



What's New? NT-Pro-BNP

Clyde Sector

NHS GGC Biochemistry laboratories changed to NT-pro-BNP from BNP analysis at the end of 2018. The Heart Failure Diagnostic pathway with updated cut-offs for decision making with NT-pro-BNP is available on the NHS GGC internet link:

<http://www.nhsggc.org.uk/about-us/professional-support-sites/heart-stroke-diabetes-rheumatology-and-chronic-pain-mcns/heart-disease/guidelines-and-protocols/>

Triglycerides – When to Refer?

An audit of referrals to the RAH Lipid Clinic in 2018 has shown that about a third (28%) are for patients with raised triglycerides. Of these referrals only 5 (17%) were appointed to the clinic, secondary causes being identified for the majority and advice given by letter.

In order to aid the decision making regarding the need for referral, the GGC guidance is summarised below along with the common secondary causes of hypertriglyceridaemia.

Triglyceride Level	Management
Above 2.5 and < 10mmol/L	Manage as per Primary and Secondary CVD prevention guidelines. Address secondary causes Consider statin therapy at lower risk threshold
10-20 mmol/L	Repeat with fasting level within 2 weeks Review for secondary causes and manage accordingly Refer if triglyceride value persists >10 mmol/L
>20 mmol/L	If no obvious secondary cause e.g. alcohol excess, poorly controlled diabetes refer to local lipid clinic.

Secondary Causes of Hypertriglyceridaemia

Diabetes Mellitus
 Alcohol
 Renal Disease (Nephrotic)
 Hypothyroidism
 Obesity
 Medications (steroids, retinoids, psychotropics, beta blockers, anti-retrovirals, thiazides, tamoxifen)
 Liver Disease

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We would be delighted with your feedback on issues that you would like us to address in the newsletter.

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