

HbA_{1c} status in iron deficiency anemia

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Abstract

Introduction: Iron deficiency anemia (IDA) is a major public health problem in world and India too. It has been found that HbA_{1c} level rise in patients of IDA without raised blood glucose level.

Materials and Methods: Study consists of 30 cases of Iron deficiency anemia and 30 controls of age and sex match between the ages of 18 to 60 years. This is a prospective case controlled study done over a period of two years. Blood samples were collected from subjects and HbA_{1c}, Serum iron, TIBC, Serum ferritin, Blood glucose level and Hematological parameters were measured.

Observations and Result: Serum iron and Ferritin levels were highly significantly decreased ($p < 0.001$) in IDA group patients compared to controls. TIBC levels were highly significantly increased ($p < 0.001$) in IDA group patients compared to control. HbA_{1c} levels were also highly significantly increased ($p < 0.001$) in IDA group patients compared to control. Mean BSL-F and BSL-PP showed no significant difference in glycemic status of both case and control groups.

Conclusion: Apart from blood glucose, iron deficiency anaemia also affects HbA_{1c} level.

Keywords: HbA_{1c}, Iron deficiency anemia, Serum iron, Serum ferritin, TIBC.

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Introduction

Protein glycation is a spontaneous reaction that is believed to play a key role in the pathogenesis of many clinical disorders. The glycation of proteins is enhanced by elevated blood glucose concentrations. The major form of protein glycation with a clinical consideration is glycated haemoglobin (HbA_{1c}).¹ HbA_{1c} is majorly affected by the blood glucose levels alone. However, certain studies have proven that the HbA_{1c} levels are altered by various other coexisting factors, along with diabetes, especially that of iron deficiency anaemia which is a major public health problem in developing countries like India. Therefore, this study have been planned to assess the level of HbA_{1c} in IDA patients.

Aims and Objectives

To assess the status of HbA_{1c} in patients of iron deficiency anaemia & compare with age and sex matched controls.

Materials and Methods

It is a cross sectional comparative study conducted in 2 yrs of duration. A total number of 60 subjects between the ages of 18 to 60 years were enrolled for the present study. Detailed medical history and relevant clinical examination

data and written consent were obtained from all subjects by explaining the study procedure.

Considering the average of HbA_{1c} value of 4.5 and allowable error of 1 at $p < 0.05$ and power of the test 80%, estimated sample size is 60 which include 30 cases (clinically diagnosed patients of iron deficiency anaemia) & 30 age and sex matched controls belonging to age group of 18 to 60 years were selected.

The cases included in present study were selected from patients attending outpatient department (OPD) and indoor patient department (IPD) of internal medicine. Samples were assessed at the Central Clinical Laboratory (CCL), Department of Biochemistry.

Inclusion criteria

Cases: Clinically diagnosed cases of IDA

Exclusion criteria

Patients having history of Impaired glucose tolerance, Diabetes Mellitus, Haemoglobinopathy, Hemolytic anaemia, Chronic renal diseases, Chronic alcoholism, Pregnancy, Blood transfusion within a period of 6 months.

The following parameters were evaluated

- i. Haematological parameters: HiCN and Electrical impedance method²
- ii. Serum iron: Ferrozin method³
- iii. TIBC: Ferrozin method^{3,4}
- iv. Serum ferritin: ELISA Method⁵
- v. Blood glucose: GOD-POD Method⁶
- vi. HbA_{1c}: immunoturbidometric method⁷

Haematological parameters were analysed on Sysmex kx-21 autoanalyzer. All biochemical investigations were carried out on 'Erba 360 Fully automated biochemistry analyzer'.

Observations and Results

Serum iron and Ferritin levels were highly significantly decreased ($p < 0.001$) in IDA group patients compared to controls. TIBC levels were highly significantly increased ($p < 0.001$) in IDA compared to control. HbA_{1c} levels were also highly significantly increased ($p < 0.001$) in IDA compared to control.

Table I: Mean serum iron, TIBC, and serum ferritin level of case and control groups

Parameters	Case	Control	P value
Serum Iron	31.9 ± 10.3	98.98 ± 21.25	0.0001
TIBC (µg/dl)	399 ± 27.2	302.1 ± 33.47	0.0001
Ferritin (µg/dl)	6.17 ± 3.34	62.96 ± 18.33	0.0001

$P < 0.001$ Indicate highly significant.

Mean BSL-F and BSL-PP showed no significant difference in glycemetic status of both case and control groups.

Table II: Mean BSL-F and BSL-PP in case and control groups

BSL (mg/dl)	Case	Control	P value
BSL-F	88.9 ± 9.03	84.70 ± 7.6	$P > 0.05$
BSL- PP	120.00 ± 10.53	124.00 ± 9.08	$P > 0.05$

$P < 0.05$ Indicates statically significant.

Mean HbA_{1c} showed highly significant difference in both case and control groups ($P < 0.001$). **Table II:** Mean HbA_{1c} level of case and control groups.

Parameters	Case	Control	P value
HbA _{1c}	6.55 ± 0.77	5.27 ± 0.83	0.0001

$P < 0.001$ Indicates statically significant.

Unpaired 'T' test is applied for statistical analysis of Mean Hb, HCT, MCV, MCH, MCHC levels. All levels were highly significantly decreased ($p < 0.001$) in IDA group patients compared to controls. RDW levels was highly significantly increased ($p < 0.001$) in IDA compared to control.

Table III: Mean Haemoglobin (Hb), MCV, MCH, MCHC, and RDW in case and control groups

Parameters	Case	Control	P value
Hb (g/dl)	8.9 ± 1.5	13.83 ± 1.04	0.0001
HCT (%)	26.64 ± 5.2	40.97 ± 3.4	0.0001
MCV (fl)	70.03 ± 5.1	91.44 ± 3.87	0.0001
MCH (pg)	23.51 ± 2.6	30.88 ± 1.59	0.0001
MCHC (g/dl)	28.03 ± 1.74	33.86 ± 1.86	0.0001
RDW (%)	19.14 ± 3.92	13.42 ± 0.64	0.0001

$P < 0.001$ indicate highly significant.

Discussion

HbA_{1c} is majorly affected by the blood glucose levels. However, certain studies showed that the HbA_{1c} levels are altered by various other coexisting factors, along with diabetes, especially that of iron deficiency anaemia, which is a major public health problem in developing countries like India. Present study was conducted to assess the status of HbA_{1c} in iron deficiency anaemia.

Present study was conducted on 60 subjects with IDA (n=30) and age and sex matched healthy controls (n=30) groups. Diagnosis of iron deficiency anaemia requires laboratory-confirmed evidence of anaemia, as well as low iron stores.⁸ Complete blood count was assessed to recognize the indices of iron deficiency anaemia (reduced Hb, Hct, MCV, MCH, MCHC and raised RDW) along with peripheral smear blood smear examination. Iron study was carried

out to confirm iron deficiency (reduced Serum iron, ferritin, and increase TIBC in IDA).^{9,10}

Several mechanisms have been advocated for this increase in the level of glycated haemoglobin in anaemic patients. It has been proposed that in iron deficiency, the quaternary structure of the haemoglobin molecule may be altered and the glycation of the beta globin chains occurs more readily.¹¹

According to the explanation provided by Sluiter et al¹² the formation of glycosylated haemoglobin is almost irreversible, the concentration of HbA₁ in erythrocyte will increase linearly with the cell's age. Younger population of red blood cells have lower HbA₁ level as after treatment of iron deficiency anaemia but if iron deficiency has been worsening in the previous months, red cell production will fall causing not only anaemia but also increasing average age of circulating erythrocytes and thus an increase in HbA₁ level.

Above discussion underline the effect of iron deficiency anaemia on HbA_{1c} concentration. Increased level of HbA_{1c} was observed in iron deficiency anaemia. This study has got significant relevance because IDA is highly prevalent in a tropical country like India. Recently HbA_{1c} has been recommended as one of the diagnostic criteria of DM. Thus iron status must be considered during the interpretation of the HbA_{1c}. Further similar study on a large sample size is needed to substantiate the results of this study.

Conclusion

Apart from blood glucose, iron deficiency anaemia also affects HbA_{1c} level. As IDA and Diabetes mellitus both being frequent in India, IDA is to be taken in consideration while interpreting HbA_{1c} in diagnosis and monitoring of Diabetes mellitus. IDA can be suspected in raised HbA_{1c} level with euglycemia

References

1. Dhadhal R, Chabra RJ, Mangukiya K, Sharma N, Mali KL, Sharma A. A Study of Glycated Hemoglobin (HbA_{1c}) In Non Diabetic Hypothyroid Population. *International Journal of Health Sciences and Research (IJHSR)*. 2015;5(3):127-32.
2. Vajpayee N, Susan S, Graham, Bem S. Basic examination of blood and bone marrow. In: McPherson RA, Pincus MR. *Henry's clinical diagnosis and management by laboratory methods*. Philadelphia: Elsevier Health Sciences; 2011 Sep 6.
3. Tietz N.W., Norbert W, and Sheldon Berger. *Fundamentals of Clinical Chemistry*. Philadelphia: Saunders, 1970.
4. Siedel J, Wahlefeld AW, Ziegenhorn J. A new iron ferro zine reagent without deproteinization. *ClinChem* 1984;30:975
5. N. W. Tietz., *Textbook of Clinical Chemistry and Molecular Diagnostics*, 4th ed. Elsevier, p 1186-91
6. N. W. Tietz., *Spectrophotometry*. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics, 4th ed. Elsevier, p 64-5
7. Sack DB, Carbohydrate in: BurtsCA, AshwoodER, editors, *Tietz Textbook of Clinical Chemistry*. 3rd edition. Philadelphia: W.B. Saunders Company; 1999. P790-6.
8. U. S. Preventive Services Task Force. Screening for iron deficiency anemia, including iron supplementations for children and pregnant women: recommendation statement *Am Fam Physician*. 2006;74(3):461-4.
9. Glader B. Anemia: General considerations. In: Greer JP, Rodgers GM, Paraskevas F, Glader B, eds. *Wintrobe's clinical Haematology*. 11th ed. Philadelphia: Wolters Kluwer Company, 2004:947-78.
10. Firkin F, Chesterman C, penington D, Rush B. The red cell; Basic aspect of anaemia. In: de Gruchy's *Clinical Hematology in Medical Practice*. 5th ed. Noia: Blackwell Science, Inc, 2006:17-36.
11. Brooks AP, Metcalfe J, Day JL, Edwards MS. Iron deficiency and glycosylated haemoglobin A₁. *Lancet*. 1980;2(8186).
12. Sluiter WJ, van Essen LH, Reitsma WD, Doorenbos H. Glycosylated haemoglobin and iron deficiency. *Lancet*. 1980 Sep 6;2(8193):531-2.