_\_\_

Please provide a copy

**5. If available, please provide the most recent serum ferritin result:**

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**6. Is your client on any medications?**

If yes, please give details

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**7. Has your client smoked cigarettes or any other form of tobacco in the last 5 years?**

If yes, please give details

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**8. Does your client have any other major health problems (ex: heart disease, etc.)?**

If yes, please give details

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