

key points

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Non-alcoholic fatty liver disease (NAFLD) is estimated to affect up to one in five people in the UK. Between 10 and 30% of NAFLD patients will develop non-alcoholic steatohepatitis (NASH) and some will progress to cirrhosis. Most people living with NAFLD are thought to remain undiagnosed and many are asymptomatic. Obesity, hypertension, type 2 diabetes and hyperlipidaemia are risk factors for NAFLD, and NAFLD is considered to be the liver component of metabolic syndrome. NASH is associated with a more than 10-fold increased risk of liver-related death and a doubling of cardiovascular risk.

At diagnosis up to a third of patients with NASH will have advanced fibrosis which in some cases will have progressed to cirrhosis. In those with advanced fibrosis at presentation, complications of cirrhosis are the third most common cause of death, following cardiovascular events and non-hepatic malignancies. In patients with NASH and fibrosis at presentation although approximately 21% of patients will have some regression of fibrosis, 38% will progress over five years' follow-up.

NAFLD is often detected on routine abdominal ultrasound or blood testing carried out for other reasons, which may reveal mild increases in serum aminotransferases. 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. Patients should undergo liver screening blood tests to exclude other causes of liver disease and an ultrasound.

The liver fibrosis stage is the key predictor for NAFLD progression and poor outcomes. The enhanced liver fibrosis (ELF) test can be used in patients diagnosed with NAFLD to detect advanced liver fibrosis. In patients referred to secondary or tertiary centres, assessment of hepatic stiffness may be carried out using transient elastography. Those with an ELF score ≥ 10.51 or a transient elastography score ≥ 9 , are highly likely to have significant fibrosis and must be referred to a specialist in hepatology.

NAFLD is a risk factor for type 2 diabetes, hypertension, chronic kidney disease, atrial fibrillation, MI, ischaemic stroke and death from cardiovascular causes. Cardiovascular risk should be stratified for all NAFLD patients and any cardiovascular risk factors managed aggressively. Patients should be given lifestyle advice aimed at weight loss and increased physical activity. Weight loss of 5% is associated with improvement in liver fat and liver enzymes, and weight loss $\geq 7\%$, and particularly $\geq 10\%$, is associated with NASH resolution and improvement in fibrosis.