

All-Wales Abnormal Liver Blood Test Pathway

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

Watch the TV show



STEP 1 INFORMATION:
Why are the liver blood tests abnormal?

1 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 here](#)



icst.info/when-to-consider-emergency-admission-or-urgent-referral/

1 Identify risk factors

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

[Find out more here](#)



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1 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

[Find out more here](#)



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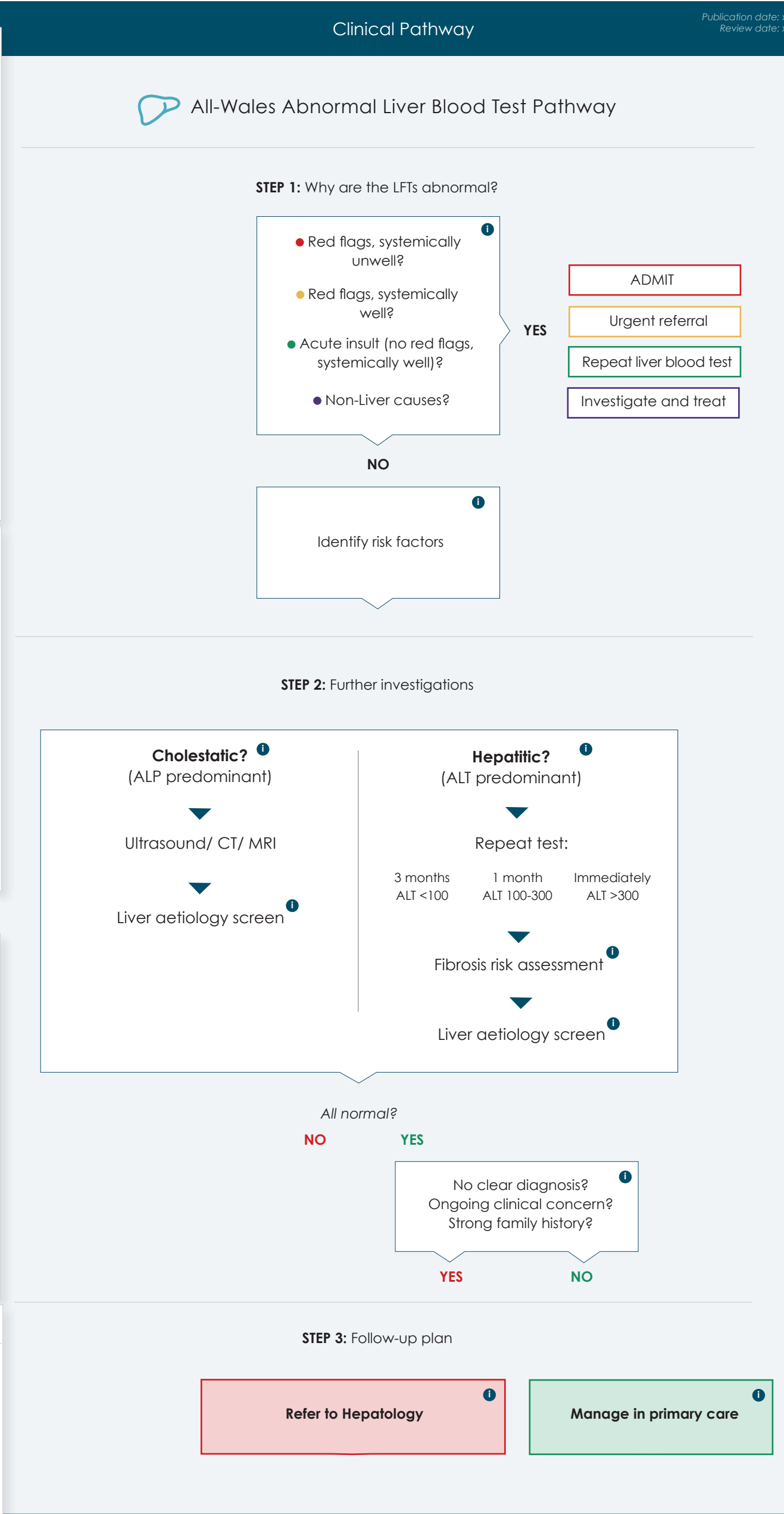
1 Manage in primary care

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

[Find out more here](#)



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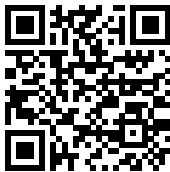
1 Clinical pattern recognition

Cholestatic or hepatic liver disease?

- Cholestatic liver diseases have an ALP result which is more abnormal than the ALT.
- Hepatic 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](#)



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1 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](#)



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1 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](#)



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1 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](#)



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