New guidelines available on interpreting abnormal liver blood tests (previously called LFTs)

The British Society of Gastroenterology (BSG), in collaboration with multiple stakeholders including the Royal College of General Practitioners (RCGP), has published new guidelines on the management of abnormal liver blood tests. These guidelines promote a shift away from repeat testing of minimally abnormal LFT results and highlight the need to reach a diagnosis early. They also promote only requesting liver blood tests when liver disease is suspected.

An easy-to-follow algorithm highlights when to refer urgently and has specific guidance/flow diagrams to follow when alcohol-related liver disease (ARLD) or non-alcohol related fatty liver disease (NAFLD) are suspected. In these two common scenarios the focus is very much on the need to assess for the risk of advanced liver fibrosis/cirrhosis before making decisions on referral and follow-up.

Below are copies of the general pathways for interpretation of abnormal liver blood tests, as well as the ARLD and NAFLD pathways, and a link to the full guidelines, which provide detail of the rationale and evidence base. These national guidelines have been developed in collaboration with the RCGP and are aligned with the latest relevant NICE guidelines.

You can find the full guidance on liver blood tests at [www.britishlivertrust.org.uk/liverbloodtests](http://www.britishlivertrust.org.uk/liverbloodtests)

General pathway for the management of abnormal liver blood tests:
Management of people with high risk of alcohol-related liver disease (ARLD)

History
- Suspected alcohol risk

Alcohol history
- AUDIT-C questionnaire

≥ 35 units/week women
≥ 50 units/week men
HARMFUL DRINKER (NICE Guidance)

Fibroscan ≥ 16kPa - possible cirrhosis
- Referral to hepatology clinic

Full AUDIT questionnaire

< 35 units/week women
< 50 units/week men
AUDIT-C ≥ 5

Lower Risk

• Brief alcohol intervention
• Check GGT*
• Practice nurse to see again in 3/12
• Consider referral to alcohol services if drinking persists

Full AUDIT >19

≥ 35 units/week women
< 50 units/week men
AUDIT-C < 5

Higher Risk

• Full AUDIT 8-19
• ELF test
• ARFI elastography/Fibroscan

Fibroscan 8-16kPa - possible advanced liver fibrosis
- Feedback result
- Consider hepatology referral if still drinking harmfully

≥ 35 units/week women
≥ 50 units/week men
HARMFUL DRINKER (NICE Guidance)

Low Risk of Advanced Fibrosis
- Manage in Primary Care

≥ 9.5
OR
≥ 7.8kPa

ELF test OR ARFI elastography/Fibroscan

High Risk of Advanced Fibrosis
- Refer to Hepatology Clinic

≥ 9.5
OR
> 7.8kPa
or invalid scan

Fibroscan ≥ 16kPa - possible cirrhosis
- Referral to hepatology clinic

≤ 9.5
OR
≤ 7.8kPa

Fibroscan < 8kPa
- Does not exclude early liver disease

Low Risk of Advanced Fibrosis
- Manage in Primary Care

> 9.5
OR
> 7.8kPa
or invalid scan

NFS*
- 1.455 to 0.675

FIB-4*
- 1.30 to 3.25
- ≤ 1.30
- ≤ 1.455
- > 3.25
- > 0.675
- > 1.455

For further information see our liver disease tool kit: www.rcgp.org.uk/liverdisease

Flowchart Source: Philip N Newsome et al. Gut 2018; 67:6-19