Non-Alcoholic Fatty Liver Disease

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What Is Non-alcoholic fatty liver disease?
Non-alcoholic fatty liver disease (NAFLD) is a condition of excessive fat deposits in the liver not due to other causes of liver disease, including excessive alcohol consumption.

Why is NAFLD important?
NAFLD is the leading cause of chronic liver disease in the U.S., affecting 10-46% of the population. The disease prevalence is expected to rise with increasing obesity.

NAFLD can worsen to a condition that is still reversible called non-alcoholic steatohepatitis (NASH) described as inflammation in the liver, and then ultimately to an irreversible scarring of the liver called cirrhosis.

How is NAFLD managed?
- Weight loss if BMI > 25 – Goal loss 5-10% of body weight at a rate of 1-2 lbs per week by lifestyle interventions of diet modification (with help of nutritionist) and exercise.
- Bariatric surgery for additional weight loss may be considered in individuals with NASH or liver fibrosis if liver enzymes don’t improve after 6 months.
- Treatment of other risk factors of cardiovascular disease (diabetes, high blood pressure, cholesterol) is very important and should be addressed with your primary care physician.
- Abstain from alcohol – can cause disease progression
- Immunizations – vaccinate for Hepatitis A and B

What are symptoms of NAFLD?
Most patients are asymptomatic in early stages. NAFLD progressed to advanced disease may have symptoms:
- Vague right upper abdominal discomfort or swollen abdomen
- Jaundice (yellowing of the skin and whites of the eyes)
- Easy bruising or bleeding

How is NAFLD diagnosed?
- Blood tests (elevation in liver enzymes)
- Radiographic imaging (ultrasound, CT scan, or MRI)
- Exclusion of significant alcohol consumption, viral hepatitis, and other causes of fatty liver disease or chronic liver disease
- Liver biopsy – needed only if diagnosis remains unclear

What is the prognosis of NAFLD?
- Prognosis is highly variable among individuals with NAFLD.
- A NAFLD fibrosis score (NFS) is a predictive model of possible morbidity and mortality by measuring age, BMI, blood glucose, and other blood tests assessing liver function.
- Weight loss is critical for reversal of NAFLD to normal liver.

References