RefTweets – July 2026

Any child presenting with a new/changed **headache** should be assessed for red/amber flags, & if present, this requires a same-day referral. In most cases, provided growth is good & flags are absent, no further investigation is required. For assessment, management, and referral guidance, see https://apps.nhslothian.scot/refhelp/headachepaeds/

Patients presenting to their GP with **difficulties establishing breastfeeding** should be signposted to their Health Visitor, Family Nurse or Community Midwife. When additional support is needed, they can refer the family to the Breastfeeding Clinic. see https://apps.nhslothian.scot/refhelp/guidelines/pregnancy/breast-feeding-problems/breastfeeding-problems-with-establishing-breastfeeding/

Congenital hand differences (CHD) occur in around 1 in 600 births. Children can be referred to the hand clinic & managed by a multidisciplinary team. Surgery may be required, & when needed, is usually performed after the age of one. For further info, see https://apps.nhslothian.scot/refhelp/guidelines/plasticsurgery/handsurgery/congenitalhanddifferences/

Updated info on **capacity assessment** including VOCAL a third sector organisation who help in documentation. Please note a Power of Attorney will not authorise moving a person to a care home against their will. In this case, a Guardianship will be required. https://apps.nhslothian.scot/refhelp/guidelines/mentalhealthadult/older-peoples-mental-health/capacity-assessment/

HbA1c is not reliable for monitoring **pre-diabetes** in patients with anaemia, haemoglobinopathies, reduced red-cell survival (e.g., haemolytic anaemia, splenomegaly), post-splenectomy, or on renal dialysis; in these cases, use an OGTT. More info here: https://apps.nhslothian.scot/refhelp/guidelines/prediabetes/

New page on '**Recurrent Infections'** added to **Medical Paediatrics** section outlining warning signs for immunodeficiency, clinical decision algorithm, and referral guidelines. Detailed info here: https://apps.nhslothian.scot/refhelp/recurrent-infections/

Patients with **suspected adrenal disease** can be referred to the general endocrine clinics at RIE, WGH or SJH. More details on referral criteria & primary care management here: https://apps.nhslothian.scot/refhelp/guidelines/endocrinology/adrenal/

Recently updated RefHelp page on **Depression in Adults** including diagnostic criteria, scoring tools, treatment options, referral guidelines, advice on initial & ongoing management in primary care, prescribing and range of self-help resources. Please see: https://apps.nhslothian.scot/refhelp/guidelines/mentalhealthadult/depressionadults/

New Drug Toxicology page will hugely help clinicians looking after those using drugs - advice about how to test, what drugs can be checked for and what the tests mean. More info on interpreting and acting on results here: https://apps.nhslothian.scot/refhelp/drug-toxicology/

FAST team is a multi-disciplinary team providing assessment, treatment & consultancy for individuals with an **intellectual disability** & a history of offending &/or risk of offending. Service info, referral criteria, professional leaflet & much more here: https://apps.nhslothian.scot/refhelp/forensic-assessment-support-and-treatment-fast-team/

Serum folate levels can fluctuate according to recent dietary intake. Levels at the lower end of the normal range may still suggest deficiency. The most helpful investigation is a dietary history. For detailed advice including a patient leaflet please see: https://apps.nhslothian.scot/refhelp/guidelines/haematology/folatedeficiency/