

HEALTH PULSE INSIGHTS

Why am I always tired? What GPs found and did

Most blood test results were normal. Low iron stood out among the explanations recorded for women, while recent infections, poor sleep, stress and everyday pressures also featured in appointments.

Reviewed by Dr Fehmi Hafiz, GP · 19 October 2026

97%

of those who had a thyroid blood test had a result within the laboratory range

WHAT GPs FOUND

Blood tests often did not provide an explanation

Most blood test results came back normal among adults who saw a DocTap GP about tiredness. That is reassuring about the conditions those tests check for, but a normal result does not mean the tiredness is not real or that every possible explanation has been ruled out.

Among people whose blood test results were in the record, GPs most often recorded no clear cause or a plan to investigate further. Low iron was the most frequently recorded specific explanation in women. Alongside this, appointment notes commonly described recent infections, disrupted sleep, stress and work pressures.

KEY FINDINGS

The main findings from these appointments

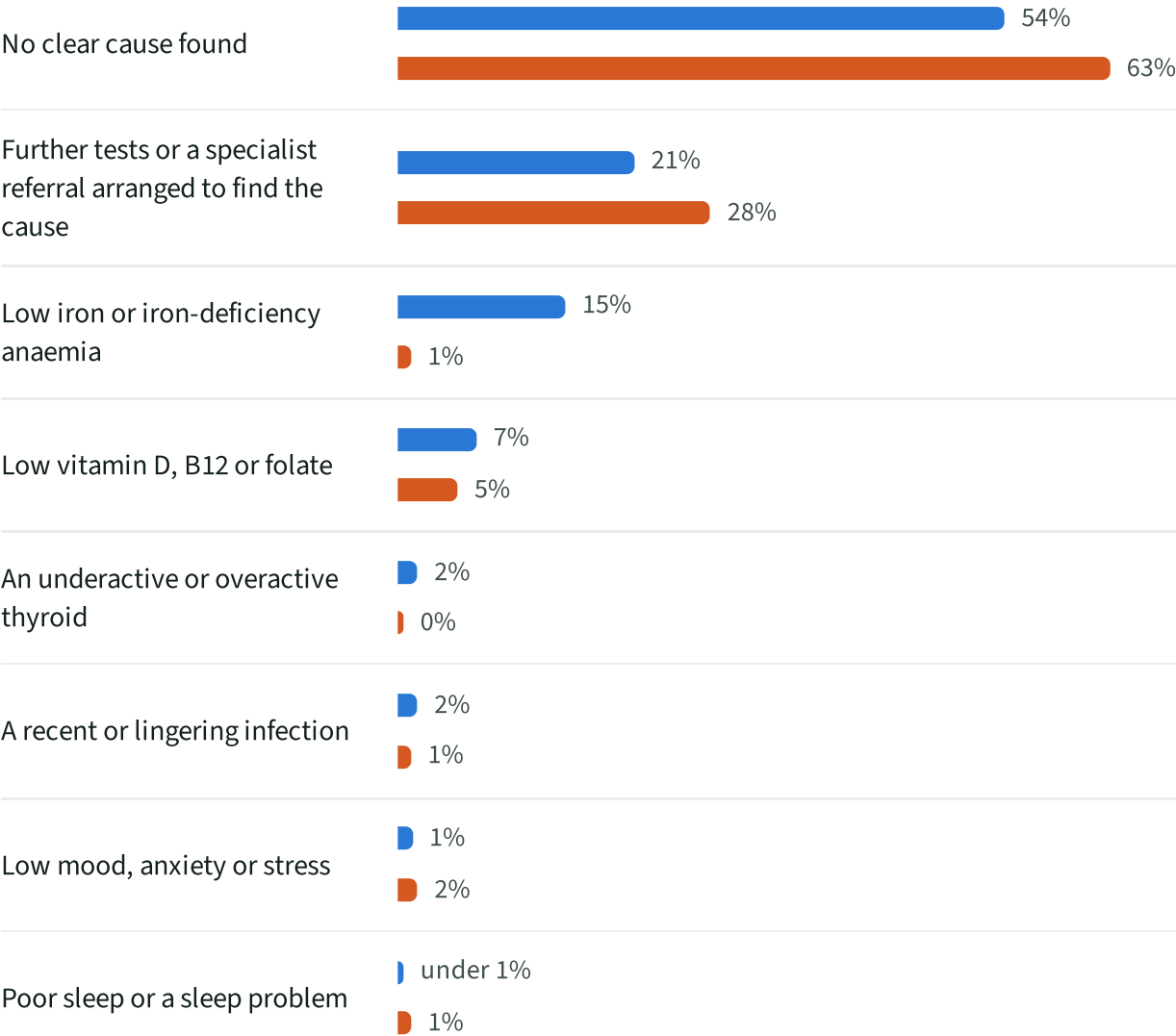
98% of people who had a blood sugar test had a result within the laboratory range.	15% of women with blood test results in the record had low iron or iron-deficiency anaemia recorded as an explanation.
31% of adults in their thirties had a recent infection or illness recorded among their everyday factors.	63% of men with blood test results in the record had no clear cause found.

What GPs recorded after reviewing blood results

Explanations and plans recorded, by sex

Only people whose blood test results were in the record; shares are of women or men in that group.

Women Men



By the end of this consultation and any results review, what explanation for the tiredness did the GP record?	Women	Men
No clear cause found	54% (123 of 228)	63% (107 of 169)
Further tests or a specialist referral arranged to find the cause	21% (48 of 228)	28% (47 of 169)
Low iron or iron-deficiency anaemia	15% (34 of 228)	1% (2 of 169)

By the end of this consultation and any results review, what explanation for the tiredness did the GP record?	Women	Men
Low vitamin D, B12 or folate	7% (16 of 228)	5% (9 of 169)
An underactive or overactive thyroid	2% (4 of 228)	0% (0 of 169)
A recent or lingering infection	2% (4 of 228)	1% (2 of 169)
Low mood, anxiety or stress	1% (3 of 228)	2% (3 of 169)
Poor sleep or a sleep problem	under 1% (1 of 228)	1% (2 of 169)

Source: DocTap GP consultation records. Further investigation means the GP planned more tests or a specialist referral, possibly outside DocTap. It does not confirm that these took place. More than one entry could be recorded for a person. Less common explanations are not shown.

LOW IRON

Low iron stood out among women with results

GPs recorded low iron or iron-deficiency anaemia for 15% of women with blood results in the record, compared with 1% of men in the equivalent group.

Heavy periods were described by 17% of all women in the study. The NHS identifies heavy periods and pregnancy as very common causes of iron-deficiency anaemia, although these records do not establish the reason for each person's low iron.

For people with ferritin below the laboratory range, iron tablets were recorded as prescribed for 5 of 13. Among those with ferritin inside the range, the prescribing share was 2%.

Ferritin measures iron stores. The laboratory range's lower limit is below the level GPs often treat as low iron stores, so a result labelled normal does not rule out low iron. Prescribing iron with a result inside that range is therefore not necessarily prescribing without a reason.

BLOOD TEST RESULTS

Most results were within the laboratory range

Common checks: share within range among those tested

Thyroid function	97%
Blood sugar	98%
Inflammation marker	88%

Blood count and vitamins: share within range among those tested

Haemoglobin in women	91%
Haemoglobin in men	97%
Vitamin D	71%
Active vitamin B12	73%
Folate	87%

WHO HAD BLOOD TESTS

Suggested tests and completed tests are different

Blood tests here include those booked with the appointment, such as instant blood tests or a health screen, as well as those ordered by the GP. A mention of blood tests in the GP's actions can also include advice to have them elsewhere; it does not by itself confirm testing with DocTap.

Some people had no blood tests with DocTap: 13% of everyone were advised to have them elsewhere, such as with their NHS GP; 2% chose not to have them; and 11% had none suggested.

For 17%, tests were suggested but there were no results in the record and no reason given. That does not establish whether testing took place. The testing pathway below accounts for everyone, including the group whose testing status was not documented.

The normal-result shares above apply separately to the people who had each test, not to everyone who came in tired. They also do not show how many people had an entirely normal set of results.

Whether blood tests were suggested, and what was recorded

Blood testing across everyone in the study

Each person is included in a testing-pathway group.

- ☒ Yes, and the results are in the record
- ☒ Yes, to be done elsewhere, such as with their NHS GP
- ☒ Yes, but the patient chose not to have them
- ☒ Yes, but no results in the record and no reason given
- ☒ No blood tests were suggested
- ☒ Not documented



- ☒ **56%**
Yes, and the results are in the record
- ☒ **13%**
Yes, to be done elsewhere, such as with their NHS GP
- ☒ **2%**
Yes, but the patient chose not to have them
- ☒ **17%**
Yes, but no results in the record and no reason given
- ☒ **11%**
No blood tests were suggested
- ☒ **under 1%**
Not documented

Were
blood
tests
suggested
for the
tiredness,
and if so,
are their
results in
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record?

Yes, and the results are in the record Yes, to be done elsewhere, such as with their NHS GP

Were blood	56% (397 of 703)	13% (94 of 703)
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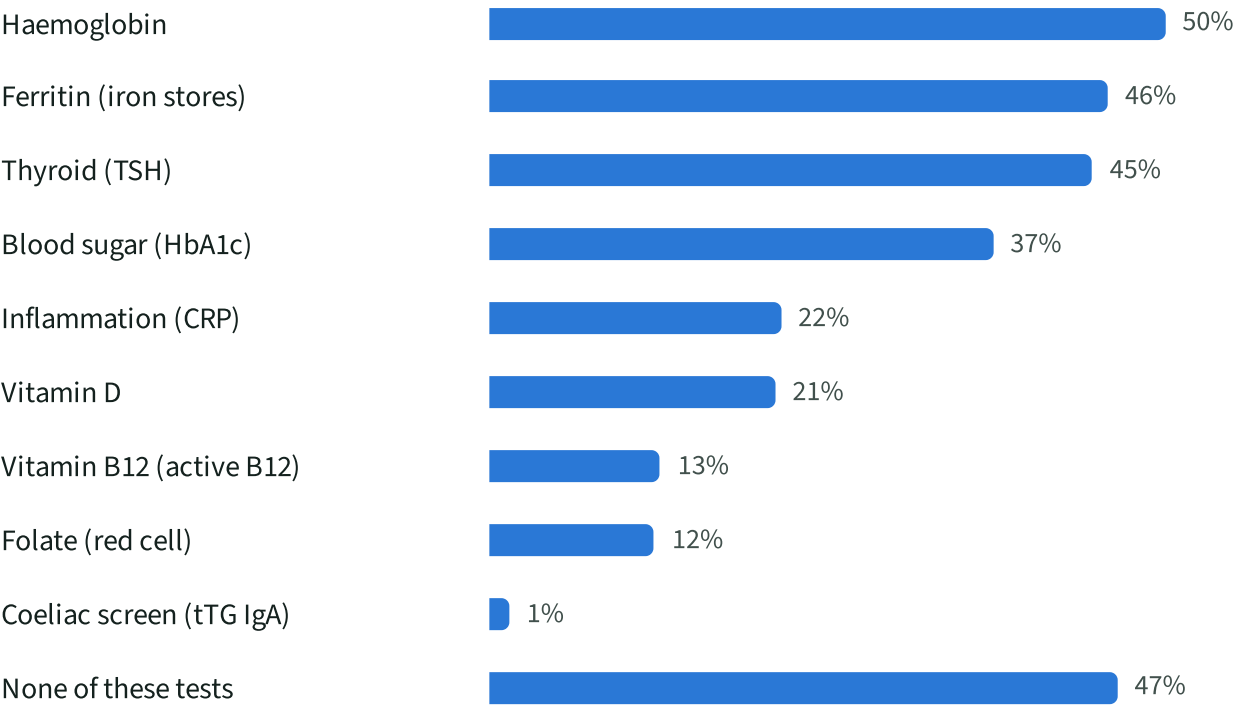
**tests
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Source: DocTap GP consultation records. These categories describe testing and the availability of results, not the final explanation for tiredness. Missing results do not mean a person was waiting for them.

Not everyone had the same blood tests

Tests recorded as done

Shares of everyone in the study, rather than shares of those tested.



Tests done	Tests done
Haemoglobin	50% (353 of 703)
Ferritin (iron stores)	46% (323 of 703)
Thyroid (TSH)	45% (315 of 703)
Blood sugar (HbA1c)	37% (263 of 703)
Inflammation (CRP)	22% (152 of 703)
Vitamin D	21% (149 of 703)
Vitamin B12 (active B12)	13% (89 of 703)
Folate (red cell)	12% (86 of 703)
Coeliac screen (tTG IgA)	1% (10 of 703)
None of these tests	47% (328 of 703)

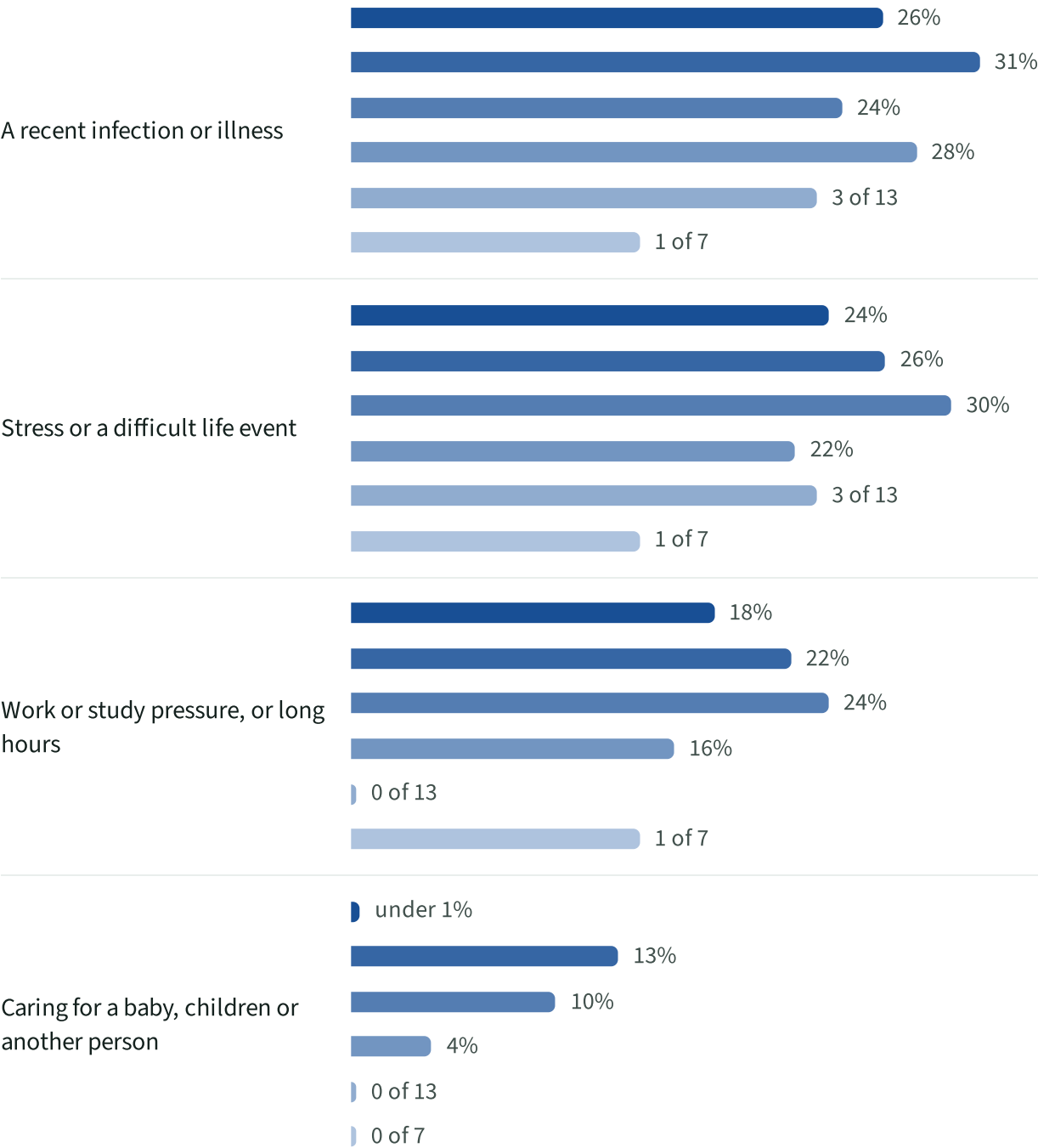
Source: DocTap GP consultation records. People could have several tests. None of these tests means none of the tests listed here, not necessarily no blood tests of any kind. NICE Clinical Knowledge Summaries advises GPs to choose tests according to clinical judgement.

Recent infections, stress and work featured in the notes

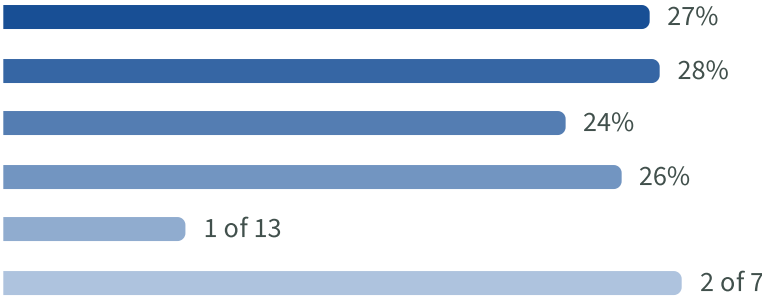
Selected everyday factors recorded, by age

Shares of all adults in each age group.

18-29 30-39 40-49 50-59 60-69 70 and over



Alcohol or caffeine



Which everyday factors that can cause tiredness did the notes record?	18–29	30–39	40–49	50–59	60–69	70 and over
A recent infection or illness	26% (60 of 228)	31% (80 of 257)	24% (36 of 148)	28% (14 of 50)	3 of 13	1 of 13
Stress or a difficult life event	24% (54 of 228)	26% (68 of 257)	30% (44 of 148)	22% (11 of 50)	3 of 13	1 of 13
Work or study pressure, or long hours	18% (41 of 228)	22% (56 of 257)	24% (35 of 148)	16% (8 of 50)	0 of 13	1 of 13
Caring for a baby, children or another person	under 1% (1 of 228)	13% (34 of 257)	10% (15 of 148)	4% (2 of 50)	0 of 13	0 of 13
Alcohol or caffeine	27% (62 of 228)	28% (71 of 257)	24% (35 of 148)	26% (13 of 50)	1 of 13	2 of 13

Source: DocTap GP consultation records. Several factors could be recorded together. A mention does not prove that a factor explained the tiredness, and an unrecorded factor was not necessarily absent. Small groups are shown as counts.

SLEEP, MOOD AND DAILY DEMANDS

Everyday factors deserve attention too

A recent infection or illness was among the factors most often recorded, including for 31% of adults in their thirties. In that age group, work or study pressure featured for 22%, and caring responsibilities for 13%.

Poor, short or broken sleep was described for 35% of adults in their thirties and 39% of those in their forties. Sleep was often not documented, so these figures are not a complete picture.

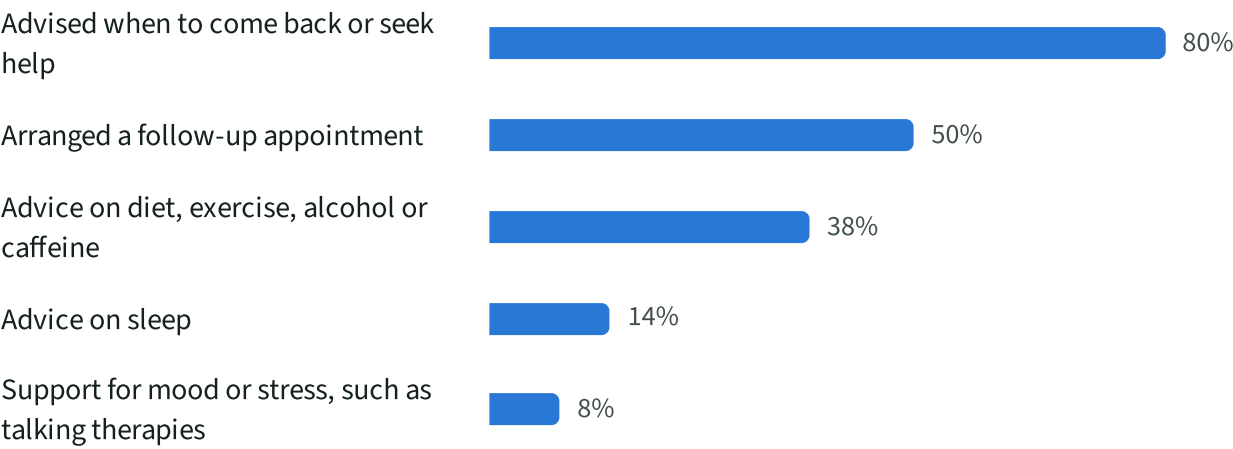
Low mood and anxiety were common companions of tiredness, described by 19% of women and 19% of men. Having these symptoms alongside tiredness is different from the GP recording them as its explanation.

The NHS lists infections, stress, depression, life events such as caring for a new baby, and diet, exercise and sleep among possible causes of tiredness. These are relevant parts of the conversation even when blood results are normal.

Care also included advice and follow-up

Selected GP actions recorded

Shares of everyone in the study.



What did the GP do or arrange for the tiredness?	What did the GP do or arrange for the tiredness?
Advised when to come back or seek help	80% (562 of 703)
Arranged a follow-up appointment	50% (353 of 703)
Advice on diet, exercise, alcohol or caffeine	38% (266 of 703)
Advice on sleep	14% (100 of 703)
Support for mood or stress, such as talking therapies	8% (58 of 703)

Source: DocTap GP consultation records. More than one action could be recorded. Follow-up means an appointment was arranged, not confirmation that it took place. Advice about when to return or seek help was part of care even where no clear explanation was found.

Prescriptions do not tell the whole supplement story

Vitamin D was below the laboratory range for 28% of those tested. Among people with a below-range result, vitamin D was recorded as prescribed for 7%.

These figures count recorded prescriptions, not supplements bought over the counter, so they cannot show how many people took vitamin D or establish under-treatment. The NHS advises everyone to consider a daily vitamin D supplement in autumn and winter.

What this means for you

- The NHS advises seeing a GP if you have felt tired for a few weeks and do not know why, if it is affecting daily life, or if you have other symptoms such as weight loss or changes in mood.
- Tell the GP how long you have felt tired, how it affects you, and about your sleep, recent illnesses, stress, work or caring demands and other symptoms. These details matter alongside any tests.
- A normal blood result does not make your tiredness less real. If it continues, discuss what the results mean and whether a review or further investigation is appropriate.
- The NHS suggests eating a healthy diet and exercising regularly.
- Keep regular sleep times. The NHS also suggests avoiding caffeine, alcohol and screens shortly before bed.

► How we did this

Which appointments. DocTap GP appointments between June 2025 and September 2026 where fatigue & tiredness, anaemia, vitamin & mineral deficiencies, other general symptoms or thyroid conditions was a reason for the visit, for adults aged 18 and over recorded as male or female. Figures count appointments, not people in the wider population.

How we analysed them. We analysed 703 GP consultation records, using AI to read the doctors' notes with automated cross-checks; test results and prescriptions come directly from our clinical records.

Limits. People who book a private GP are not a cross-section of the UK, and notes record what came up in the appointment, not everything about a person. Where a group has fewer than 20 people, we show the count rather than a percentage.

Clinically reviewed by **Dr Fehmi Hafiz**, GP. Published 19 October 2026.

DocTap is a private GP service in the UK, with clinic and remote appointments. [See our clinics](#). Please credit DocTap and link to this report when reusing these figures.

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