

Guest Editorial



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Diagnosing liver fat is not enough, what matters is diagnosing liver fibrosis

Recently AACE introduced a very innovative, practical and easy to incorporate into routine practice guidelines on early identification and risk stratification of patients with NAFLD. It can be used in primary care setting.

- We are well aware that NAFLD prevalence has increased in epidemic proportion and such patients are at high risk for insulin resistance, T2DM, atherogenesis, and myocardial dysfunction.
- Patients with hepatic steatosis identified on imaging, and/or elevated plasma aminotransferase levels that persist for longer than 6 months can further develop NASH and later fibrosis. The whole challenge lies in diagnosing significant fibrosis.
- The challenge does not lie in diagnosing liver fat but in diagnosing fibrosis, or the risk for clinically significant fibrosis.
- New AACE guideline has recommended FIB-4 score to identify liver disease in primary care setting. It is a mathematical calculation using blood tests that which physicians do usually in such cases. It is very simple and practical.
- Fibrosis-4 (FIB-4) index
 - ✓ It is calculated using the patient's age, AST level, platelet (PLT) count, and ALT level.
 - ✓ $\text{FIB-4 score} = \text{age (years)} \times \text{AST (U/L)} / \text{PLT (109/L)} \times \text{ALT } \frac{1}{2} \text{ (U/L)}$.
 - ✓ The FIB-4 index classifies patients as being at low, intermediate, or high risk for liver fibrosis.
 - ✓ The FIB-4 is not recommended for paediatric patients because the age part of the equation is not accurate for them.
- The FIB-4 stratification: Low, intermediate, or high risk for liver fibrosis.
 - ✓ Low risk can be managed in primary care with a focus on obesity management and cardiovascular disease prevention.
 - ✓ Intermediate risk- Do a second non-invasive test, such as a liver stiffness measurement by elastography or an enhanced liver fibrosis (ELF) test
 - ✓ High risk or still indeterminant- After two non-invasive tests, referral to a liver specialist for further testing, including possible biopsy, is advised.



The Medical **Bulletin**

- There are currently no FDA-approved medications specifically for NASH
- Pioglitazone and GLP-1 agonists have been shown to be effective in treating the hepatic steatosis and preventing progression.
- Time has come that physicians must screen for NAFLD in appropriate situations and freely use FIB-4 score to know the risk. FIB-4 score is available online.

Reference

American Association of Clinical Endocrinology Clinical Practice Guideline for the Diagnosis and Management of Nonalcoholic Fatty Liver Disease in Primary Care and Endocrinology Clinical Settings. Clinical Practice Guidelines |;(28), ISSUE 5, P528-562, May 01, 2022 DOI:<https://doi.org/10.1016/j.eprac.2022.03.010>

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