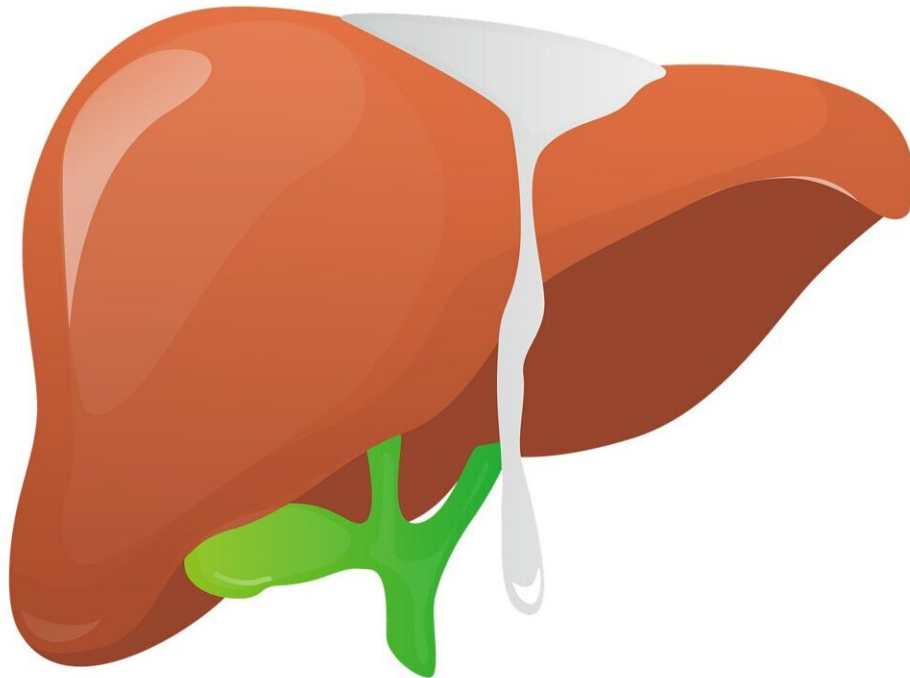


Best practice advice for diagnosing, managing NAFLD in lean individuals

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Nonalcoholic fatty liver disease (NAFLD) is well recognized as a leading cause of chronic liver disease, affecting more than 25 percent of the U.S. and global population. One in four individuals with NAFLD have

nonalcoholic steatohepatitis—a type of liver disease in which fat builds up in the liver of people who drink little or no alcohol, which is associated with significant morbidity and mortality due to complications of liver cirrhosis, hepatic decompensation (deterioration of liver function) and liver cancer.

Although NAFLD is observed predominantly in persons with obesity and/or type 2 [diabetes mellitus](#) (T2DM), an estimated seven to 20 percent of individuals with NAFLD have lean body build. Unfortunately, limited guidance has been available to clinicians on appropriate clinical evaluation in lean individuals with NAFLD until now.

Researchers have compiled a clinical practice update where they provide best practice advice on how to diagnose and manage nonalcoholic fatty [liver disease](#) among lean persons

"This expert review was commissioned and approved by the American Gastroenterological Association (AGA) Institute Clinical Practice Updates Committee and the AGA Governing Board to provide timely guidance on a topic of high clinical importance to the AGA membership and underwent internal peer review by the Clinical Practice Updates Committee and external peer review," said corresponding author Michelle T. Long MD, MSc, associate professor of gastroenterology at Boston University School of Medicine.

Among the 15 best practice advice statements are:

- Lean NAFLD should be diagnosed in individuals with NAFLD and a [body mass index](#) (BMI) ² (non-Asian race) or a BMI

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