

There are three common scenarios in which a clinical assessment for hemochromatosis should be performed: a positive family history in the absence of symptoms; elevated serum transferrin saturation, ferritin levels, or aminotransferase levels in the absence of symptoms; or the presence of symptoms.

Treatment has been shown to result in clinical improvement in persons with hemochromatosis who have elevated serum ferritin levels. The mainstay of treatment is phlebotomy; dietary restriction of iron intake offers little or no proven benefit in routine management. Avoidance of raw seafood (to reduce the risk of infection with *V.vulnificus*) and reduction of alcohol consumption (to reduce the risk of advanced liver fibrosis) should occur in conjunction with phlebotomy treatment. Therapy is divided into treatment and maintenance phases. Treatment consists of weekly phlebotomy until a target serum ferritin level of 50 to 100 µg/L is reached. Thereafter, maintenance therapy is undertaken to stabilize the target serum ferritin level. Most often, this requires phlebotomy every three months, but the required frequency is highly variable and needs to be individualized. Currently, phlebotomy therapy is reserved for persons with elevated serum ferritin levels who have a proven iron overload disorder, polycythemia vera, or porphyria cutanea tarda. There is no good evidence for the usefulness of phlebotomy treatment in persons with elevated ferritin levels that are due to other conditions, such as fatty liver disease.

Treatment reduces fatigue, improves cognition, and reduces liver fibrosis. Improvements in patients with liver fibrosis occur across the spectrum of fibrosis. Cirrhosis regresses with adequate phlebotomy therapy in up to 23% of persons, with 18% having regression to a Scheuer stage of F2 or lower, a level associated with a significant reduction in the long-term risk of primary liver cancer. There is no clear evidence that phlebotomy therapy reduces the risk of primary liver cancer, alleviates established arthritis, or is effective in treating diabetes mellitus secondary to hemochromatosis, if cirrhosis persists.

For persons for whom routine phlebotomy therapy is associated with unacceptable adverse events, several alternatives exist. Erythrocytapheresis selectively depletes the red-cell mass, and fewer episodes of treatment are required than with routine phlebotomy. Alternatively, chelation therapy may be considered.

The correct answer is 1.

Reference: Olynyk JK, Ramm GA. Hemochromatosis. *N Engl J Med*. 2022 Dec 8;387(23):2159-2170.

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Q3 Mindfulness-Based Stress Reduction

Mindfulness based interventions are inferior to escitalopram for the treatment of adults with anxiety disorders.

- ☐ True
- ☐ False

Educational Point: Anxiety disorders are the most common type of mental disorder, currently affecting an estimated 301 million people globally. Effective treatments for anxiety disorders exist and include medications and cognitive behavioral therapy, but not all patients have access to them, respond to them, or are comfortable seeking care in a psychiatric setting. For example, nearly one-third of people surveyed in 1 study believed that psychiatric medication would interfere with daily activities, and about one-fourth believed it is harmful to the body. Further, roughly two-thirds of patients who do start taking an antidepressant discontinue it. While cognitive behavioral therapy is also effective, it can be difficult for patients to access due to a lack of health care professionals trained in this technique.