



Triglycerides and when to refer

Clyde Sector

A repeat audit of referrals to the RAH Lipid Clinic between January and August 2025 has shown 25% (29 patients) of total referrals are for patients with raised triglycerides. Of these referrals, only 8 patients were appointed to clinic. Moreover, there was clear evidence of secondary hypertriglyceridaemia constituting half of the total lipid referrals that were not accepted during this period. In these cases, advice was given to the referring clinicians by letter.

Immediate referral on the basis of raised triglycerides is often not required given common presence of secondary driving factors which should be optimised as much as possible. Inappropriate referrals delay patient management and cause administrative overload both for primary and secondary care.

In order to aid the decision making regarding the need for referral the [GG&C guidance](#) is summarised below along with the common secondary causes of hypertriglyceridaemia.

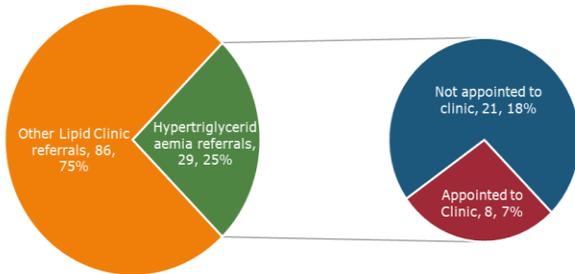
Triglyceride Level	Management
Above Reference Range and < 10mmol/L	Manage as per Primary and Secondary CVD prevention guidelines. Address secondary causes Consider statin therapy at lower risk threshold
10-20 mmol/L	Repeat with fasting level within 2 weeks Review for secondary causes and manage accordingly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

Secondary Causes of Hypertriglyceridaemia
Poorly Controlled Diabetes Mellitus Alcohol Renal Disease (Nephrotic) Hypothyroidism Obesity Pregnancy Medications (steroids, retinoids, psychotropics, beta blockers, anti-retrovirals, thiazides, tamoxifen, oral oestrogen, ciclosporin) Liver Disease

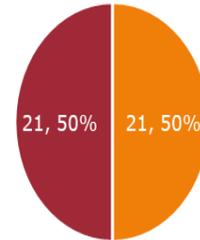


Please circulate to all members of staff within the practice

RAH Lipid Clinic Referrals January - August 2025 (N=115)



Total number of referrals not appointed to clinic (n=42)



- Not appointed for other reasons
- Not appointed due to 2° hypertriglyceridaemia

Correct Labelling of qFIT pickers

An ICE label should be attached to all qFIT picker samples. The ICE label contains the patient name, DOB, CHI and requestor location. This will ensure the qFIT result can be added to the patient record and sent back to the correct GP location/requestor for review.

Biochemistry have had issues with handwritten patient information on qFIT pickers including omitted CHI numbers or GP location. As a consequence, results cannot be returned to the patient record and the requestor is unaware a result is available to view. To ensure timely review of results and onward referral of abnormal results to secondary care please stick the ICE label to the qFIT picker.

The ICE specimen label should cover the 2 large barcodes already on the pickers, but do not cover the expiry date. Also ensure that the ICE specimen label does not overlap on to the lid i.e. past the red dotted line. Any queries please contact biochemistry on 0141 242 9500.

