Sheffield Teaching Hospitals NHS Foundation Trust
Directorate of Laboratory Medicine
Section: GP reference documents
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Sheffield Teaching Hospitals NHS
NHS Foundation Trust

POLYCYTHAEMIA GUIDELINE

GP REFERRAL GUIDELINE

DEFINITION

Persistently raised Hct:

- > 0.52 males
- > 0.48 females

DIFFERENTIALS

Primary – Polycythaemia vera
Secondary –

- Respiratory (smoking, COPD, asthma, lung fibrosis, sleep apnoea)
- Cardiac (cyanotic heart disease)
- Drugs (steroids, testosterone)
- EPO-secreting tumours (renal / liver tumours)
- Endocrine (Cushing's, Conn's)

Relative – (plasma depletion)

- Dehydration
- Poorly control diabetes mellitus
- Excess alcohol

URGENT REFERRAL

- Polycythaemia with Hct > 0.6 in males or > 0.56 in females in the absence of chronic hypoxia
- Raised Hct:
    - Hct > 0.52 in males
    - Hct > 0.48 in females

  without clear secondary causes *and* in association with:
    - Recent arterial or venous thrombosis
    - Neurological symptoms
    - Visual loss
    - Abnormal bleeding

NOT MEETING URGENT REFERRAL CRITERIA

- Confirm with serial FBCs (un-cuffed blood samples if possible)
- Check haematinics, renal function, LFT and glucose
- Lifestyle factors modification: smoking, alcohol
- Consider medications, e.g. changing thiazides to non-diuretic anti-hypertensive agents

NON-URGENT REFERRAL

- Elevated Hct (Male > 0.52, Female > 0.48) in association with:
    - Past history of arterial or venous thrombosis
    - Splenomegaly
    - Pruritus
    - Elevated neutrophils or platelet counts
- Persistent (on 2 occasions at least 8 weeks apart) *unexplained* elevated Hct (Male > 0.52, Female > 0.48)

DISCHARGE POLICY

- Following completion of investigation, only those cases requiring venesection or cytoreductive therapy will remain under outpatient follow-up
- All other cases will be discharged with a suggested frequency of FBC monitoring and a clearly stated threshold Hct for re-referral with a 6-monthly check.