

## Primary Care Laboratory Interface Group (PLIG)

19<sup>th</sup> February 2018

Dear Colleague

### Statin monitoring update: Use of stand-alone ALT assay

Until recently, Lothian guidance has recommended a full panel of liver functions tests (LFTs) prior to starting a statin, with additional follow-up LFT monitoring at 3 and 12 months. However, an increasing body of evidence\* indicates that monitoring of full LFTs is clinically unnecessary, and represents a significant financial cost as well as increased results handling for GPs.

Hence, in consultation with secondary care colleagues in gastroenterology, we have recently updated the [Lothian Lipid Management in Adults Guideline 2017](#) to recommend:

- a standard LFT profile (bilirubin, ALT, ALP, GGT) prior to initiation of a statin
- **ALT alone** at 3 and 12 months post-initiation of a statin
- **There is no need for subsequent testing**

We will audit the impact of ALT monitoring in this context over the next eighteen months to further assess the clinical necessity for this.

In order to facilitate the above, changes to GP ICE/GPOC will be made on Friday 23<sup>rd</sup> February. After this date ALT as a single test will be available to request using "Statin monitoring – ALT", which will be located on both the front and "Clinical Profiles" pages.

We hope that this relatively small change may provide for better allocation of NHS resources in Lothian, and we would be most grateful if you could make any colleagues involved in requesting such tests aware.

If you have any queries, concerns or problems regarding the above please contact [sjenks@nhs.net](mailto:sjenks@nhs.net).

Best wishes

*J Malo*

Jonathan Malo  
ST5 Chemical Pathology  
Lipid clinic, RIE

*S Jenks*

Sara Jenks  
Consultant in Metabolic Medicine  
PLIG Chair

*C MacRae*

Clare MacRae  
GP  
PLIG Secretary

\*While a significant minority of individuals starting a statin do experience a transient rise in ALT, the number of patients suffering significant liver injury is very small, perhaps as low as 1 per million statin prescriptions. Where rare cases of statin-mediated liver injury do occur, serum ALT is likely to be the most appropriate test (from the existing LFT panel) for its detection. Further information on the evidence base supporting this change can be accessed in the recent BJGP article (link) ["Reducing liver function tests for statin monitoring"](#).