2nd GLOBAL LIVER HEALTH FORUM

HEALTHCARE PRACTITIONERS' DIAGNOSTIC AND TREATMENT PRACTICE PATTERNS OF NAFLD IN POLAND: A REAL-WORLD EVIDENCE STUDY

Prof. Marek Hartleb

Department of Gastroenterology and Hepatology and School of Medicine at the Medical University of Silesia, Katowice, Poland

Resources

SANOFI

HEALTHCARE PRACTITIONERS' DIAGNOSTIC AND TREATMENT PRACTICE PATTERNS OF NAFLD IN POLAND: A REAL-WORLD EVIDENCE STUDY

The importance of pharmacotherapy in patients with NAFLD

NAFLD represents a serious health risk for patients. If left untreated, NAFLD can progress to fibrosis, cirrhosis and hepatocellular carcinoma, and increases the risk of T2DM and CVD.[1–3] The current mainstay of NAFLD treatment is weight loss through diet and physical exercise;[4,5] however, many patients fail to achieve the required level of weight reduction. This can be due to many factors, including failure to comply with dietary restrictions, or an inability to carry out physical activity.[6] As such, therapeutic intervention may be appropriate to prevent NAFLD progression.

Understanding GP and GE prescribing patterns

Patients with NAFLD represent a heterogenous population, with etiologic factors including lifestyle, metabolic conditions and genetic predispositions contributing to the development of the disease varying across patients.[7] The treatment recommendations of GPs and GEs may differ as the specialties are likely to treat different patient profiles. To understand this, a cross-sectional survey of real-world data was conducted: the RESTORE study.[8] The aims of this study were to examine and compare the most relevant tools, symptoms and practices leading to NAFLD diagnosis and the most common comorbidities in patients with NAFLD seen by GPs and GEs. Factors contributing to prescribing decisions for patients with NAFLD made by these specialties were also evaluated.

RESTORE study results: symptomatic presentations of NAFLD and diagnostic techniques

In total, 155 GPs and 95 GEs were included in this study. Both GPs and GEs cited bloating as the most commonly reported symptom of NAFLD (57% vs 62%). However, GPs reported that the next most common symptoms were pain (47%), feeling of fullness (27%), stomach aches (26%) and weakening (21%), whereas GEs ranked the next most commonly reported symptoms as weakening (33%), tiredness/fatigue (31%), pain (28%) and feeling of fullness (24%).

All physicians used abdominal ultrasound as part of the overall assessment to diagnose NAFLD. Most GPs and GEs used ALT/AST levels (96% vs 93%) and GGT levels (78% vs 87%) to diagnose NAFLD. ALP and bilirubin levels were used by approximately half of GPs and GEs. Lipid profiles; blood glucose levels; platelets; prothrombin time; and ferritin, total iron binding capacity and iron were collected more frequently by GEs than GPs.

RESTORE study results: comorbidities in patients with NAFLD

The most prevalent comorbidities reported by both specialties were abdominal obesity (85%), dyslipidemia (75%), arterial hypertension (69%), metabolic syndrome (56%) and diabetes (30%). Only 3% of all patients reported by physicians in this study had no comorbidities.

RESTORE study results: prescribing practices of GPs and GEs

The most frequently prescribed therapeutic intervention by both GPs and GEs was EPL (98% vs 92%, respectively). Other commonly prescribed therapeutic interventions included UDCA, timonacic and silibinin/silymarin, although the frequency of these prescriptions varied between GPs and GEs. GPs recommended pharmacotherapy more frequently than GEs, sometimes as adjunctive to diet and exercise, and sometimes without also recommending lifestyle modification. Both specialities cited efficacy as the most important criteria for medication choice, followed by tolerability and improvement of patients' QoL. Of the five most commonly prescribed treatments for NAFLD, GEs and GPs ranked UDCA and EPL highest for efficacy. Both specialities ranked EPL as having the best tolerability.

The RESTORE study highlighted that many patients reported symptoms of NAFLD, showing that it is not a silent disease, as once thought. It also showed that pharmacotherapy with hepatoprotective treatments is seen as an important therapeutic tool for NAFLD by GPs and GEs in Poland.

References

1. Loomba R, et al. Aliment Pharamcol Ther 2020;51:1149–59
2. Mantovani A, et al. Gut 2020;70:962–9
3. Targher G, et al. Diabetes Metab 2020;47:101215
4. EASL. J Hepatol 2016;64:1388–402
5. Chalasani N, et al. Hepatology 2018;67:328–57
6. Carneros D, et al. Nutrients 2020;12:3472
7. Eslam M, et al. Gastroenterology 2020;158:1999–2014.e1
8. Hartleb M, et al. Eur J Gastroenterol Hepatol 2021. [submitted]

ALP, alkaline phosphatase; ALT, alanine aminotransferase; AST, aspartate aminotransferase; CVD, cardiovascular disease; EPL, essential phospholipid; GE, gastroenterologist; GGT, gamma-glutamyl transferase; GP, general practitioner; NAFLD, non-alcoholic fatty liver disease; T2DM, type 2 diabetes mellitus; QoL, quality of life; UDCA, ursodeoxycholic acid

Learning objectives:

- Understand the patient profiles of individuals treated for NAFLD by GPs and GEs in Poland
- Understand differences in techniques used to diagnose NAFLD between these two specialties
- Understand differences in prescribing patterns between GPs and GEs and the reasons for this

Main takeaways:

- NAFLD was frequently associated with symptoms including bloating, weakness, pain and a feeling of fullness; however, the frequency of these symptoms varied between patients seen by GPs and GEs
- All physicians reported using abdominal ultrasound to diagnose NAFLD; however, other diagnostic values such as lipid, blood glucose and platelet levels were more frequently used by GEs than GPs
- Comorbidities were common in patients with NAFLD across both specialties. The most common were abdominal obesity, dyslipidemia and arterial hypertension
- EPL was the most frequently prescribed therapeutic intervention by both GPs and GEs, due to its efficacy and safety profiles
- GPs and GEs reported that efficacy, tolerability and improvement of QoL were the most important factors to consider when prescribing medication

EPL, essential phospholipid; GE, gastroenterologist; GP, general practitioner; NAFLD, non-alcoholic fatty liver disease; QoL, quality of life

MAT-GLB-2103098
Date of approval: xxxx