

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

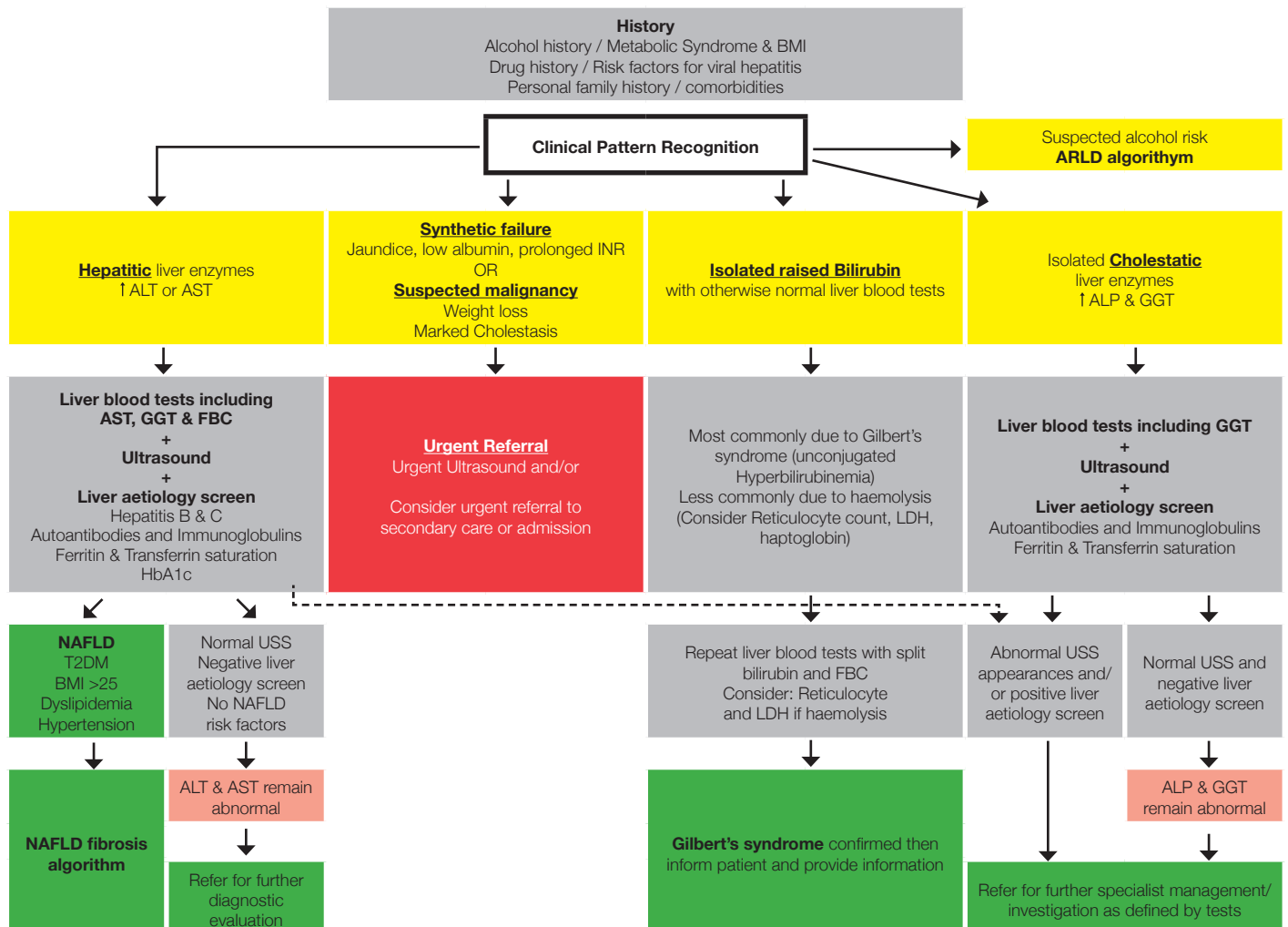
The British Society of Gastroenterology (BSG), in collaboration with multiple stakeholders including the Royal College of General Practitioners (RCGP), has published new guidelines on the management of abnormal liver blood tests. These guidelines promote a **shift away from repeat testing of minimally 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.

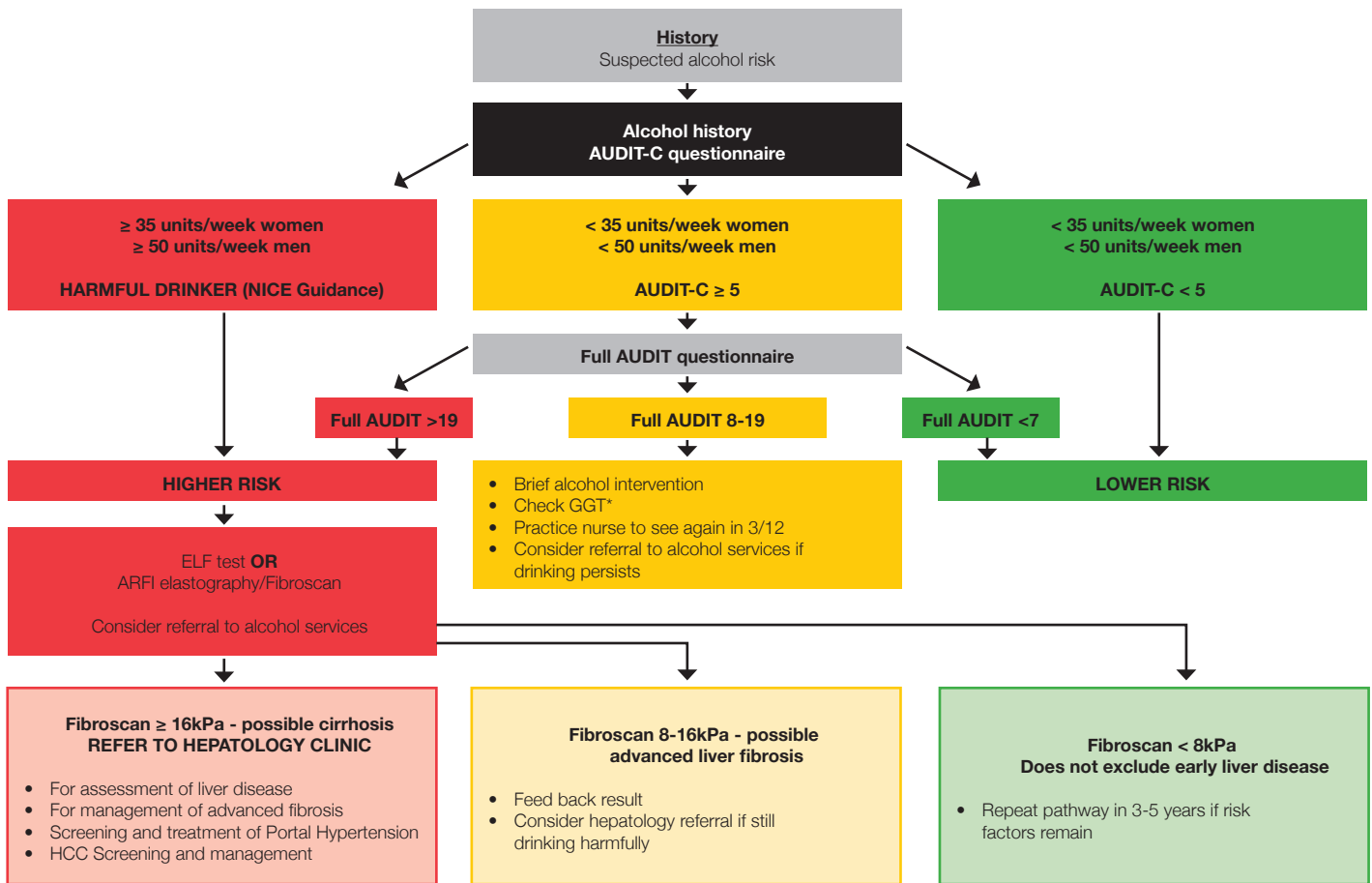
Below are copies of the general pathways for interpretation of abnormal liver blood tests, as well as the ARLD and NAFLD pathways, and a link to the full guidelines, which provide detail of the rationale and evidence base. These national guidelines have been developed in collaboration with the RCGP and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

You can find the full guidance on liver blood tests at www.britishlivertrust.org.uk/liverbloodtests

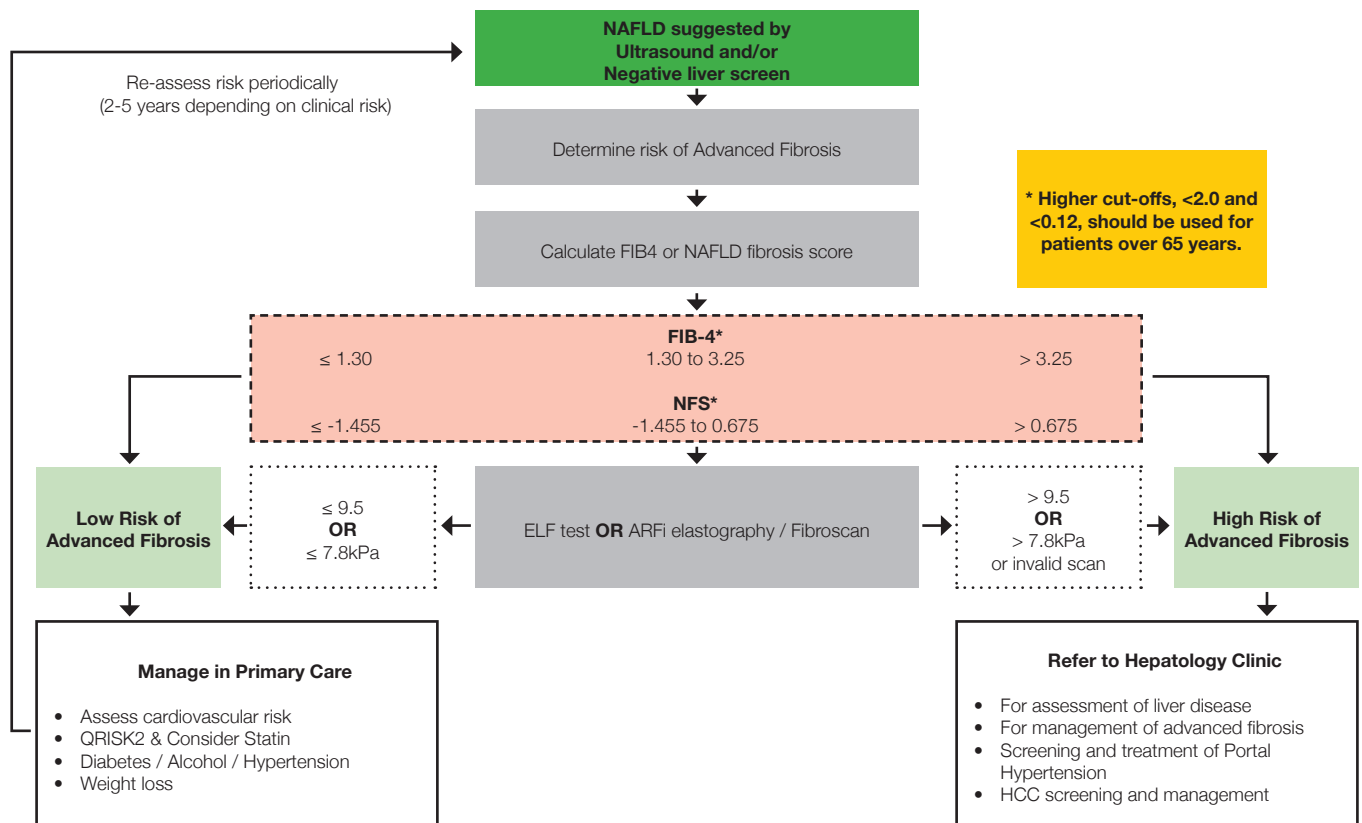
General pathway for the management of abnormal liver blood tests:



Management of people with high risk of alcohol-related liver disease (ARLD)



Management of people with suspected non-alcohol related fatty liver disease (NAFLD)



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

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