NAFLD CARE  DOES THIS PATIENT NEED LIVER CLINIC REFERRAL?

Nonalcoholic Fatty Liver Disease (NAFLD) is initially suspected when blood tests show elevated levels of liver enzymes and tests for hepatitis B, C, and autoimmune liver disease are negative in persons who do not drink alcohol or drink in no more than moderate amounts. Nonalcoholic Steatohepatitis (NASH) is fatty liver that progresses more quickly to cirrhosis. NASH can only be diagnosed by liver biopsy.

WORKUP

Elevated LFTs (ALT > 25 female; ALT > 35 male) or fatty infiltration on liver US in person with Metabolic Syndrome or Diabetes

Complete AUDIT-C

If alcohol intake < 2 drinks/day in a woman or < 3 drinks/day in a man, proceed with workup below.

If alcohol intake > 2 drinks/day in a woman or > 3 drinks/day in a man, recommend cessation of all ETOH for 3+ months. Then complete workup if ALT remains elevated.

Complete workup for other liver conditions should include: liver US, GGT, lipids, AsC, HBsAg, HbsAb, HCV antibody, HIV, NAFLD fibrosis score (NFS) and FIB-4 score (use CBC, LFTs to calculate these), iron panel, and autoimmune markers of ANA, smooth muscle antibody/actin, AMA, IgG, IgM.

If lab markers negative, (iron panel, viral or autoimmune hepatitis) = NAFLD

Complete fibrosis assessment algorithm (see pg 2) to determine follow up and need for FibroScan or Liver Clinic referral.

If lab markers positive, (iron panel, viral, or autoimmune hepatitis)

Liver Clinic Referral

NFS calculator and FIB-4 calculators available @ MDcalc.com

TREATMENT

There are no medical treatments yet for NAFLD and at this time the treatment for NASH is the same as NAFLD. In the future, medications will be available to treat NASH. Current treatment includes:

Diet: Gradual weight loss of 1 lb. a week (500 calories reduction/day). The Mediterranean/traditional Alaska Native diet is recommended to decrease steatosis, fibrosis, and improve insulin sensitivity.

Exercise: 30-60 minutes daily 5 times a week.

Vitamin E: 800 IU daily improves liver histology in non-diabetic patients with biopsy proven NASH. It is not recommended in diabetic patients or cirrhosis.

Bariatric Surgery: Foregut bariatric surgery can be considered in obese individuals with NAFLD or NASH as it can improve steatosis, liver histology and fibrosis.

HAVE A QUESTION?  WHO TO CALL

Liver Disease & Hepatitis Program – Call 907-729-1560 or 800-655-4837 and ask for a nurse or provider.
FIBROSIS ASSESSMENT IN NAFLD

Calculate NAFLD fibrosis score (NFS) and FIB-4 score (will need age, diabetes status, CBC, LFTs to calculate).

NFS < -1.455 and FIB-4 < 1.45 = nonalcoholic fatty liver (NAFL)

Follow up with PCP: 10% weight loss, exercise, and yearly LFTs. Refer to Liver Clinic for FibroScan if NFS > -1.455 or FIB-4 > 1.45.

FibroScan < 8kPa = NAFL

Follow up with PCP: 10% weight loss, exercise, and yearly LFTs. Repeat FibroScan in 3-5 years.

FibroScan ≥ 8kPa - < 10kPa

Follow up with PCP: 10% weight loss, exercise, and yearly LFTs. Repeat FibroScan yearly.

FibroScan ≥ 10kPa

PCP order MRE and refer to Liver Clinic when complete.

MRE result F0-F1 = NAFL

10% weight loss, exercise, and yearly LFTs. Repeat FibroScan in 3-5 years.

MRE result ≥ F2, consider liver biopsy.

NFS calculator and FIB-4 calculators available @ MDcalc.com