1st GLOBAL LIVER HEALTH FORUM

# The role of the essential phospholipids in the NAFLD continuum


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Flash for webinar (~20 mins)

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# The role of the essential phospholipids in the NAFLD continuum

## Why should we treat NAFLD patients?

NAFLD is the first part of a progressive disease continuum. Patients with NAFLD and NASH have increased overall mortality versus matched control populations.[1,2] Patients with NAFLD, advanced fibrosis and cirrhosis, are at increased risk for HCC.[2,3]

Lifestyle modifications are first-line treatment while medical treatments remain experimental, with inconsistent evidence-based support.[4] Hepatoprotective agents are considered an important part of the protocol for adjunctive therapies with EPL having multiple beneficial functions.[4]

## EPL as a supportive medication for NAFLD

The response of NAFLD patients to EPL as adjunctive therapy was evaluated in an open-label, randomized, observational study. The study has evaluated three arms: patients with NAFLD alone, patients with NAFLD + T2DM and patients with NAFLD + dyslipidemia. In all three patient groups, there was significant improvement of transaminase levels, clinical symptoms and signs of NAFLD, including improved liver structure and elasticity.[5]

## Clinical evidence for EPL

Early stage NAFLD is characterized by liver steatosis and EPL reduce fat accumulation in the liver.6 In different RCTs, treatment with EPL (Essentiale® Forte) improved steatosis in NAFLD.[7,8] In a study of patients with NAFLD + T2DM, triglycerides and cholesterol reduction were significantly higher with Essentiale® Forte versus standard care, as was the reduction in fasting blood glucose. HDL-C levels were significantly higher with Essentiale® Forte versus standard care.[8] These results have been repeated in other RCTs – in early, as well as in more severe NAFLD.[6-9]

In a direct and cohort meta-analysis of individual RCTs, efficacy of Essentiale® has been confirmed in reduction of ALT, AST, triglycerides, cholesterol and ultrasound improvements.[9]

## EPL as adjunctive therapy

Adding EPL to agents widely used in the treatment of NAFLD, such as metformin, significantly improves efficacy compared with metformin alone.[10-12] The addition of EPL to probiotics in treatment of NAFLD increases efficacy of both, based on still unpublished data.[13]

**EPL:** essential phospholipids; **NAFLD:** non-alcoholic fatty liver disease; **NASH:** non-alcoholic steatohepatitis; **HCC:** hepatocellular carcinoma; **T2DM:** type 2 diabetes; **RCT:** randomized controlled trial; **HDL-C:** high density lipoprotein cholesterol.

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## EPL versus comparator agents

Ursodeoxycholic acid (UDCA) can reduce the level s of AST & ALT however, there is no data about its long-term effect on fibrosis in patients with NAFLD.[14] In two large RCTs, UDCA was shown to have no higher efficacy than placebo.[14]

UDCA and Essentiale Forte® have been compared directly and a trend was observed for better ultrasound improvement in the EPL group compared to UDCA and more consistent liver function test improvement was noted.[15]

The effects of silymarin on liver disease were explored in a meta-analysis, where the results from 6 RCTs showed that silymarin minimally reduced, but without clinical relevance, serum levels of ALT and AST.[16]


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# What does a NAFLD patient journey look like? Importance of HR-QoL

## Key learnings:

Early treatment in NAFLD is important and there is a need for more effective therapies, with a consistent clinical evidence base.

There is strong clinical evidence supporting the adjunctive use of EPL in NAFLD is reviewed.

EPL show strong potential to improve patient outcomes in NAFLD when used as an adjunctive therapy.

## Main take aways:

**Evidence from both RCTs and RWE support the role of EPL in the treatment of NAFLD/NASH and comorbid conditions.**

**Further studies are needed to fully explain the role of EPL across the NAFLD continuum and to support their widespread use in the management of liver disease.**

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MAT-GLB-2003464