Watch the

TV show



All-Wales Abnormal Liver Blood Test Pathway

A national approach to identify patients with undiagnosed liver disease in the community

STEP 1 INFORMATION:

Why are the liver blood tests abnormal?

When to consider admission or urgent referral

Red flags:

- ALT> 500
- Jaundice
- Weight loss

- Acute insult: • Intercurrent illness
- (e.g. infection)
- New medications

Non-Liver causes:

- Vitamin D deficiency
- Bone cancer

Find out more



icst.info/when-to-consideremergency-admission-orurgent-referral/

Identify risk factors

- Alcohol
- Weight gain, diabetes or hypertension
- Family history of liver disease
- Blood borne virus (IVDU, MSM)
- Ethnicity

Find out more here



icst.info/underlying-riskfactors-for-abnormalliver-blood-tests/

STEP 3: Follow-up plan

Refer to Hepatology

Include in your referral:

- Risk factors (BMI, alcohol history, medication history, risk of blood borne viruses)
- Imagery results
- Liver aetiology screen results



icst.info/making-a-referral-to-<u>hepatology/</u>

Manage in primary care

- Alcohol cessation
- Weight loss
- Cardiovascular and diabetes risk prevention
- Consider reassessment in 4 years

<u>Find out more here</u>



<u>icst.info/managing-a-patient-</u> <u>in-primary-care/</u>

Clinical Pathway

All-Wales Abnormal Liver Blood Test Pathway

STEP 1: Why are the liver blood tests abnormal?

Red flags?

NO

Acute insult?

NO

Non-Liver causes?

NO

Consider risk factors for chronic Liver disease

STEP 2: Further investigations

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YES

YES

YES

Publication date: October 2021 Review date: October 2022

STEP 2: Further investigations

Systemically unwell?

ADMIT

Systemically well?

Urgent referral

Repeat liver blood test

Investigate and treat

Clinical pattern recognition

Cholestatic or hepatitic liver disease?

- Cholestatic liver diseases have an ALP result which is more abnormal than the ALT
- Hepatitic liver diseases have an ALT result which is more abnormal than the ALP

Understanding the pattern of abnormality will guide the next steps of investigation.

Find out more here



icst.info/clinical-patternrecognition/

Liver aetiology screen:

A standard liver aetiology screen should include:

- Hepatitis B surface antigen
- Hepatitis C antibody
- Liver autoantibodies (AMA, SMA, ANA)
- Serum ferritin and transferrin saturation
- Serum immunoglobulins
- Abdominal ultrasound scan (USS)

Find out more here



icst.info/liver-aetiological-screen/

Fibrosis Risk Assessment

The FRA used is down to local preference, but examples include:

- NAFLD fibrosis score
- Fib-4 score
- AST:ALT ratio

In Wales, reflex Fibrosis Risk Assessments (rFRA) are automated on repeat Liver blood tests.

Find out more here



<u>icst.info/fibrosis-risk-assessment/</u>

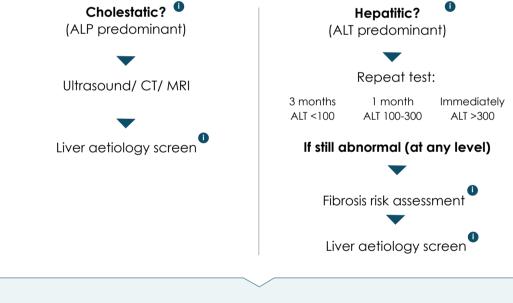
No clear diagnosis, ongoing clinical concern, or strong family history?

A referral to Hepatology is still recommended, even if the further investigations are all normal.

Find out more here



icst.info/no-clear-diagnosis/



All normal? NO YES No clear diagnosis? Ongoing clinical concern? Strong family history? YES NO

STEP 3: Follow-up plan

0 **Refer to Hepatology**

Manage in primary care

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