

Information about

# Fatty Liver Disease

## What is fatty liver disease?

'Fatty liver disease' describes a range of conditions caused by an accumulation of fat in the liver. The disease affects about 10% of Australians and is the most common reason for mildly abnormal liver test results. It rarely causes pain, does not cause nausea or fatty food intolerance, but can sometimes indicate other health problems.

## What causes fatty liver?

Fatty liver is not caused simply by eating fatty foods. It is associated with health problems such as:

### Most commonly

- Obesity (about 20% of people considered obese have fatty liver disease)
- High blood cholesterol and triglycerides
- Type 2 diabetes mellitus
- Heavy alcohol use

### Less common causes

- Underactive thyroid
- Certain drugs
- Polycystic ovary syndrome
- Complications late in pregnancy

Some of these conditions are associated with resistance to insulin, a hormone the body produces to maintain normal amounts of sugar in the blood. If you are insulin-resistant, your body is not as sensitive as it should be to the effect of insulin, and so blood sugar levels can exceed the normal range. By losing weight and increasing physical activity, you can reduce insulin resistance.

## What is NAFLD (Non-alcoholic fatty liver disease)?

NAFLD (often referred to simply as 'fatty liver') is the most common kind of fatty liver disease. It can result in liver damage later especially if fat accumulation in the liver progresses with inflammation (see NASH).

## What is NASH (Non-alcoholic steatohepatitis)?

NASH is a chronic disease in which accumulated fat in liver cells causes liver inflammation. The condition very slowly gets worse and is more likely to be a problem if you also have another liver disease, such as hepatitis C or B, or if you drink too much alcohol. In some individuals, NASH may gradually progress to scarring of the liver and to more serious chronic liver disease, such as cirrhosis.

NASH typically occurs in people who are overweight and diabetic, with high blood cholesterol and triglyceride levels. You should therefore minimize or control as many as possible of these risk factors.



An information leaflet for patients and interested members of the general public prepared by the Digestive Health Foundation

**SECOND EDITION 2011**

## How is fatty liver diagnosed?

Because fatty liver disease does not usually cause pain, nausea or fatty food intolerance, many people do not realise they have it until a routine blood test suggests a liver problem. If this happens to you, your doctor may organise an ultrasound of the liver to check for fat. A liver biopsy may be suggested but this is rarely necessary. The biopsy allows liver cells to be examined under a microscope in order to assess the degree of fat accumulation, inflammation and more importantly, scarring of the liver.

## What should you do if you have NAFLD or NASH?

There are no specific drug treatments yet for either NAFLD or NASH, but a number of lifestyle changes will help considerably!

- If you are overweight, begin a weight management program that aims at gradual loss of around 0.25 to 0.5 kg per week until you reach your ideal weight for your height and ethnicity. Aim for a waistline of 80cm (or less) if you are a woman, or 95cm (or less) if you are a man.
- Exercise at least 5 days a week. If possible, enjoy both aerobic and resistance exercise eg. a brisk half-hour walk, low impact weight training.
- Eat a healthy diet especially one that is low in fat, high in fibre, low in calories. Also, pay attention to food portions/serves. Contrary to popular opinion, no particular diet is liver-cleansing, but a healthy one greatly aids general wellbeing and fitness. Your doctor or dietitian can provide you with a well balanced and nutritious plan.
- Take at the recommended intervals any drugs your doctor prescribes to control high blood sugar (insulin resistance) or high cholesterol/triglycerides.
- Avoid or minimise alcohol.
- Do not take any drugs your doctor has not prescribed for you.

Make the required changes and maintain them. Have regular check-ups with your doctor. That way, you can expect to lead a healthy life, even with fatty liver disease.

## In summary

Fatty liver disease is common in Australia, but most people with the disease can improve their health through simple and sustained lifestyle measures such as a low fat, low calorie diet, care with food portions and increased exercise.

To find out more about changes you can make to help your liver, or if you have questions or concerns, see your doctor.

## Digestive Health Foundation

This information leaflet has been designed by the Digestive Health Foundation as an aid to people who have Fatty Liver Disease or for those who wish to know more about it. This is not meant to replace personal advice from your medical practitioner.

The Digestive Health Foundation (DHF) is an educational body committed to promoting better health for all Australians by promoting education and community health programs related to the digestive system.

The DHF is the educational arm of the Gastroenterological Society of Australia (GESA). GESA is the professional body representing the specialty of gastrointestinal and liver disease. Members of the Society are drawn from physicians, surgeons, scientists and other medical specialties with an interest in gastrointestinal disorders. GI disorders are the most common health related problems affecting the community.

Research and education into gastrointestinal disease are essential to contain the effects of these disorders on all Australians.

For further information on a wide variety of gastrointestinal conditions is available on our website.

**dhf**

Digestive Health Foundation

**Digestive Health Foundation**

c/- GESA

PO Box 508, Mulgrave 3170 Victoria, Australia

Telephone 1300 766 176 Facsimile (03) 9802 8533

[www.gesa.org.au](http://www.gesa.org.au)

©Copyright: Digestive Health Foundation June 2011 32324

This leaflet is promoted as a public service by the Digestive Health Foundation. It cannot be comprehensive and is intended as a guide only. The information given here is current at the time of printing but may change in the future. If you have further questions you should raise them with your own doctor.