

One page guideline for management of weight loss

Referral Guidelines for General Practitioners

Unintentional and unexplained* weight loss will be defined as 7lbs weight loss approximately 2.2Kg over 6 months

Note

Some people have tried to specify within 6 months or 12 months but the evidence is that even a small amount of weight loss, unless it is deliberate, needs investigation

Symptomatic enquiry should be made for gastrointestinal disease: dysphagia, nausea/vomiting, heartburn, unexplained dyspepsia, early satiety, jaundice, abdominal fullness or distension, change in bowel habit, blood rectally, excess mucus, change in stool to looser consistency or greater frequency, anorexia.

Patients who should not be referred to the gastroenterology pathway are those who have red flag symptoms in other organ systems (e.g. haematuria)

Step 1

Initial first line investigations we would like the GP to undertake would be chest x-ray, particularly in smokers, haematology, biochemistry (including U & E, LFT, glucose, TFTs), TTG antibody, rectal examination for prostate or rectal cancer.

Step 2

Second line investigations should be haematological investigations if the bloods are not normal including folate, B12 and ferritin, calcium. Second line investigations which should be done in secondary care would be gastroscopy, sigmoidoscopy/colonoscopy (if a change in bowel habit to more frequent/looser, and TTG negative), abdominal ultrasound for most people but for some particularly where there is normal urine function would benefit from CT scan of pelvis, abdomen and chest.

Step 3

Third line tests in secondary care might include GI hormone profile, faecal elastase, 24 hour HIAA screening, urinary catecholamine if symptoms such as palpitations, wheezing or skin flushing are present.

* No recent resolved precipitating cause; no haematological disease; no renal failure