

Diagnosis: Non-Alcoholic Fatty Liver Disease (NAFLD)

What is it?

Non-Alcoholic Fatty Liver Disease (NAFLD) is an umbrella term that refers to a number of liver conditions. The two main characteristics are the presence of fat stored in the liver and the fact that the patient drinks little to no alcohol (differentiating it from liver disease that is caused by heavy alcohol consumption).

There are two types:

Nonalcoholic fatty liver (NAFL), which is typically benign and involves an increased amount of fat in the liver, but no inflammation.

Nonalcoholic steatohepatitis (NASH), which includes both an increased amount of fat in the liver and inflammation that can lead to scarring of the liver.

Most people who are diagnosed with NASH have tests that remain stable after diagnosis, and do not develop serious liver problems. For some, NASH increases over time leading to complications, the most serious of which is cirrhosis or permanent scarring.

The cause of NAFLD is not fully understood, though Insulin resistance is thought to play an important role in this condition. NAFLD is associated with other metabolic conditions such as diabetes, hypertension, abnormal cholesterol, and PCOS, and can have a hereditary predisposition. Though NAFLD is associated with larger body size, body size itself is not the cause of this condition.

How is it diagnosed?

Since NAFLD does not typically cause symptoms, it is often found incidentally on blood or radiologic tests.

The first step in diagnosis is a blood test for enzymes that typically reside in liver cells called aminotransferases. Two of the most commonly tested are aspartate aminotransferase (AST) and alanine aminotransferase (ALT). If these enzymes are found to be elevated in the bloodstream it is a sign that the liver is inflamed or damaged.

After the blood tests indicate a possible issue, the diagnosis is confirmed using ultrasound, CT, and/or MRI scans. It is important to use additional tests to assess for other causes of liver inflammation, including viral Hepatitis, iron overload, autoimmune liver disease, thyroid disease, and Celiac disease. A special type of ultrasound called elastography, which looks at liver stiffness, may also be done to assess for fibrosis, or scarring of the liver. Depending on those results, a liver biopsy may be performed.

Fatphobia and Body Weight in Diagnosis and Treatment

Weight loss is often prescribed to patients with NAFLD. In addition to the fact that weight loss almost never results in significant long-term weight loss (and often results in weight gain), there are also no long-term studies that show efficacy of weight loss as a treatment for NAFLD. You can read more about why we don't recommend weight loss here: <https://haeshealthsheets.com/why-we-dont-recommend-intentional-weight-loss/>

In fact, severe caloric restriction can actually worsen liver inflammation, as can restrict/binge cycles that often occur when weight loss is prescribed. Gastric bypass surgeries can also lead to worsening NAFLD in some cases.

Additionally, as NASH improves, patients often gain or have no change in their weight, a further sign of the disconnection between NASH and body weight.

So you have NAFLD. How is it treated?

Movement has been shown to positively affect NAFLD

Managing blood sugar can be helpful for those with Type 2 Diabetes.

Get vaccinated for hepatitis A and B, since having those in combination with NASH can increase the risk of liver failure.

Managing cholesterol can help control symptoms and disease progression.

Avoid heavy alcohol use, as this can lead to progression of liver disease.

Rosiglitazone and pioglitazone have been shown by some studies to help, but there can be side effects and contraindications, so check with your healthcare practitioner (HCP).

Supplements including Omega-3 fatty acids, Berberine, and vitamin E (for those who don't have diabetes) and vitamin C may help. Speak to a qualified, HAES-based HCP before beginning any supplementation.

Food Recommendations

Some studies have shown that, for those who drink more than two cups a day, drinking coffee can be protective for the liver. When it comes to food recommendations, we suggest you work with a qualified, HAES-informed dietitian.

If you're dealing with disordered eating or an eating disorder (including restriction and/or binging) we definitely recommend that you seek out support from a qualified, HAES-informed practitioner or treatment program.

You can find a list of HAES providers on our Resources page: <https://haeshealthsheets.com/resources/>