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 recognize 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%) recognized 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 recognized type 2 diabetes (T2DM) (76.8%; p<0.001) or hypertension (48.2%; p<0.001) (figure 1).
- Symptom knowledge was poor with nobody recognizing 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).
- 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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