PTU-097 A 'REAL-LIFE' PICTURE OF ABNORMAL LIVER FUNCTION TEST MANAGEMENT IN PRIMARY CARE IN HULL, EAST YORKSHIRE

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Introduction As part of a community based pilot study looking at NAFLD and Enhanced Liver Fibrosis (ELF) testing (COMMANDS), an audit of GP management of Abnormal Liver Function (LFT) tests was conducted. The aim was to gain a greater understanding of 'real-life' community based clinical management of liver disease.

Methods The audit consisted of a retrospective SYSTM 1 database search (2009 – 2011) for patients with an ALT ≥ 70 , from 6 GP practices in NHS Hull. Data from 162 patients was collected and results were analysed using the COMMANDS GP liver screen as the acceptable standard of practise, a combination of liver disease risk factors and investigations.

Results Gender distribution was 111 men to 51 women; the average age was 49 years.

Risk factors for liver disease were under-reported as shown below.

Graph 1 – Percentage of Patients in Primary Care with Documented Risk Factors

Investigations for liver disease revealed that patients were not adequately screened.

Graph 2 – Percentage of Patients in Primary Care with Documented Investigations

Only 18% of patients had a documented diagnosis. GPs gave a diagnosis in 11% of cases and 7% were referred to a specialist.

Graph 3 – Referral Pattern for Patients with a Documented Diagnosis

We collected up to 10 retrospective abnormal ALT results per patient working back from the data collection date. In total, we recorded 562 abnormal ALT results.

Graph 4 – Distribution of ALT Results in Audit Patients

GP actions taken to manage the abnormal ALT results above, as defined by SYSTM1 drop down boxes, were reviewed. The audit found that ALT results were often incorrectly assessed by GPs according to standard laboratory parameters.

Graph 5 – GP and Audit Labelling of ALT Results

Conclusion This audit showed that there is a lack of consistency in how GPs make clinical decisions. There is no clearly defined standard practise for investigating abnormal LFTs in primary care. More work on management guidelines that are easy and practical is required.

Disclosure of Interest None Declared

PTU-098 A SURVEY TO INVESTIGATE GP KNOWLEDGE, PRACTICE AND SUPPORT REQUIREMENTS REGARDING THE CLINICAL MANAGEMENT OF LIVER DISEASE IN PRIMARY CARE

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Introduction The management of liver disease in primary care often lacks consistency and clearly defined care pathways. We aimed to explore GP perspectives on the management of liver disease in the Hull and East Riding of Yorkshire region.

Methods A 9 question survey was sent to 321 GPs in Hull and East Riding of Yorkshire focusing on knowledge, practise and support requirements of liver disease management in primary care. 105 GPs (33%) responded: 26% from NHS Hull and 39% from NHS East Riding

Results GPs saw patients with a variety of liver diseases. Most common were lifestyle-related.

Graph 1 – Liver diseases seen by GPs very often, often or sometimes

GPs graded the importance of a range of liver investigations in primary care.

Abstract PTU-097 Figure