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Summary

THE VALUE OF FAECAL CALPROTECTIN TESTING IN PATIENTS PRESENTING WITH LOWER GASTROINTESTINAL SYMPTOMS; A RETROSPECTIVE PRIMARY CARE STUDY

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A retrospective UK primary care study of 741,190 patients with lower GI symptoms found that only 2.5% had faecal calprotectin testing despite national guidance recommending its use to differentiate IBD from other causes.

KEY POINTS

- Faecal calprotectin requesting increased from 0.02% in 2010 to 4.4% in 2019 among symptomatic patients, but remained far below recommended levels.
- IBD was diagnosed in 21.5% of patients referred with FC above 200 ug/g, but only 2.9% of those with FC 50-200 ug/g; among the latter group, only patients with rectal bleeding had significant IBD risk at 8%.
- Despite negative FC results, 27.8% of patients were still referred to secondary care, of whom only 0.4% had IBD.
- Older age, female sex, Black or Asian ethnicity, obesity, lower socioeconomic status, higher comorbidity, and current smoking were associated with lower odds of FC testing, while change in bowel habit, rectal bleeding, and diarrhoea were associated with higher odds compared to abdominal pain alone.

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