

Is the soaring prevalence of non alcoholic fatty liver disease flying under the radar of hospital staff?

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Introduction

- Non Alcoholic Fatty Liver Disease (NAFLD) is the most common liver disease in the Western world affecting 25% of the population, and is a frequent manifestation of metabolic syndrome (MetS). As a result patients may be seen by healthcare professionals (HCP) in a variety of non-specialist secondary care settings
- Non-specialists must be aware of the importance of NAFLD as a MetS co-factor
- The ability to offer basic lifestyle advice and recognise that specialist referral may be required is essential to optimizing MetS care

Methods

- Questionnaires were distributed at random to medical (n=20) and nursing staff (n=36) in a number of wards and clinics to examine non-specialist HCP knowledge of NAFLD in our large teaching hospital
- Questions explored understanding of NAFLD risk factors, assessment and management

Results

- Most (55/56; 98.2%) recognised that steatosis could cause liver damage, although serious complications were poorly appreciated including risk of liver cancer (32/56; 57.1%) and cirrhosis (45/56; 80.4) (*figure 1*)
- Awareness of MetS features as NAFLD risk factors varied; whilst most identified overweight/obesity (96.4%), significantly fewer recognised type 2 diabetes (T2DM) (76.8%; $p<0.001$) or hypertension (48.2%; $p<0.001$) (*figure 1*)
- Symptom knowledge was poor with nobody recognising NAFLD may be asymptomatic, and many thinking even early disease would be heralded by jaundice (24/56; 42.9%) or ascites (18/56; 32.1%) (*figure 1*)
- The majority understood the need for ultrasound (52/56; 92.9%) and liver function tests (43/56; 76.8%) for diagnosis, but the importance of risk stratification was under-appreciated; just 62.5%(35/56) would calculate body mass index and 57.1% (32/56) would test for T2DM (*figure 2*)
- Although most (42/56; 75%) said NAFLD was preventable, 7/56 (12.5%) did not know that weight loss could reverse NAFLD, and just 19/56 (33.9%) identified the correct targets to offer appropriate weight loss advice (*figure 3*)

What might the signs and symptoms be in the early stages of NAFLD?

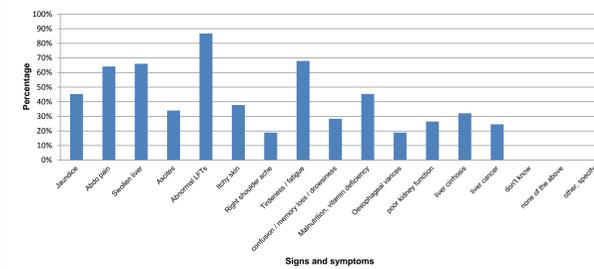


Figure 1 what might signs and symptoms be in early NAFLD

What investigations might help to diagnose NAFLD?

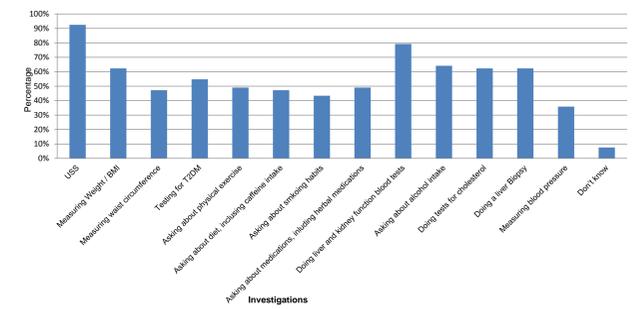


Figure 2 what investigations might help to diagnose NAFLD

How much weight do you think you might have to lose in order for your liver to recover from NAFLD?

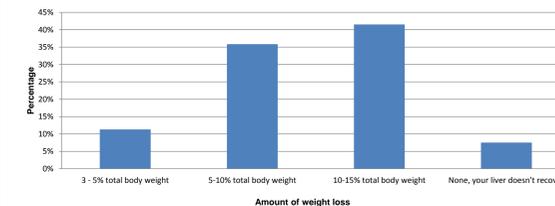


Figure 3 how much weight do you think you might have to lose in order for your liver to recover from NAFLD

Are there any medications currently available that can treat NAFLD?

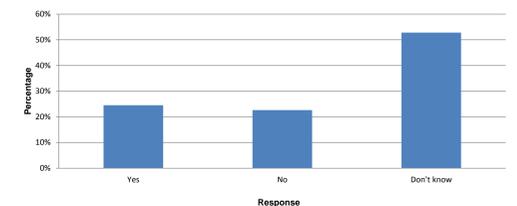


Figure 4 are there any medications currently available that can treat NAFLD

- Knowledge of how to lose weight was also limited, with 12.5% (7/56) recommending rapid weight loss (*figure 3*)
- Half of those asked (28/56; 50%) did not know if any treatment was available for NAFLD and 12/56 (23%) said no treatment was available (*figure 4*)

Conclusion

- There was a lack of recognition that early NAFLD may be asymptomatic despite causing harm
- A limited understanding of impact of MetS and lifestyle factors on causation and treatment were highlighted
- Poor awareness of NAFLD treatment was demonstrated
- Patients with NAFLD are frequently encountered by non-specialists and are at high risk of morbidity. HCP NAFLD education must be improved to ensure patients presenting to non-specialists are advised correctly and referred for liver risk assessment

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