

# Adult Abnormal Liver Function Tests Guidance

This guidance has been developed in collaboration with local specialists in Camden and Islington. This is to assist GPs in decision making and is not intended to replace clinical judgment.

## Consider doing LFTS

- if sx of liver/bile system disease e.g. abdo pain/nausea/vomiting/jaundice/fatigue/anorexia
- pt drinks excessively
- pt taking medication that affects the liver
- pt has diabetes or other metabolic disorder
- obesity
- GGT – useful in cholestasis or monitoring changes in alcohol consumption

**Jaundice (Bil>40)**  
Significantly abnormal LFTs  
Concerns re ↓albumin or prolonged INR  
Suspected hepatic or biliary malignancy

Please note - LFTs are normal in up to 25% patients with cirrhosis. If a patient drinks at harmful levels (♂ >50 /wk ♀ >35u/wk) or has a full AUDIT score >7 – please do an us scan liver (refer if appropriate) and ELF test referring if >10.5

**Patient has Abnormal LFTs:**  
History and Examination with attention to Alcohol consumption, Metabolic Syndrome, BMI, Hepatotoxic Drugs & Risk factors for Viral Hepatitis

Isolated Raised Bilirubin with other normal LFTs

Normal Bilirubin with Hepatitic LFTs (ALT>ALP)

Normal Bilirubin with Cholestatic LFTs (ALP>ALT)  
Liver aetiology suggested by ↑GGT otherwise consider bone aetiology and check Vitamin D)

**Urgent Ultrasound and/or Urgent 2 week referral to secondary care or admission**

Most commonly due to Gilbert's syndrome (unconjugated hyperbilirubinaemia - affects 5% of the population and is benign)  
Less commonly due to haemolysis

Repeat LFTs fasting sample with split bilirubin and FBC. Consider reticulocytes and LDH if haemolysis suspected.  
If Gilbert's confirmed then inform patient and provide [information](#)

Manage in Primary Care: Lifestyle advice and repeat LFTs in 1 year

ALT<300 IU/L

Repeat within one month with AST ,GGT, FBC to confirm still elevated  
Consider HCV and HBV  
If alcohol consumption >14U/Week advice and consider [referral to alcohol services](#)

If abnormal

Ultrasound & request Extended Liver Test Panel: which includes  
- Hepatitis B & C  
- Autoantibodies  
- Ferritin / Transferrin satn  
- Caeruloplasmin  
- Immunoglobulins  
- A1 antitrypsin  
-also HBA1c

Fatty Liver Suggested by USS and Extended Liver Test Panel Negative for other Pathology  
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ALT>300 IU/L

**Seek telephone advice and consider urgent tests**

USS normal

Abnormal USS appearances and/or Abnormal Liver Test Panel

Ultrasound

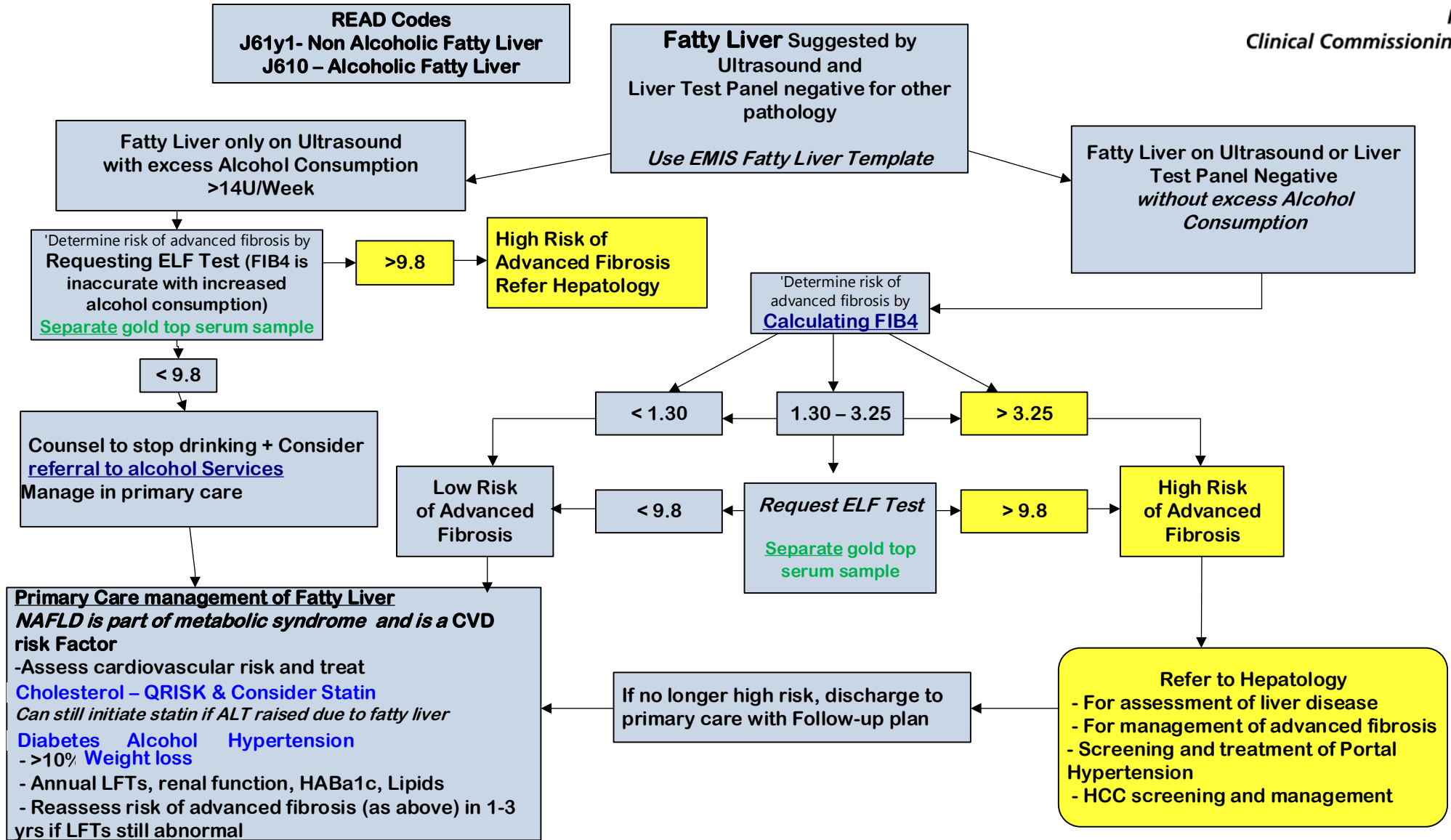
USS abnormal

**Refer to Liver Specialist for possible:**  
- Viral Hepatitis  
- ALD with Advanced Fibrosis  
- PSC, PBC, Autoimmune Hepatitis  
- Gallstone disease  
- Hepatic Vascular Disorders  
- Hepatic Metabolic Disorders

**Consider urgent referral pathway for suspected Hepatic and Biliary Malignancy**

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## References

Fibrosis stratification in NAFLD based upon:

FIB-4 *McPherson S et al. Gut. 2010 Sep;59(9):1265-9.* FIB4: (age [yr]x AST [U/L]) / ((PLT [10<sup>9</sup>/L]) x (√ALT [U/L]))

ELF: Enhanced Liver Fibrosis Test *Rosenberg et al. Gastroenterology. 2004 Dec;127(6):1704-13.*

Combining ELF and FIB4 in NAFLD *Tanwar et al. HEPATOLOGY. 2012, 56, 264A.*

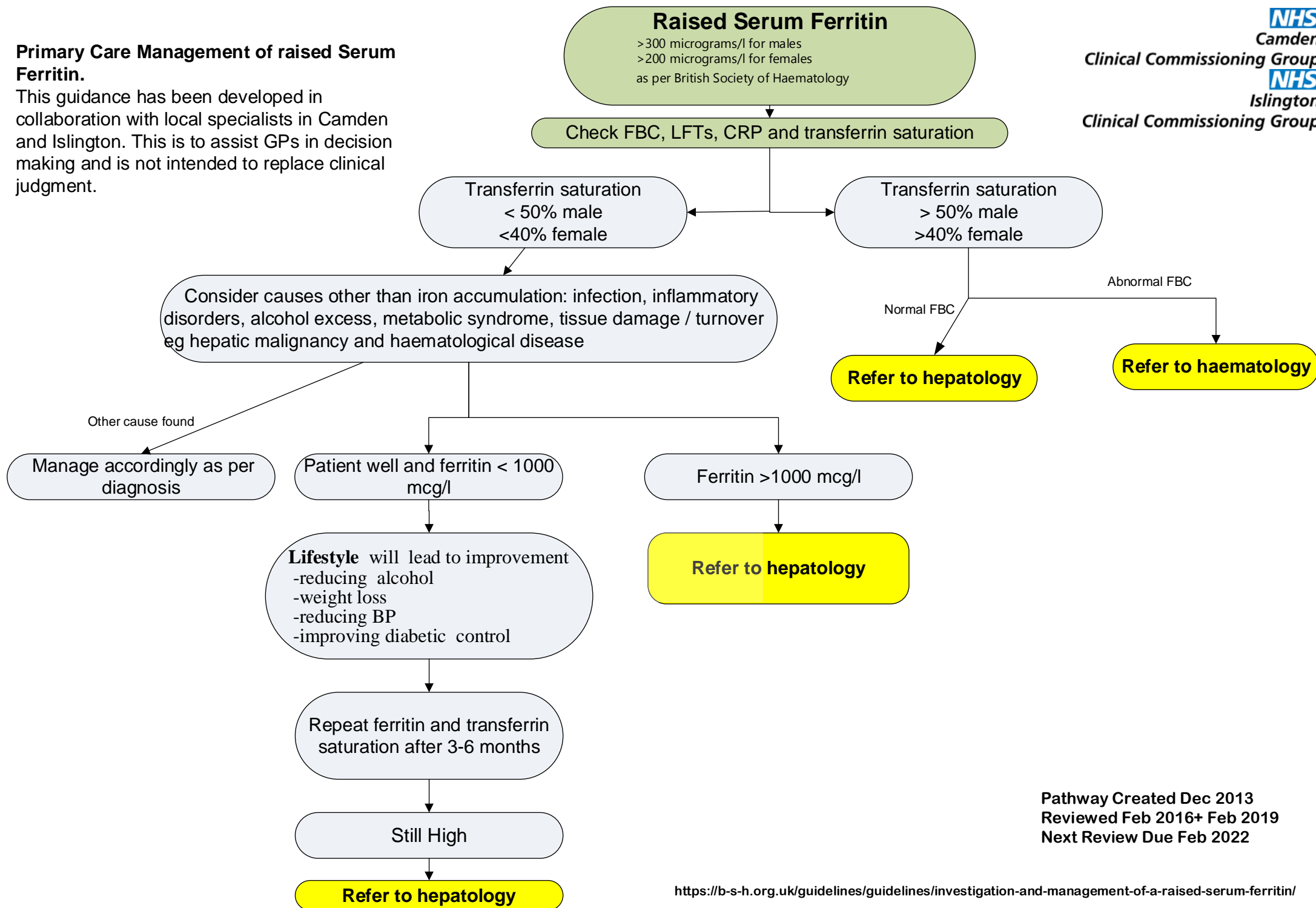
Pathway Created Dec 2013 Reviewed Feb 2016 +2019

Next Review Due Feb 2022

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## Primary Care Management of raised Serum Ferritin.

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Pathway Created Dec 2013  
Reviewed Feb 2016+ Feb 2019  
Next Review Due Feb 2022

**Primary Care Management of elevated serum GGT.** This guidance has been developed in collaboration with local specialists in Camden and Islington. This is to assist GPs in decision making and is not intended to replace clinical judgment.

