

# More screening vigilance needed to fight chronic liver disease: Study

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A new study by QIMR Berghofer published in the [\*Medical Journal of Australia\*](#) has highlighted the critical need for doctors to be more vigilant with early detection and monitoring of liver complications in patients

with diabetes and obesity.

A rise in Australians with diabetes and obesity is coinciding with an increasing number of people diagnosed with [non-alcoholic fatty liver disease](#) (NAFLD), many aged in their 20s and 30s.

NAFLD describes a build-up of fat in the [liver](#), which can affect the organ's function and lead to scarring, otherwise known as fibrosis, of the liver. In some cases, it can also lead to liver cancer.

About 5 million Australians have NAFLD, and an estimated 7 million will live with the condition by 2030. Although most people with NAFLD do not develop complications, it is very common in people with diabetes, and is usually asymptomatic and often not diagnosed.

Diabetes affects about 1 in 20 Australians, with 15% of those living with the risk of serious health impacts of fibrosis of the liver.

The study used data from more than 8,000 Queensland residents aged 20 years or older admitted to Queensland hospitals with NAFLD or non-alcoholic steatohepatitis (NASH) between 2009 and 2018.

The implications are profound. Those with NAFLD, especially in conjunction with diabetes, are at risk of progression towards conditions such as cirrhosis, [liver cancer](#) and liver failure.

QIMR Berghofer's Cancer and Chronic Disease Group Leader Professor Patricia Valery said the rate at which NAFLD progression occurred in people with diabetes and cirrhosis was alarming, with 37% developing liver-related complications within a decade.

In patients diagnosed only with diabetes, nearly 10% developed liver-related complications within 10 years.

Professor Valery said data on the issue, particularly in Australian patients, was lacking.

"Given the greater risk of developing serious liver complications in people with diabetes, identifying advanced fibrosis and providing appropriate interventions to avert [disease progression](#) is vital," she said.

"We want this data to alert all clinicians to the fact this is a growing problem and while they are managing patients with diabetes, obesity and [metabolic syndrome](#), they also need to be vigilant in screening for NAFLD as well."

Lifestyle changes and the management of metabolic comorbidities are the only treatments for NAFLD at present.

While new [diabetes](#) drugs were showing encouraging results in reducing the progression of NAFLD, Professor Valery said improving early recognition of the condition was still paramount.

QIMR Berghofer Clinical Director and hepatologist Professor Elizabeth Powell said Professor Valery's work would positively impact clinicians in the field as well as other health organizations.

"This research is an important step in documenting the significance of NAFLD which is likely to become an even bigger burden on health care in the future," she said.

**More information:** James O'Beirne et al, Diabetes mellitus and the progression of non-alcoholic fatty liver disease to decompensated cirrhosis: a retrospective cohort study, *Medical Journal of Australia* (2023). [DOI: 10.5694/mja2.52104](https://doi.org/10.5694/mja2.52104)

Provided by QIMR Berghofer

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