

South West London CCG Protocol for Diagnosis and Referral of Non Alcoholic Fatty Liver Disease (NAFLD)

NAFLD is common in patients with type II diabetes, dyslipidaemia, hypertension and BMI>25. It may be diagnosed by liver ultrasound appearances or when abnormal liver function tests occur in association with the above risk factors and with an otherwise normal non-invasive liver screen (see guidance on managing abnormal LFTs).

All patients with NAFLD should have a fibrosis assessment, which can be requested and completed in primary care, in order to identify patients with advanced fibrosis. Advanced fibrosis is associated with progression to liver cirrhosis, hepatocellular carcinoma as well as myocardial infarction, ischaemic stroke and death from cardiovascular causes. These patients should be referred to a specialist Hepatology service. Patients without advanced fibrosis should be managed in primary care with medical and lifestyle measures to improve cardiovascular and liver outcomes.

NAFLD fibrosis assessment:

Step 1 – Calculate FIB-4

Using ALT, AST and platelet count (yellow top and EDTA)

See free online calculator: <https://ncl.gpwebsite.org/fib-4-calculator>

If **FIB-4 <1.3** (<2.0 if over 65) = low risk of advanced fibrosis (NPV 88-95%) and manage in primary care

If **FIB-4 >3.25** (>2.67 if over 65) = high risk of advanced fibrosis or cirrhosis (PPV 75-90%) and refer to Hepatology service

If **FIB-4 =1.3-3.25** (2.0 to 2.67 if over 65) = intermediate risk of advanced fibrosis and **go to step 2 ELF**

Step 2 – Order ELF (Enhanced Liver Fibrosis) test

This can only be ordered if a FIB-4 result is provided and is indeterminate (yellow top)

If **ELF <9.5** = low risk of advanced fibrosis and manage in primary care

If **ELF >9.5** = high risk of advanced fibrosis or cirrhosis and refer to Hepatology service

