

DEEPER THAN SYMPTOMS

NUTRIENT OPTIMIZATION

The Iron & Ferritin Lab Guide

Which markers to ask for, what your numbers mean, and why iron pills alone so often fail.

Inside this guide

Why ferritin beats “iron,” a threshold table from the WHO/ASH cutoffs to optimal, the low-ferritin symptom list, the complete panel to request, and the five root causes to investigate.

A free resource from

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Why Ferritin — Not “Iron” — Is the Number to Watch

Think of ferritin as your body’s iron **savings account** — the protein that stores iron until you need it. Serum iron (the number on a standard panel) is more like the cash in your wallet: it can look fine on any given day even when your savings are nearly overdrawn. Ferritin is almost always the *first* marker to drop when iron runs low — often long before hemoglobin falls enough to be called anemia.

Iron deficiency without anemia

You can have low ferritin with totally “normal” iron levels and still feel wiped out. This early stage — non-anemic iron deficiency — is at least twice as common as iron-deficiency anemia itself, and it’s exactly what standard panels are calibrated to miss.

What the Numbers Really Say

Threshold	Value	The takeaway
Typical US “low” flag	below ~12–15 ng/mL	The old bar — catches deficiency late.
WHO deficiency cutoff (women)	under 15 ng/mL	Defines deficiency, not “thriving.”
Updated ASH guidance (in development)	30 ng/mL or lower	Cautions against the old 15 cutoff — it misses too many people.
Optimal (practitioner-dependent)	often ~40–70 ng/mL	Where fatigue and shedding tend to actually resolve.

One diagnostic study found a 45 ng/mL cutoff identified iron deficiency with ~85% accuracy — versus just ~59% for the old 15 ng/mL cutoff.

Low Ferritin Symptoms — What Empty Stores Feel Like

- Fatigue that sleep doesn’t fix
- Hair shedding or noticeable thinning
- Brain fog and trouble concentrating
- Cold hands and feet

- Restless legs at night
- Breathlessness climbing stairs
- Pale skin and brittle nails
- Cravings for ice (a classic iron sign)

You don’t need every symptom. Two or three that persist — especially fatigue plus shedding — are reason enough to look deeper.

The Complete Panel to Request

Reading ferritin alone is like checking your bank balance without looking at the credit-card bill. Ask for the full picture so a falsely “normal” ferritin can’t cover for a real deficiency:

- **Ferritin** — your iron savings account (and ask for the actual number)
- **Serum iron** — the “cash in your wallet”
- **Transferrin saturation** — how much of your transport capacity is filled
- **TIBC** (total iron-binding capacity) — read together with the above
- **CRP (inflammation marker)** — because ferritin *rises* with inflammation and can mask a true deficiency

The five root causes to investigate

Low ferritin is an *output* — multiple inputs usually drive it: **1)** chronic blood loss (often heavy periods), **2)** poor gut absorption, **3)** chronic inflammation locking iron away (via hepcidin), **4)** increased demand (pregnancy, endurance training), and **5)** inadequate intake. Most people have two or more at once — which is why supplements alone so often fail.

Your next step

If your ferritin won’t move despite months of supplementing, the answer is usually a root cause — not a dose. Bring this panel to your appointment; full guide at deeperthansymptoms.com.