POLYCYTHAEMIA – GP REFERRAL GUIDELINES

Introduction

Elevated haemoglobin has a wide differential diagnosis including primary proliferative polycythaemia (polycythaemia vera), secondary causes (such as hypoxic lung disease and erythropoietin-secreting tumours) and relative polycythaemia resulting from plasma depletion. The threshold for therapeutic intervention with venesection or cytoreductive therapy in an individual patient depends on the cause, associated symptoms and thrombotic risk factors.

The following should be referred urgently for outpatient assessment:

- Hb > 20g/dl (PCV >0.60) in the absence of chronic hypoxia
- Raised Hb in association with:
  - Recent arterial or venous thrombosis
  - Neurological symptoms / visual loss
  - Abnormal bleeding

Appropriate investigation in primary care for patients not meeting criteria for urgent referral:

- Confirm with repeat FBCs over time (uncuffed blood samples if possible)
- Modify known associated lifestyle factors: smoking, alcohol, consider changing thiazides to non-diuretic anti-hypertensive agents

Referral for specialist opinion should be considered for:

- Elevated PCV (Male >0.52, Female >0.48) in association with:
  - Past history of arterial or venous thrombosis
  - Splenomegaly
  - Pruritus
  - Elevated white cell or platelet counts
- Persistent (at least on two occasions 4-6 weeks apart), *unexplained* elevated PCV (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 PCV for re-referral