

Peripheral Sensory Disturbance – Informed Referral Notes

Up to 8% of the adult population has a symptomatic **sensory** neuropathy. There are over 200 aetiologies. Around 30% are due to diabetes, and 50% will remain idiopathic after investigation.

Of other aetiologies, organ system failure, nutritional, drugs/alcohol are relatively common, and often treatable. Rarer causes include paraneoplastic, vasculitic, inflammatory, infective, and inherited. Some of these are also treatable.

From the details provided on the referral information, diagnosis will be clear in around 90% of cases.

Reasons for questions about neuropathy type symptoms

- **Time course.** This is key to diagnosis—acute (vasculitic) vs chronic (inherited, metabolic)
- **Speed of progression.** Rapid progression implies auto immune/inflammatory neuropathy where therapeutic intervention may be more pressing and effective. Slow evolution implies metabolic, toxic, nutritional, inherited, or para-neoplastic aetiology.
- **Associated features.** Weakness would imply a more worrying motor component. Pain/burning/tingling are associated with acquired as opposed to inherited neuropathies, and also suggest small fibre/axonal neuropathies as opposed to large fibre neuropathy.
- **Functional limitation.** Mild, minimally intrusive symptoms need less urgent action than neuropathies resulting in significant functional limitation. 50% of axonal neuropathies produce minimal symptoms and are idiopathic.
- **Distribution.** Significant upper limb involvement suggests more urgent action is required.
- **Causative factors.** Medication, dietary factors, and alcohol intake may all be relevant.
- **Family history.** May be relevant in inherited neuropathies.
- **Comorbidities.** Systemic diseases eg neoplasia, organ system failure, vasculitis, and diabetes may all be relevant.
- **Examination.** Simple neurological testing provides an objective assessment of severity, and helps identify which nerve fibre subgroup is involved (assists with aetiology).
- **Blood tests.** The suggested battery will screen for common causes. 50% will remain idiopathic. (*Blood glucose, U&E, LFT, B12, Folate, TFT, Viscosity, Auto antibody screen, ANCA, Protein electrophoresis, Lyme serology*)