2nd GLOBAL LIVER HEALTH FORUM

THE IMPORTANCE OF FAST IDENTIFICATION & UNDERSTANDING DISEASE PROGRESSION

Key notes for NAFLD management

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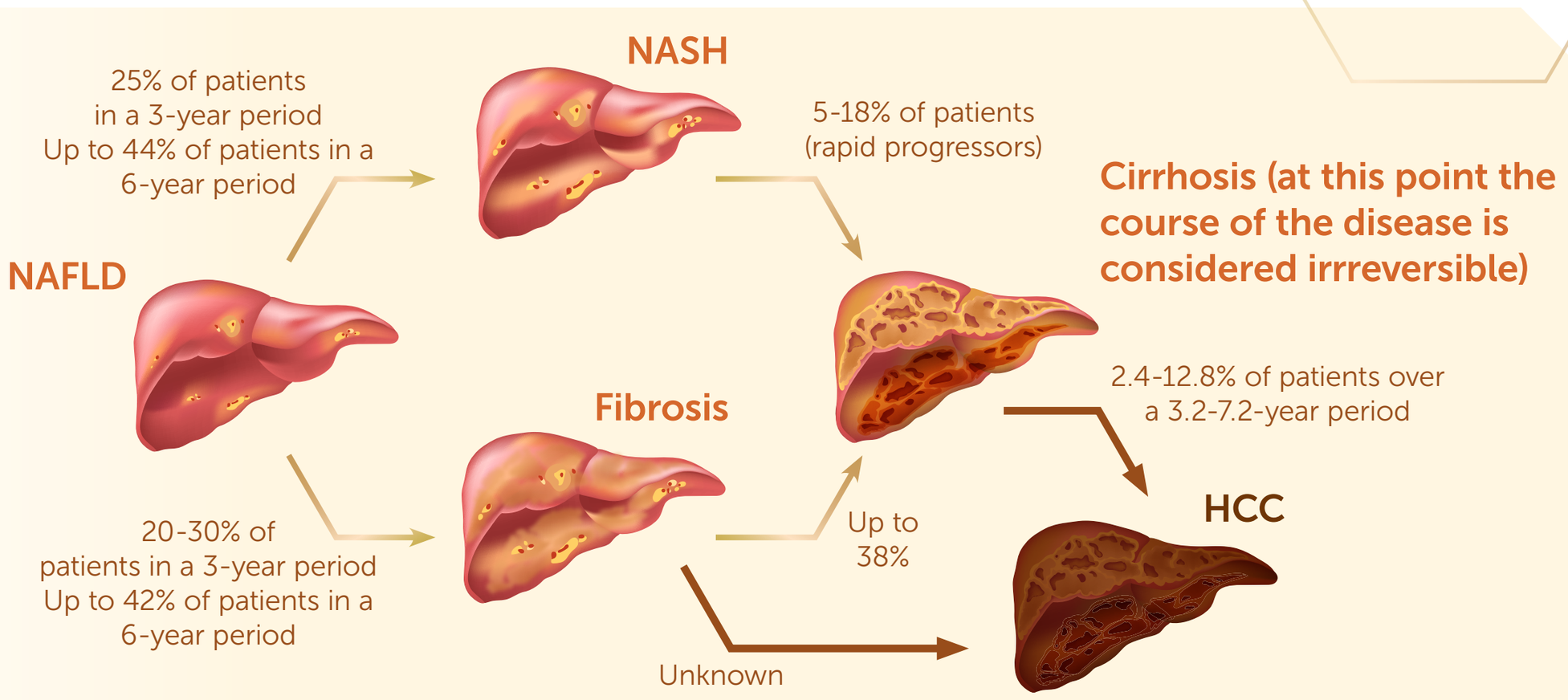
Natural history of NAFLD[1,2]



- Fibrosis progression rate in NASH: 1 stage per 7 years[1,2]
- 25% of patients progress quickly to cirrhosis in 9 years[1]

Fibrosis, more than NASH, is associated with **poorer outcomes** in NAFLD.[3]

Predictors of fibrosis progression in NAFLD

Factors	Details
Sex	Men and post-menopausal women have a higher risk of fibrosis *vs* pre-menopausal women. Oestrogen inhibits stellate cell activation and fibrogenesis.[1,4]
Age	Increase in age is associated with more severe fibrosis in patients with NASH.[1]
T2DM	The emergence of T2DM parallels fibrosis progression.[1]
BMI	An increase or decrease in BMI has been associated with progression or resolution of liver fibrosis, respectively, in patients with NAFLD.[1]
Inflammation	The degree of inflammation is associated with progression to advanced fibrosis.[1]
AST/ALT ratio	Ratio >1 is a risk factor for progression.[5]
Hepatic iron deposits, or hemochromatosis	Iron accumulation in hepatocytes is linked to mild NAFLD.[5]
Polymorphisms in the PNPLA3 and TM6SF2 genes	These genes code for proteins responsible for the production and breakdown of fats.[1]

Conclusions

Clinical management challenges are:

- **Stratification of patients** at higher risk of liver-related complications.
- **Identifying predictive factors** for progressive fibrosis, the most important parameter associated with patient outcomes.

ALT = Alanine transaminase. **AST** = Aspartate aminotransferase. **BMI** = body mass index. **CVD** = Cardiovascular disease. **HCC** = Heptacellular carcinoma. **NAFLD** = Non-alcoholic fatty liver disease. **NASH** = Non-alcoholic steatohepatitis. **T2DM** = Type 2 diabetes mellitus.

References

1. Bertot LC & Adams LA. *Int J Mol Sci.* 2016;17:774. **2.** Pais R & Maurel T. *J Clin Med.* 2021;10:1161. **3.** Hagström H, *et al. J Hepatol.* 2017;67:1265–1273. **4.** Yang JD, *et al. Hepatology.* 2014;5:1406–1414. **5.** Croke B & Sampson D. *J Nurse Pract.* 2012;8:45–50.

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