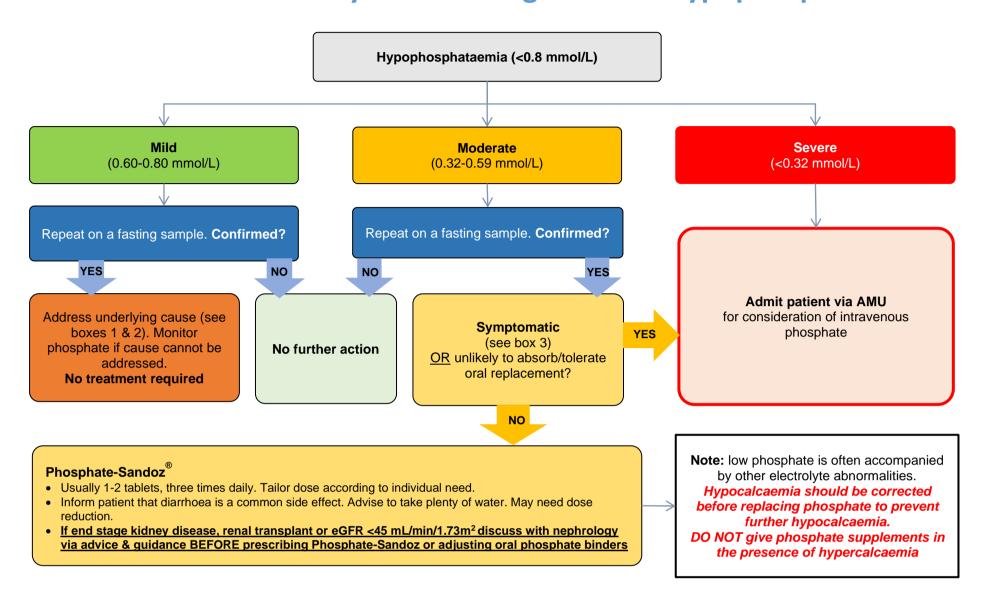
Service: SHYPS/ Clinical Biochemistry

Filename: CB/UI/SHY-1 Version: 1.0 Date of Issue: April 2024 Owner: Maria De Ferrars

Owner: Maria I



Information for Primary Care: Management of Hypophosphataemia



Box 1. Causes of low phosphate. Common causes are listed in bold.					
Redistribution into cells	Decreased intestinal absorption	Increased urinary excretion			
 Post-prandial Respiratory alkalosis (hyperventilation) Refeeding syndrome Recovery from DKA Medications (insulin) Sepsis Malignancy, particularly haematological Hungry bone syndrome (post parathyroidectomy) 	 Vitamin D deficiency Chronic diarrhoea Steatorrhoea Malabsorption Malnutrition or severe dietary phosphate restriction Phosphate binders in ESKD/CKD patients Antacid abuse 	 Alcohol Hyperparathyroidism and/or hypercalcaemia Disorders of vitamin D metabolism Post kidney transplant Renal tubular defects, incl. Fanconi syndrome (rare) Paraproteinaemia Acidosis Extensive burns Medications (diuretics, acetazolamide, iron infusions, certain chemotherapy drugs e.g. cisplatin, antivirals, aminoglycoside antibiotics anticonvulsants and other CYP450-inducing agents) FGF-23 dependent causes (rare) 			

	Box 2. Further Investigations					
Urea & Electrolytes	Adjusted Calcium	Magnesium	Vitamin D	PTH		
TmP/GFR (Rarely required: refer to https://tinyurl.com/BiochemInfo for further information)						

Note sym	Box 3. Symptoms associated with phosphate depletion Note symptoms are uncommon except in severe phosphate depletion or at the very low end of the moderate range.					
Musculoskeletal	Respiratory	Cardiovascular	Neurological	Other		
Bone pain, myopathy, rhabdomyolysis, weakness	Respiratory failure	Arrhythmia, cardiomyopathy	Irritability, confusion, convulsions, coma	Fatigue, lethargy, anaemia, bleeding, infections		

References

Lab Tests Online: https://labtestsonline.org.uk/tests/phosphate; (Accessed: 10th October 2022)

Hypophosphataemia: https://patient.info/doctor/hypophosphataemia#nav-0; (Accessed: 10th October 2022)