ORIGINAL ARTICLE

A Comparative Study of Hemoglobin Levels in the blood of male and Female Individuals Facing Iron-Deficiency Anemia

SHAZIA AKBAR¹, AMER SHOAIB², FARIHA ASHRAF³, KANWAL FIRDOUS⁴

ABSTRACT

The main objective of this study was to determine the pattern of iron-deficiency anemia among male and female individuals due to malnutrition. Current study was conducted in Jinnah hospital Lahore. There were total 120 individuals: 20 males and females were in group A.50 anemic male and 50 female individuals were in Group B and Group C respectively. Results were significant P<0.001and a remarkable changes have seen in Hemoglobin levels and serum ferritin levels in anemic male 7.20±5.6 mg/dL, 140.110±13.51ng/mLand in female 9.10±13.2 mg/dl,80.13±23.41ng/mL respectively. Current study highlights significant iron-deficiency anemia in male individuals.

Keywords: Hemoglobin, anemia, iron deficiency

INTRODUCTION

Anemia is a biological disorder in which normal hemoglobin levels become decreased by number of reasons. There are many types of anemia produced by different causes. Based on morphology of red blood cells hematologists tend to categorize anemia as microcytic, macrocytic or normocytic (Bergeron et al., 2005). There are number of causes of anemia but more common are due to nutritional deficiencies or presences of antagonists like drugs. Genetic problem in absorption of iron like due to certain mutation also a cause of anemia in this condition body cannot absorb iron (Bodnar et al., 2002). Blood loss causes both internally or externally can cause anemia. Similarly genetic disorders of hemoglobin synthesis erythropoiesis are inhibited by immune mechanisms or erythropoietin deficiency may cause Sometimes unbalanced endocrinal anemia. secretions may lead to anemia (Ramakrishnan et al., 2002). Different medicines. radiotherapy, chemotherapy, toxicity because of heavy metal certain viral infections can also produce anemia.

Nutritional anemia is an abnormal biological problem in which red blood cells count of the body decreased because of malnutrition especially by the poor supply of iron, folic acid and Vitamin B12. Common examples of nutritional anemia are Iron deficiency anemia and pernicious anemia. Fatigue, Hair loss. constipation. sleepiness. palpitations, fainting or feeling faint, breathlessness, twitching muscles etc. are all indications of anemia. If anemic condition is not managed properly than chronic anemia may leads to other organ involvement

hepatosplenomegaly like heart failure, and neurological or psychomotor disorder (Larade and Storey, 2004).

When the quantity of mineral iron in the body decreased than Iron-deficiency anemia occurs. Iron is the basic and important constituent of the hemoglobin biosynthesis in the bone marrow. Hemoglobin is a transporting protein of blood and it supply oxygen to the all organs of the body. Lack of sufficient amount of iron, the body cannot biosynthesis required quantity of hemoglobin for red blood cells. The result of such mineral iron deficiency caused iron-deficiency anemia (Guyatt et al., 1990).

MATERIAL AND METHODS

The current study was conducted in different departments at Jinnah Hospital Lahore in a period of one year from June 2015 to June 2016. In this study 120 male and female individuals selected,admitted in wards. These individuals were divided into three different groups. In Group A there were 20 control individuals 10 were males and 10 were females. Similarly in Group Btotal 50 individuals were male while in Group C 50 individuals were female respectively. These individuals were further evaluated through a detailed medical history and noted any bleeding from any site like bruising, petechialmelena, hematemesis etc. Special thing which was noted that was nutritional and calories intake. Blood samples were taken into different containers. Two variables. measurement hemoglobin and serum ferritin levels Colorimetric measurement method is determined. adopted for different variables in this study. Data was analyzed by using SPSS software. Mean and standard deviation for the Quantitative variables were calculated. P value of < 0.05 was considered as significant.

Email:

Correspondence to Shazia Akbar

¹Dept of Physiology, FMH College of Medicine & Dentistry, Lahore-²Dept of Physiology, FMH College of Medicine & Dentistry, Lahore-

³Dept of Biochemistry, Islam Medical and Dental College Sialkot, ⁴Institute of Molecular Biology and Biotechnology (IMBB), The University of Lahore, Lahore-Pakistan

RESULTS

Total 120 individuals were selected for this study and presence of anemia was observed during the study period. In control Group A, there were 20 individuals out of them 10 were male and 10 female; their hemoglobin levels were 16.30±23.6, 13.30±19.3. In Group B 50 female and in Group C 50 male individuals were Anemic. A significant change P<0.01has seen in the hemoglobin levels of Anemic females and males 9.10±13.2, 7.20± 5.6 respectively.

The ferritin test measures the level of ferritin, the major iron storage protein in the body. Low levels of ferritin indicate iron deficiency in the body, which causes anemia. The Serum ferritin levels of female and male in Group A, Group B and Group C were 160.230±123.61, 200.130±123.41, 80.13±23.41, 140.110±13.51 respectively. A significant change P<0.01 has seen in the Serum ferritin levels of Anemic females and males.

Table 1: (control individuals) n= 10 female

Variables	Mean + SD	Significance
Hemoglobin gm./dL	16.30±23.6	P<0.01
Serum ferritin levels ng/mL	200.130±23.41	P<0.01

Table 2: (control individuals) n= 10 male

Variables	Mean + SD	Significance
Hemoglobin gm./dL	13.30±19.3	P<0.01
Serum ferritin levels ng/mL	200.130±23.41	P<0.01

Table 3: (Anemic individuals) n= 50 Female

Variables	Mean + SD	Significance
Hemoglobin gm./dL	9.10±13.2	P<0.01
Serum ferritin levels ng/mL	80.13±23.41	P<0.01

Table 4: (Anemic individuals) n= 50 male

Variables	Mean + SD	Significance
Hemoglobin gm./dL	7.20± 5.6	P<0.01
Serum ferritin levels ng/mL	140.110±13.51	P<0.01

DISCUSSION

Anemia in all age groups is of immense public health significance. It is the commonest problem with global prevalence of 30% i.e., 1500 million people all over the world. The nutritional anemia has major consequences not only on the morbidity and mortality people but also effects on intellectual development(Cook, 2005). In both developing and non-developing countries Iron-deficiency anemiais every serious public health problem (Janz, et al., 2013). The current study described that males are also suffering from anemia like female. The finding of this study has a correlation with other studies. According to Hollowell et al., 2005, the frequency of anemia was high in under nourished people.

loannouet al., 2002 stated that each hemoglobin molecule contains four globulin chains and each chain has an important iron-containing porphyrin ring termed heme. Heme compound is an iron atom that

is vital in transporting oxygen and carbon dioxide in our blood. The iron contained in hemoglobin is also responsible for the red color of blood. According to Rockey and Cello 1993, Ferritin is a globular protein complex consisting of 24 protein subunits and is the primary intracellular iron-storage proteinFerritin serves to store iron in a non-toxic form, to deposit it in a safe form, and to transport it to areas where it is required.

In the present study it has concluded that anemia is a major health problem in this part of world where there is high prevalence of malnutrition. As anemia remains a major health burden, delay in diagnosis, institution of inappropriate therapy, ongoing infections, severe malnutrition and lower socioeconomic status can be associated with significant morbidity and mortality and this may significantly increases the risk of adverse outcome (Algarin et al.,2003). It has been seen that nutritional deficiency especially iron deficiency anemia is major cause of anemia in our population.

REFERENCES

- Hollowell JG, Van Assendelft OW, Gunter EW, Lewis BG, Hematological and iron-related analytes-Reference data for persons aged 1 year and over: United States, 1988-1994. Vital and Heath Statistics 2005; 11:1-15.
- Janz, TG; Johnson, RL; Rubenstein, SD (Nov 2013). "Anemia in the Emergency Department: Evaluation and Treatment". Emergency Medicine Practice 15 (11): 1–15; quiz 15–6
- Cook JD. Diagnosis and management of iron-deficiency anaemia. Best Pract Res Clin Haematol 2005;18:319-32.
- Ioannou GN, Spector J, Scott K, RockeyDC. Prospective evaluation of a clinical guideline for the diagnosis and management of iron deficiency anemia. Am J Med 2002;113:281-7.
- Ioannou GN, Rockey DC, Bryson CL, Weiss NS. Iron deficiency and gastrointestinal malignancy: a populationbased cohort study. Am J Med2002;113:276-80.
- Algarin C, Peirano P, Garrido M, Pizarro F, Lozoff B. Iron deficiency anemia in infancy: long-lasting effects on auditory and visual systemfunctioning. Pediatr Res 2003;53:217-23.
- 7. Bergeron J, Weng X, Robin L, Olney HJ, Soutieres D. Prevalence of alpha-globin gene deltions among patients with unexplained microcytosis in a North American populations. Hemoglobin 2005; 29: 51-60
- Bodnar LM, Cogswell ME, Scanlon KS. Low income postpartum women are at risk of iron deficiency. J Nutr 2002;132:2298-302.
- Ramakrishnan U, Frith-Terhune A, Cogswell M, Kettel Khan L. Dietary intake does not account for differences in low iron stores amongMexican American and non-Hispanic white women: Third National Health and Nutrition Examination Survey, 1988-1994. J Nutr 2002;132: 996-1001.
- Rockey DC, Cello JP.Evaluation of the gastrointestinal tract in patients with iron-deficiency anemia. N Engl J Med 1993;329:1691-5
- Larade K, Storey KB (2004). "Accumulation and translation of ferritin heavy chain transcripts following anoxia exposure in a marine invertebrate". Journal of Experimental Biology 207 (Pt 8): 1353–60
- Guyatt GH, Patterson C, Ali M, Singer J, Levine M, Turpie I, Meyer R (1990). "Diagnosis of iron-deficiency anemia in the elderly". Am J Med 88 (3): 205–

ORIGINAL ARTICLE		