

key points

SELECTED BY

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Non-alcoholic fatty liver disease (NAFLD) is now the most common cause of chronic liver disease in the Western world. The prevalence of NAFLD is increasing and affects around 20% of the global population. A quarter of the UK population are obese and the numbers of patients being diagnosed with type 2 diabetes and other medical consequences of metabolic syndrome including NAFLD are high. Obesity, hypertension, type 2 diabetes, and hyperlipidaemia are risk factors for the development of NAFLD, and NAFLD is considered to be the liver component of metabolic syndrome.

Between 10 and 30% of NAFLD patients will develop non-alcoholic steatohepatitis (NASH) with a risk of progression to cirrhosis. Of those with NASH and fibrosis at presentation, studies have suggested that approximately 21% of patients will have some regression of fibrosis while 38% of patients will progress over five years' follow-up.

Most patients with NAFLD are entirely asymptomatic and NAFLD may be an incidental finding in primary care. Blood testing for other reasons e.g. well woman/man checks often reveals mild increases in serum aminotransferases (with ALT greater than AST) and/or γ -GT. NAFLD is also often detected on routine abdominal ultrasound for other reasons. Occasionally hepatomegaly may be detectable clinically but the most common associated clinical findings are obesity or type 2 diabetes and a diagnosis of NAFLD should be considered in these populations.

In those suspected of, or diagnosed with, NAFLD history and clinical examination should focus on detecting features of metabolic syndrome e.g. hypertension, type 2 diabetes and hyperlipidaemia. An alcohol history is mandatory to exclude alcohol-related liver disease. However, many will have a combination of alcohol and non-alcohol related risk factors for their liver disease. Patients should undergo liver screening blood tests to exclude other causes of liver disease (e.g. hepatitis B and C and autoimmune causes) and an ultrasound. The presence or absence of fibrosis at diagnosis or the development of fibrosis following diagnosis are the key determinants of progression in NAFLD.

The enhanced liver fibrosis (ELF) blood test is performed in patients who have been diagnosed with NAFLD to detect advanced liver fibrosis. Those with an ELF score of 10.51 or above, or a transient elastography score > 9 , are highly likely to have significant/advanced fibrosis and must be referred to a specialist in hepatology.

Primary care management of NAFLD focuses on lifestyle change, dietary improvement, increased physical activity and weight loss together with management of associated cardiovascular risk factors. For those diagnosed with NAFLD, who do not have advanced fibrosis, assessment should be repeated every three years in adults and every two years in those under 18.