2nd GLOBAL LIVER HEALTH FORUM

DETECTING STEATOSIS IN CLINICAL PRACTICE

Insights from the EPOCH registry

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The presence of >5% steatosis is diagnostic for NAFLD#

RISK

It increases the risk of other diseases so must be detected and treated as soon as possible[1-3]

How can steatosis be detected without invasive tests?

Ultrasound is accurate & reliable *vs.* biopsy[4]

But requires specialist equipment

The **St-index** requires just **a tape measure** and patient

Three simple questions provide the answer:

AGE (years)

T2DM† Yes(1) / No(0)

Waist-to-height ratio (WHR)

St-index = -3.6 + 0.014*Age + 0.5*T2DM + 4.44*WHR

What the values mean

Sensitivity = 93.8%
NO Liver Steatosis

Indefinite zone
ULTRASOUND required

Specificity = 91.4%
YES Liver Steatosis

St-index value

-0.85 0.4

The EPOCH Study‡ confirmed the utility of the St-index in Real World Use[5]

 # NAFLD = Non-alcoholic fatty liver disease. **† T2DM** = Type 2 diabetes mellitus.
‡ Russian data base with ultrasound data from > 50 000 patients.

References

1. Kim GA, *et al.* J Hepatol. 2017:S0168-8278(17)32294-8. **2.** Zhou YJ, *et al.* J Dig Dis. 2012;13(3):153-60. **3.** Pan L, *et al.* Dig Liver Dis. 2021;53(2)153-157. **4.** Hernaez R, *et al.* Hepatology. 2011;54(3):1082-1090. **5.** Maev IV, *et al.* Adv Ther. 2020;37(11):4627-4640.

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