

## **■ CHRONIC CONDITIONS & NHS-AVAILABLE INVESTIGATIONS**

Condition	NHS Tests / Assessments (Free via GP/Referral)	Notes (Patient can ask GP)
Hypertension	<ul><li>- BP measurement (clinic &amp; home)</li><li>- 24h ambulatory BP monitor</li></ul>	Anyone with strong FH can ask for BP checks
Coronary artery disease / Stroke risk	- BP, lipid profile, HbA1c - NHS Health Check (40– 74y) - QRISK3 calculation	FH of premature CVD = earlier screening possible
Type 2 diabetes	- Fasting glucose - HbA1c	Offered in NHS Health Check or earlier if FH
Familial hypercholesterolaemia (FH)	<ul><li>- Lipid profile</li><li>- DNA/genetic testing</li><li>(specialist referral)</li></ul>	GP can refer to lipid clinic if FH suspected
Obesity / Metabolic syndrome	- BMI, waist circumference - Fasting glucose, HbA1c, lipid profile	Routine via GP/NHS Health Check
Hypertrophic cardiomyopathy (HCM)	<ul><li>- ECG</li><li>- Echocardiogram</li><li>- Genetic testing (cardiology referral)</li></ul>	FH = urgent referral to inherited cardiac conditions clinic
Marfan syndrome	<ul><li>- Echocardiogram (aorta)</li><li>- Eye exam</li><li>- Genetic testing (specialist referral)</li></ul>	Usually initiated by GP → specialist genetics/cardiology
Asthma	<ul><li>Spirometry with</li><li>reversibility</li><li>Peak flow monitoring</li></ul>	GP can arrange if recurrent symptoms + FH
COPD	- Spirometry - CXR (if needed)	More smoking-related, but FH may justify earlier checks



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Cystic fibrosis	<ul><li>Sweat chloride test</li><li>Genetic testing (CFTR gene)</li></ul>	Usually paediatric/genetic referral
Migraine	- Clinical diagnosis (no test) - MRI if red flags	FH considered in diagnostic history
Epilepsy	- EEG - MRI brain	Neurology referral; not routine screening
Alzheimer's disease / Dementia	<ul> <li>Cognitive testing (MMSE, MoCA)</li> <li>Bloods to rule out reversible causes (B12, TFTs, syphilis screen)</li> </ul>	No NHS genetic test unless early-onset FH
Parkinson's disease	- Clinical diagnosis (neurology)	No standard blood/genetic screening in NHS
Depression, bipolar, schizophrenia	- Clinical/psychiatric assessment - Bloods to exclude organic causes (TFTs, B12, folate, U&E, LFTs)	FH discussed but no direct screening test
Huntington's disease	- Predictive genetic testing (specialist referral)	NHS funded via regional genetics clinic (with counselling)
Osteoarthritis	- X-ray (if symptomatic)	No screening, but GP can arrange imaging if FH + symptoms
Rheumatoid arthritis	<ul><li>Rheumatoid factor</li><li>Anti-CCP antibody</li><li>ESR, CRP</li></ul>	GP can order if FH + joint symptoms
Ankylosing spondylitis	- HLA-B27 (blood test) - MRI sacroiliac joints	GP can refer rheumatology if FH + back pain



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Osteoporosis	- DEXA scan (FRAX risk tool first)	DEXA available if FH hip fracture or high risk
Ehlers–Danlos syndrome	<ul><li>Clinical assessment</li><li>(Beighton score)</li><li>Genetic testing (specialist)</li></ul>	Referral to clinical genetics/rheumatology
Type 1 diabetes	- Blood glucose - HbA1c	No predictive screening in NHS; diagnosed on presentation
Autoimmune thyroid disease	- TSH, Free T4, thyroid antibodies	GP can request if FH + symptoms
MEN syndromes	<ul> <li>Hormonal tests</li> <li>(calcitonin, calcium, PTH, cortisol, catecholamines)</li> <li>Genetic testing</li> <li>(endocrinology referral)</li> </ul>	FH → genetics referral
Breast cancer	<ul> <li>NHS Breast Screening (age 50–70, earlier if FH)</li> <li>Genetic testing BRCA (FH criteria)</li> <li>MRI breasts (high-risk clinics)</li> </ul>	GP can refer to Family History Breast Clinic
Ovarian cancer	- CA125 (if symptomatic) - BRCA testing if strong FH	No NHS population screening
Colorectal cancer (Lynch, FAP)	- Colonoscopy - Genetic testing	Referral to familial bowel cancer clinic
Prostate cancer	- PSA (age 50+ or earlier with FH)	Patient-requested PSA allowed via GP
Pancreatic cancer	- No NHS population screening - High-risk FH may get	Only via specialist genetics clinic



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	MRI/Endoscopic screening (research protocols)	
SLE (Lupus)	- ANA, ENA, dsDNA antibodies - ESR, CRP	GP can order if FH + suggestive symptoms
Psoriasis	- Clinical diagnosis	FH considered; no specific test
Multiple sclerosis	- MRI brain/spine - Lumbar puncture (oligoclonal bands)	Not screening; referral if symptoms
Inflammatory bowel disease	- Faecal calprotectin - Colonoscopy	GP can refer if FH + symptoms
Atopy (eczema, hay fever, allergies)	- Skin prick testing - IgE blood tests	Allergy clinics via NHS referral
Polycystic kidney disease (ADPKD)	- Renal ultrasound - Genetic testing	Screening offered to FH individuals
Alport syndrome	<ul> <li>- Urine dip (haematuria, proteinuria)</li> <li>- Renal function (U&amp;E, eGFR)</li> <li>- Genetic testing (nephrology referral)</li> </ul>	Usually screened if FH present

## **Key points for patients**

- NHS Health Check (age 40–74) already covers BP, cholesterol, diabetes risk, lifestyle risk assessment.
- Genetic testing is only NHS-funded if family history meets strict criteria → requires referral to a genetics or specialist clinic.
- Imaging (e.g. DEXA, MRI, ultrasound) usually requires symptoms or strong family history before referral.
- Patients can ask their GP for: BP, HbA1c, lipids, thyroid tests, autoimmune screens, PSA, CA125 (if symptoms), and referrals to specialist clinics (breast, bowel, cardiology, genetics).