Race and Ethnicity Linked to Fatty Liver Disease and Cirrhosis Risk

Latino individuals are at higher risk for NAFLD, but Black people with NAFLD are more likely to develop cirrhosis.

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While Latino individuals face a higher risk of developing non-alcoholic fatty liver disease (NAFLD) than other racial or ethnic groups, Black people who develop NAFLD or its more severe form, non-alcoholic steatohepatitis (NASH), are more likely to progress to liver cirrhosis, according to findings presented at the 2021 AASLD Liver Meeting.

Arising from the accumulation of fat in the liver, NAFLD and NASH are responsible for a growing proportion of advanced liver disease worldwide. As a result of inflammation, NAFLD can lead to the buildup of scar tissue (fibrosis), cirrhosis and even liver cancer. With no effective approved medical therapies, disease management is dependent on lifestyle changes such as weight loss and exercise. Previous research has shown that Latinos have higher NAFLD rates compared with white people, while Black people have lower rates compared with white individuals.

Scott Minchenberg, MD, of Beth Israel Deaconess Medical Center in Boston, and colleagues studied the association between race/ethnicity and NAFLD outcomes using a national electronic medical record database consisting of 30 million individuals across academic, hospital and community care centers.

The researchers included people who were diagnosed with NAFLD or NASH as well as those who met the criteria for a risk profile, including being over age 50 and having high levels of liver enzymes, a high body mass index or type 2 diabetes. Those with viral hepatitis or heavy alcohol use were excluded from the study.

Some 81,108 individuals were ultimately included in the analyses: 17,582 people with NAFLD, 914 with NASH and 62,612 who met the risk criteria. The researchers found that Black participants were less likely to develop NAFLD or NASH but those who did were at higher risk for compensated cirrhosis and decompensated cirrhosis (liver failure) compared with white individuals. On the other hand, Latinos were more likely to develop NASH but less likely to develop compensated or decompensated cirrhosis compared with white people. However, the researchers found no links between race/ethnicity and the likelihood of developing liver cancer or needing a liver transplant.

“Many external factors that may contribute to these findings include access to health care, socioeconomic status, trust [in] the health care system and underdiagnosis of NAFLD/NASH in African Americans,” the researchers suggested. An alternate hypothesis, they added, is that African Americans who developed NAFLD/NASH may have genetic variations that promote fat accumulation and inflammation in the liver.

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