Patients with unexplained weight loss can be a significant source of diagnostic uncertainty in primary and secondary care, leading to anxiety and stress for both patients and medical professionals. Following on from a National initiative to help early cancer diagnosis, Dr’s Dan Sharpstone and Andrew Yager have been working on a simple pathway to help manage this group of patients. The pathway is not intended to replace the fast track system which should continue to be used if there is weight loss plus relevant other symptoms that will steer the clinician down a relevant pathway.

A 2011 BMJ review* of unintentional weight loss in older adults (54-68 years) quoted the cause of weight loss in six international studies over a follow-up periods of up to three years as being:

- **Cancer:** 16-36% (gastrointestinal around 50%)
- **Non-malignant GI disorders:** 11-19%

Other chronic diseases include:

- **Cardiac disease/failure:** 2-9%
- **COPD/respiratory:** 6%
- **Endocrine:** 4-11%
- **Neurological:** 2-7%
- **End stage renal failure:** 4%
- **Connective tissue disease:** 2-4%
- **Chronic & recurrent infection:** 2-5%
- **Psychiatric:** 9-24%
- **Idiopathic:** 16-28%

Although not quoted in the study figures, particular mention was made of drug side effects because of the prevalence of polypharmacy. Oral and dental problems were also identified.

The pathway is simply a guide; necessitating clinical acumen on the timing and number of investigations used – having said that the radiology department are happy to see CXR and U/S requests marked as urgent. If the relevant investigations undertaken return as negative then the final step is to refer to the Gastroenterology department asking for a two week CMS appointment – further investigations including CTs etc. can then be requested as appropriate.

Information on similar pathways elsewhere is limited, so we intend to evaluate the pathway closely - we would be very grateful for any comments, positive and negative!

* Investigation and management of unintentional weight loss in older adults Jenna McMinn, Claire Steel, Adam Bowman BMJ 2011;342