

High rates of liver disease progression and mortality observed in patients with NAFLD/NASH

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Two independent national studies have reported high rates of liver disease progression and mortality among patients with non-alcoholic fatty liver disease/non-alcoholic steatohepatitis (NAFLD/NASH). The studies reported today at The International Liver Congress 2019 in Vienna, Austria, found that within 10 years of diagnosis, up to 11% of patients with NAFLD/NASH had progressed to advanced liver diseases (defined as NAFLD/NASH patients with compensated cirrhosis [CC], decompensated cirrhosis [DCC], liver transplant [LT] or hepatocellular carcinoma [HCC]), and up to 27% of patients with NAFLD/NASH and CC had developed liver decompensation.

Fatty liver is a complex condition that affects up to one-quarter of adults worldwide. The condition is considered to be the liver manifestation of metabolic syndrome and encompasses a histological spectrum from the relatively benign non-alcoholic fatty liver to NASH, which typically has an aggressive course. NAFLD/NASH can lead to cirrhosis or HCC, and is set to become the predominant cause of liver disease in many parts of the world; however, their [natural history](#) remains incompletely defined.

In the first study, 215,655 NAFLD/NASH [patients](#) were identified retrospectively from a German insurance claims database (InGef; 2011-2016) with 100,644 new events of different liver severity stages identified during the follow-up: 79,245 events (78.7%) of non-progressive NAFLD/NASH, 411 events (0.4%) of CC, 20,614 events

(20.5%) of DCC, 11 events (0.01%) of LT and 363 events (0.4%) of HCC. Amongst those with advanced liver diseases, mortality rate during 1 year of follow-up increased by up to 50% (range 8.8-51.2%), compared with non-progressive NAFLD/NASH patients (1.2%, p

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