Pre-referral investigations

Approximately 80% of all endocrine referrals in secondary care involve a dozen or so common themes, seen reasonably often in primary care for which some pre-investigation may be performed. Although it is desirable to have appropriate investigations prior to referral, this may not be feasible with GP workload, lack of certainty over appropriate testing or lack of access to certain tests

Thyroid

Presentation Subclinical hyperthyroid (below normal TSH, normal T4 and T3)
First line investigations Repeat TSH, free T4 & T3 in 3 months
Second line investigations (could be facilitated by secondary care local agreement) – If remains abnormal – TPO Abs & TSH R Abs
Actions If asymptomatic and no aetiology identified and no cardiovascular risk factors and under the age of 65 – specialist review may not be required particularly if TSH 0.1 mU/L or higher – arrange TFT checks every 6 months Otherwise seek advice & guidance/refer
Referral to endocrinology if Symptomatic, aetiology identified, cardiovascular risk factors, 65 years or older
Key information to include Blood work up, second line investigations
Consider referral to other services if Ongoing primary care concern about presentation
Red flags to prompt urgent referral Evidence of thyroid eye disease