



# DVT/ Ambulatory care Pathway for Weight loss for use in General Practice

Referrals via Telephone

To Access - Phone 028 375 66060 for discussion



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#### Suspected patient with un-intentional weight loss

AMB score ≥ 5, NEWS Score
Detailed history and full examination including lymph nodes

#### Arrange Investigations

FBC, U/E, LFTs, CRP, Iron studies , B12 & Folate, ESR, TFT, BM & HBA1c, ECG, CXR, Specialist investigations if instructed by specialists or indicated

Assess the patient for red flags signs\*

-Weight loss

-Night sweats

symptoms

(d/w Consultant)

-Change in bowel habits

-Previous Malignancy with new

-Un-resolving infection despite several courses of antibiotics -Un-explained signs and symptoms

NO

YES

Review investigations on the same/ next day

Discharge back to GP/ no follow up in DAU

#### Arrange Advance OP investigations & follow up DAU

CT Chest Abdomen and Pelvis +/- Bone marrow Biopsy etc. D/w respective specialty team i.e. Haematology

Ref: (1) Wong CJ. Involuntary weight loss. Med Clin North Am 2014; 98:625 (2) An approach to the management of unintentional weight loss in elderly people. Alibhai SM, Greenwood C, Payette H CMAJ. 2005;172(6):773.

DISCLAIMER: The clinical pathways / protocols are to be used as guidance only and are NOT accurate when an alternative diagnosis is more likely. The diagnosis is based on a combination of clinical judgment and investigation result

## Possible causes of weight loss

It is important to differentiate between intentional and un-intentional weight loss. Usually > 5% weight loss is considered significant. A detailed history and physical examination +/- collateral in case of confused and dementia patients is very important. The ethos behind ambulatory services is to try to find out any sinister cause and if not found the patient could be referred back to the primary care (GP) to follow up with dietician etc. The list of possible causes of weight loss are as below

### A-Malignancies

- 1-Haematological (Lymphoma, Myeloma, MGUS, leukaemia etc),
- 2-Lung (SCC/ NSCC, Squamous cell etc),
- 3-Gastrointestinal (Stomach, Bowel, Pancreas, Liver, Biliary etc)
- 4-Renal tract (Renal cell Ca, Bladder TCC, Prostate Ca etc)

#### **B-Non-malignant systemic diseases**

- 1-Gastrointestinal (Swallowing problems, oesophageal disorders, IBD, Coeliac, PUD etc)
- 2-Endocrine diseases Diabetes, Hyperthyroidism, Adrenal disease)
- 3-Infections (TB, Hepatitis, HIV, Parasitic, chronic bacterial and fungal infections)
- 4-Neurological diseases (Dementia, Stroke, Motor Neuron disease, Parkinson's disease)
- 5-Rheumatological diseases (Giant cell arteritis, Rheumatoid arthritis, Vasculitis)
- 6-Psychiatric diseases (Depression, anxiety, bereavement, eating disorders e.g. Bulimia etc)
- 7-Chronic long-term conditions (Renal failure, pulmonary/cardiac diseases as heart failure, bronchiectasis, cystic fibrosis)
- 8-Substance misuse (Alcohol, Cocaine, Amphetamines, tobacco, over the counter herbal remedies)