# Fatty Liver Disease Research From the 2018 International Liver Congress

April 18, 2018 By Lucinda K. Porter RN

For the past few days, I've been providing snapshots of the latest research presented at the 2018 International Liver Congress (ILC). Today I cover fatty liver disease. (Note: Conference presentations represent part of the story and unless and until these studies are published in a peer-reviewed journal, these data and conclusions are considered preliminary.)

Abstract: THU-095 Burden of comorbidity in patients with advanced NASH-a retrospective analysis using a large US insurance claims database - T.D. Kou, et al.

Summary: Nonalcoholic fatty liver disease (NAFLD) is on the rise. One of the potential consequences of NAFLD is nonalcoholic steatohepatitis (NASH). People with NASH have a higher risk of cirrhosis, end-stage liver disease, liver transplantation, and death. Using a large insurance claims database, researchers sought to get a better understanding of the natural history of NASH.

Reviewing 13 years of data, there were 112,183 NASH patients with advanced fibrosis. Compared to the general population, NASH patients had a higher prevalence of pulmonary disease, type 2 diabetes, cardiovascular risk factors, rheumatologic disease, and other chronic medical conditions. NASH patients with advanced fibrosis were more likely to have various comorbid conditions compared to NASH patients without advanced fibrosis.

Editorial Remarks: To read more about this lifestyle-related liver disease, click here.

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Abstract: PS-057 Substantial comorbidities and rising economic burden in real world non-alcoholic fatty liver disease (NAFLD)/non-alcoholic steatohepatitis (NASH) patients with compensated cirrhosis (CC):A large German claims database study - A. Canbay, et al.

Summary: This German study analyzed 5 years of data collected from 800 patients with non-alcoholic fatty liver disease (NAFLD)/non-alcoholic steatohepatitis (NASH) who had compensated cirrhosis. These patients had multiple comorbidities, such as hypertension (nearly 80 percent), type-2 diabetes (more than 50 percent), cardiovascular diseases (nearly 59 percent) and hyperlipidemia (nearly 50 percent). One in five patients died within a year of being diagnosed with cirrhosis. Health care costs rose substantially when patients reached cirrhosis.

Editorial Remarks: Although this research was conducted in Germany, I believe the basic findings would apply to people in the United States. In fact, the data may be worse, especially upon considering the findings in the next abstract.

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Abstract: PS-060 Food insecurity increases the risk of advanced fibrosis in diabetics with nonalcoholic fatty liver disease - R. Rosenblatt, et al.

Summary: Food insecurity is on the rise in the United States. Food insecurity occurs when there isn't reliable access to enough affordable, nutritious food. In order to eat, people may turn to cheaper more readily available food sources, which tend to be less nutritious.  This study found that food insecurity is associated with increased risk of advanced fibrosis, particularly among patients with diabetes.

Researchers looked at 10 years of data collected from over 21 million patients with diabetes. More than 77 percent reported full food security and 6 percent reported very low food security. Very low food security was significantly associated with an increased risk for advanced fibrosis. Those most at risk for low food security are: Blacks, Latinos, uninsured, and those with an education level below secondary school.

Editorial Remarks: This is heartbreaking, especially in light of recent cuts to food subsidy programs. Less money for food leads to higher health care costs. The irony is that food is cheaper than health care and yet we still try to cut corners with food.

Tomorrow I'll discuss more research from the 2018 International Liver Congress.

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