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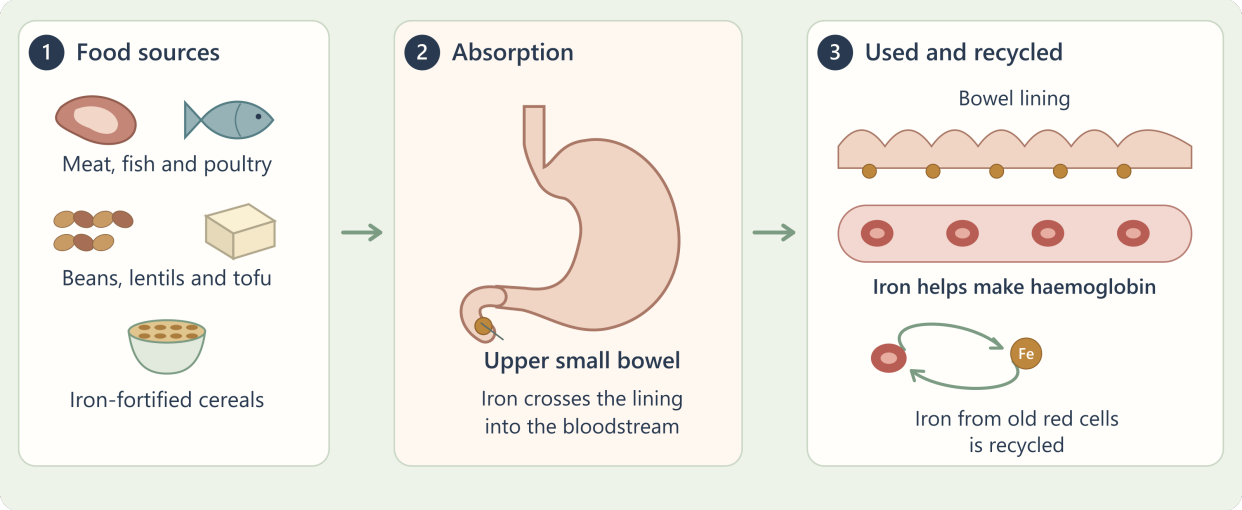
Iron deficiency: blood tests, treatment and when to investigate

Low iron can leave you tired, short of breath or less able to exercise. Some people have few symptoms and find out through a blood test. Iron replacement can help, but we also look for blood loss, reduced absorption or another reason your iron has fallen.

Where does iron come from?

Iron comes from food, including meat, fish, poultry, beans, lentils, tofu and iron-fortified cereals. It is absorbed mainly in the first part of the small bowel.

Iron from meat and fish is generally absorbed more easily. Vitamin C foods, such as kiwifruit, citrus fruit or capsicum, help you absorb iron from plant foods. Your body also recycles iron from old red blood cells to make new ones.



What symptoms can low iron cause?

Low iron can cause tiredness, reduced exercise tolerance, breathlessness, headaches, difficulty concentrating or a noticeable heartbeat (palpitations). Some people have no obvious symptoms, especially before anaemia develops.

Restless legs (an uncomfortable urge to move the legs, often worse at night) and unusual cravings, such as wanting to chew ice, can also be linked to low iron. These symptoms can have other causes, so blood tests help establish whether iron deficiency is contributing.

Key points

Low iron stores and anaemia are different. You can be iron deficient before your blood count falls.

Some people need gastroscopy and colonoscopy, even if they have no abdominal symptoms or visible bleeding.

Repeat blood tests help check that treatment is working and that your iron stores have recovered.

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What do my blood results show?

Iron helps your body make haemoglobin, the part of red blood cells that carries oxygen. Ferritin gives an indication of stored iron. When stores run low, haemoglobin may stay normal for a while. If there is not enough iron to make haemoglobin, iron deficiency anaemia can develop.

Blood test	What it tells us
Haemoglobin (Hb)	Part of your full blood count. A low result means anaemia, which has several possible causes.
Ferritin	A low result supports iron deficiency. Inflammation, infection or liver disease can raise ferritin and hide low iron stores.
Other iron tests	If ferritin is difficult to interpret, transferrin saturation and sometimes other tests help show how much iron is available to make red blood cells.

What ferritin result is considered low?

In adults, ferritin below about 30 micrograms/L usually indicates depleted iron stores. A result above this does not always exclude iron deficiency, particularly with inflammation. I interpret it alongside your blood count, symptoms, other results and previous tests.

Awanui Labs changed its lower ferritin reference limit to 30 micrograms/L for adults aged 20 and over in October 2026. A laboratory range helps interpret a result; it does not, by itself, decide whether you need treatment or endoscopy.

Why might my iron be low?

More than one factor can contribute. I ask about periods, blood donation, diet, medications, previous surgery and any stomach or bowel symptoms.

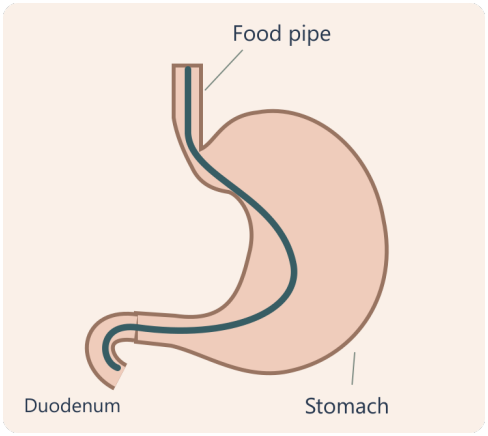
Possible reason	Examples
Blood loss	Heavy periods and regular blood donation are common examples. Bleeding from the stomach or bowel can be too small to see. Ulcers, inflammation, fragile blood vessels and sometimes polyps or cancer can cause it.
Reduced absorption	Coeliac disease, some other bowel conditions, or previous stomach and weight-loss surgery can reduce how much iron you absorb.
Not enough dietary iron	A limited diet or low iron intake can contribute, especially when you also lose blood or need more iron.
Higher iron requirements	Pregnancy and periods of growth increase iron requirements. Pregnancy needs advice from your maternity team as well as your GP.

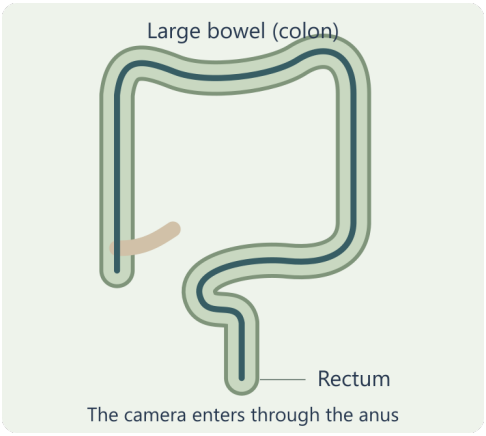
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Will I need gastroscopy or colonoscopy?

Both tests are often recommended for unexplained iron deficiency anaemia in men and in women after menopause. Stomach or bowel blood loss can occur without pain or a change in bowel habit. The tests check for cancer and other causes of bleeding, such as ulcers (sores in the lining of the stomach or bowel).

I consider your age, haemoglobin and iron levels, symptoms, family history, previous investigations and overall health before recommending tests.





Neither test examines the whole small bowel.

What if I have heavy periods or low ferritin without anaemia?

Heavy periods can account for iron loss and should be treated. Gastrointestinal tests may still be appropriate if anaemia is persistent or recurrent, seems greater than the menstrual loss would explain, or comes with concerning symptoms or a relevant family history.

Low ferritin with a normal haemoglobin does not automatically mean you need endoscopy. The decision depends on your symptoms, risk factors and whether iron levels improve and stay up.

Are there other tests?

Coeliac blood tests and a urine test may be part of the assessment. Keep eating gluten until coeliac testing is complete. H. pylori testing is useful in some situations, particularly if initial investigations have not found an explanation.

If colonoscopy is unsuitable, a CT colonography scan may be an alternative. It cannot take biopsies or remove polyps, so an abnormal result may still lead to colonoscopy.

A negative FIT stool test does not rule out every bowel problem or explain iron deficiency.

Would I benefit from iron supplementation even if my haemoglobin is normal?

Yes, if blood tests show that your iron stores are low. A normal haemoglobin does not rule out iron deficiency. Replacing iron can improve fatigue in some people, although it will not relieve every cause of tiredness. Oral iron is usually tried first, with repeat blood tests to check the response.

If your iron stores are normal, taking extra iron is unlikely to help and can be harmful. Persistent tiredness may need assessment for other causes. Low iron with a normal haemoglobin does not automatically require an infusion or endoscopy; these decisions depend on your symptoms, results and circumstances.

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How is iron deficiency treated?

Iron replacement can usually start while investigations are being arranged. If you have a colonoscopy booked, follow the endoscopy service's instructions about when to stop iron tablets beforehand. Treatment also addresses any ongoing bleeding or absorption problem. Iron-rich food helps, but diet alone is often not enough to replace depleted stores.

Treatment	When it is useful	What to expect
Iron tablets or liquid	Usually the first treatment when you can absorb and tolerate oral iron.	Often taken once daily. An alternate-day schedule may suit some people better. Follow the instructions for your prescribed product.
Iron infusion	Considered if tablets cause troublesome side effects, do not work, are poorly absorbed, or iron needs replacing more quickly.	Iron is given through a drip into a vein. It supplies iron directly, but your body still takes time to make new red blood cells.

Making iron tablets easier to take

If iron causes nausea, constipation or abdominal discomfort, tell your GP or pharmacist. A lower dose or taking iron every second day can be easier to tolerate. The amount of elemental iron matters more than the total weight printed on the packet.

Changing the formulation or taking it with a small amount of food may help. Some products, including Maltofer, are intended to be taken with food.

Vitamin C helps absorption of iron from food. Taking iron with vitamin-C-rich fruit or a drink is reasonable if it suits you, but an extra vitamin C supplement is not usually essential. Keep iron separate from tea, coffee, calcium and interacting medicines; your pharmacist can advise the timing.

If gastrointestinal side effects remain troublesome despite adjustments, or your blood results are not improving, an iron infusion may be appropriate. The choice depends on your results, how you tolerate tablets and any ongoing iron loss.

Iron commonly darkens bowel motions. Black, sticky or tar-like motions, especially if you feel unwell, should still be assessed. Keep iron out of children's reach: an overdose can be dangerous.

What should I know about an infusion?

The team monitors you during and after treatment. Tell the nurse straight away if the drip site hurts or burns, or you feel unwell. Leakage around the needle can stain the skin. Serious allergic reactions are rare.

Some preparations, particularly ferric carboxymaltose (Ferinject), can lower blood phosphate. A blood test may be needed if you have risk factors or repeated infusions. Report new or worsening muscle weakness, unusual tiredness or bone pain afterwards.

Can food help?

Useful sources include meat, fish, poultry, lentils, beans, tofu and iron-fortified cereals. Vitamin C foods, such as kiwifruit, citrus fruit or capsicum, help with absorption of plant-based iron. Keep tea and coffee away from iron-rich meals where possible.

Most multivitamins contain too little iron to treat iron deficiency anaemia. Your GP or pharmacist can help you choose a suitable preparation.

Oral iron options in New Zealand

Option in New Zealand	Iron content and funding	Practical points
Ferro-tab (ferrous fumarate)	65.7 mg elemental iron in a 200 mg tablet. Funded on prescription.	A usual first option. A lower dose or an every-second-day schedule may help if daily dosing causes side effects.
Ferro-Liquid (ferrous sulfate)	6 mg elemental iron per mL. Funded on prescription.	Useful if tablets are difficult to swallow or a smaller measured dose is needed. Use the dose and measuring device recommended by your pharmacist.
Maltofer (iron polymaltose)	100 mg per tablet; syrup contains 50 mg per 5 mL. Not listed for community funding.	An alternative when ferrous iron is unsuitable or poorly tolerated. Take with or immediately after food.
Other pharmacy supplements	Iron content varies. Usually self-funded.	Some people tolerate products such as iron bisglycinate better. "Gentle" does not guarantee fewer side effects or enough iron to treat deficiency; check the elemental iron dose before switching.

NZ products and funding checked against the November 2026 Pharmac Schedule and product information. Your pharmacist can confirm availability, costs and the right dose for you.

How will we know treatment is working?

When you are anaemic and taking oral iron, your GP will usually repeat the blood count after two to four weeks. If haemoglobin is not improving, we check how much iron you have been able to take, whether you are absorbing it, and whether bleeding is continuing.

Feeling better or having a normal haemoglobin does not necessarily mean your iron stores have recovered. Repeat blood tests help decide how long to continue treatment.

How long will it take to replenish my iron stores?

With iron tablets, replacing depleted stores usually takes several months. Treatment often continues for about three months after haemoglobin returns to normal. It can take longer if bleeding continues, absorption is reduced or side effects limit how much iron you can take.

An infusion supplies iron more quickly, but your body still needs several weeks to make new red blood cells. The dose and number of infusions depend on how much iron you need. Blood tests are usually repeated around six to twelve weeks afterwards to check the response and whether more treatment is needed.

Testing ferritin too soon after an infusion can give a misleadingly high result. Your team will tell you when to repeat tests and whether to continue or restart oral iron.

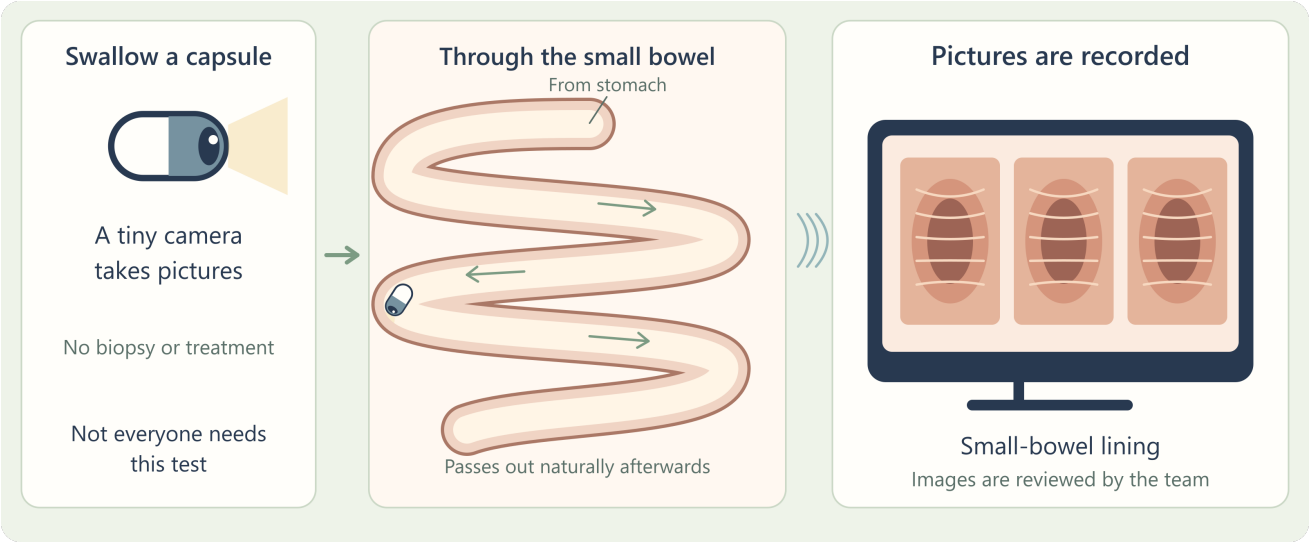
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What if the endoscopy results are normal?

If good-quality gastroscopy and colonoscopy are reassuring and your blood count recovers with iron, monitoring may be all that is needed.

If anaemia continues or returns, I review the earlier tests and treatment response. Further assessment can include the small bowel, sometimes with a capsule camera, and the kidneys or urinary tract. Capsule testing is not necessary for everyone after normal endoscopy.

What does capsule endoscopy involve?



You swallow a small capsule camera. It takes pictures as it travels naturally through the small bowel and sends them to a recorder. It can show areas beyond the reach of standard gastroscopy or colonoscopy.

The capsule passes out in the bowel motions. It takes pictures but cannot take biopsies or treat bleeding. If bowel narrowing is a concern, another test may be needed first.

When to seek medical help

Call 111 for chest pain, severe breathlessness, collapse or heavy ongoing bleeding. Vomiting blood or black, tar-like bowel motions needs urgent medical assessment.

Contact your GP promptly about worsening tiredness or breathlessness, visible blood in the bowel motions, unintentional weight loss or persistent changes in your bowel habit. Do not wait for a routine blood test if you are getting worse.

Related information and sources

Sources checked 5 November 2026.

Having a gastroscopy

Having a colonoscopy

Coeliac disease

A negative FIT with ongoing symptoms

Investigating the small bowel

References and interactive illustrations