Liver Fibrosis Tied to Poorer Health Outlook in Those With Fatty Liver Disease

Liver scarring was associated with poorer health outcomes and a higher likelihood of death for people with non-alcoholic fatty liver disease.

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Among people with non-alcoholic fatty liver disease (NAFLD), the presence of liver fibrosis (scarring) is associated with poorer liver-related health outcomes as well as a higher risk of death, MedPage Today reports. This finding from a recent review and meta-analysis of numerous studies also held true for the subset of those people with the more severe form of fatty liver disease, non-alcoholic steatohepatitis (NASH).

Rod Taylor, PhD, MSc, of the University of Glasgow, and colleagues analyzed data from 13 published studies, including one randomized controlled trial and 12 observational cohort studies, that between them included 4,428 people with NAFLD. Among this group were 2,875 people with NASH.

The studies were published between 2009 and 2019 and included a diverse collection of populations from Asia, the Middle East, Europe, Britain, Scandinavia, North America, the Caribbean and Australia.

The median age of the cohort members was 51 years old. The group was about evenly split between men and women.

Forty-two percent of the cohort members had high blood pressure, 48% had diabetes and 24% were taking a cholesterol-lowering statin. The median body mass index (BMI) was 31.3 (a BMI of 30 or above is considered obese).

Twenty-three percent of the cohort had Stage 0 fibrosis (no scarring), 25% had Stage 1 (mild scarring), 14% had Stage 2 (moderate scarring), 21% had Stage 3 (advanced scarring) and 17% had Stage 4 fibrosis (severe scarring, otherwise known as cirrhosis).

Compared with those with Stage 0 fibrosis, those with increasing stages had progressively worse liver-related health outcomes and an increasing risk of death. In particular, compared with those

with no fibrosis, those with cirrhosis had a 3.42-fold increased risk of death from any cause, an 11.13-fold increased risk of liver-related death, a 5.42-fold increased likelihood of undergoing a liver transplant and a 12.78-fold risk of other liver-related health events.

Adjusting the data to account for factors such as age and sex did not significantly alter the associations between increasing fibrosis and poorer health and mortality outcomes. Nor did narrowing the scope of the inquiry to the subset of those with NASH alter the findings.

“ Further studies are needed to assess the association between fibrosis stage and patient quality of life and establish that change in liver fibrosis stage is a valid endpoint for use in clinical trials,” the study authors concluded.

To read the study abstract, click here.

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