**PTH-104: The increasing burden of diabetes on the Scottish liver transplantation service**

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**Introduction**
In Scotland 65% of adults are overweight and 29% obese. Among the health implications is a rising prevalence of diabetes within the population. Diabetes is known to contribute to liver damage including carcinogenesis; this study seeks to establish the impact of this damage on liver disease, hepatocellular carcinoma (HCC) and a need for transplantation within Scotland. Diabetes, as a major risk factor for non-alcoholic fatty liver disease (NAFLD), could also be considered a surrogate marker for the NAFLD component of liver damage in other primary aetiologies.

**Methods**
Data from all transplant assessments undertaken at the Scottish liver transplant unit (SLTU) were analysed for the presence of diabetes, HCC and underlying aetiology of their liver disease.

**Results**
The number of assessments at SLTU is gradually climbing (fig. 1) with an increasing incidence of diabetes (fig. 2) in patients referred.

**Conclusions**
- Annually, liver transplant assessments have been rising since 1992 with an increasing proportion of diabetic patients.
- The impact is most clear through a trend in NAFLD reaching transplantation but with prevalence in other aetiologies of liver damage suggesting a compound effect.
- Most aetiologies showed a higher prevalence of diabetes in patients referred with HCC, suggesting diabetes is carcinogenic (the more modest impact in HCV is seen in previous studies).

An increasing incidence of diabetes in patients being referred for transplant assessment with decompensated liver disease or HCC suggests the national impact of diabetes and NAFLD will contribute to a growing burden of liver damage of almost any aetiology.

**References**