



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

Presentation key points

- The mainstay of treatment for NAFLD is weight loss through diet adjustment and/or physical exercise; however, many patients have difficulty in complying with dietary requirements or are unable to exercise sufficiently, resulting in a lack of weight loss. Therefore, adjunctive medication may be prescribed
- The heterogenous population of patients with NAFLD means NAFLD management may differ between GPs and GEs due to differences in patient profiles seen by the two specialties. The aim of the RESTORE study was to understand the outpatient care of people with NAFLD, and to compare the practices of diagnosis, severity assessment and treatment prescribing of GPs and GEs in Poland
- Comorbidities including abdominal obesity, arterial hypertension and dyslipidemia were common amongst patients. Only 3% of patients had no comorbidities
- The majority of patients seen by GPs and GEs were prescribed therapeutic intervention, with or without also recommending diet adjustments and/or physical exercise. EPL was prescribed most frequently by both specialties
- GPs and GEs reported that efficacy was the most important factor to consider when prescribing medication, followed by tolerability and improvement of QoL. Of the five most commonly prescribed medications for NAFLD, UDCA and EPL were ranked the most effective, and EPL was ranked as the best tolerated intervention for NAFLD

MAIN TAKEAWAY

Pharmacological treatment was frequently prescribed by GPs and GEs in the Polish RESTORE study, with EPL being prescribed most frequently, likely owing to its safety, efficacy and improvement of patients' QoL

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