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Summary

VARIABILITY IN SEHCAT CUTOFF VALUES FOR DIAGNOSIS AND SEVERITY CLASSIFICATION OF BILE ACID MALABSORPTION: CLINICAL IMPLICATIONS

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A five-year retrospective study of 353 patients demonstrates that variability in SeHCAT test cutoff values for bile acid malabsorption diagnosis leads to inconsistent severity classification across clinical settings.

KEY POINTS

- Of 353 patients tested for suspected bile acid malabsorption from 2019-2023, 175 (49.57%) were diagnosed with BAM using SeHCAT testing, with 47 classified as mild, 63 as moderate, and 65 as severe based on one nomenclature system.
- NICE recommends a 15% cutoff for BAM diagnosis, but UK centres use inconsistent classification systems: some employ normal/borderline/abnormal categories while others use normal/mild/moderate/severe, leading to diagnostic variability.
- A NICE-commissioned analysis of 1,036 patients across 38 UK centres highlighted inconsistent cutoff classifications, with lower cutoffs prioritizing specificity but risking missed mild cases and higher thresholds improving sensitivity but potentially causing overdiagnosis.
- The authors conclude that standardizing cutoff thresholds and integrating SeHCAT results into holistic clinical frameworks is essential, and further research is needed to validate cutoff ranges for optimal patient outcomes.

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