

## **Fatty Liver (otherwise known as non-alcoholic fatty liver disease, or NAFLD)**

As the prevalence of obesity has increased over the past 20 years, so has the prevalence of “pre-diabetes” and NAFLD. When I was in training at Case Western Reserve University in the mid-1980's, I never even heard of NAFLD. Now, about 10% of my practice has NAFLD – there is an epidemic of this condition due to obesity, a preponderance of simple white carbohydrates in our diets, and a paucity of fiber/fruits/vegetables in our diets.

NAFLD can EASILY be treated by weight loss and a change in diet. NAFLD can progress to cirrhosis and liver failure. More commonly, NAFLD is simply a marker for diabetes risk. Type 2 diabetes doesn't just appear from nowhere – it brews for YEARS. The first sign is often NAFLD – a manifestation of insulin resistance (which is the hallmark of type 2 diabetes – you produce LOTS of insulin, but your fat cells soak it all up, causing “resistance” to your insulin). The calories have to go somewhere, and they end up in fat cells as well as depositing fat in places that shouldn't have fat – like the liver.

The current suggested evaluation of fatty liver includes testing for common viruses (hepatitis B and hepatitis C), looking for hemochromatosis (by checking iron studies), and doing a liver ultrasound. If the ultrasound confirms the diagnosis, no further testing is warranted. HOWEVER, routine monitoring of liver tests, platelet count, and INR (looking at how well the liver is making certain coagulation proteins) is suggested.

It is also suggested that everyone with NAFLD be immunized against hepatitis A if he/she is not already immune, as well as hepatitis B. Why? If you have mild liver disease, getting acute hepatitis from food/water (hepatitis A) or blood/sex (hepatitis B) is bad news. Your mild liver disease can morph into really serious liver disease. So, if you are not immune to hepatitis A and/or B, I will give you a prescription for the vaccine, and (if you choose to buy it) I will administer it to you in the office (as an intramuscular shot – for hepatitis A, this involves 2 shots separated by 6 months; for hepatitis B, it is 3 shots given over 6 months).

Clearly, if you have one liver problem, you don't want another – so limiting liver toxins is important. The most common liver toxin is ALCOHOL – if you have a fatty liver, I suggest you NOT drink any alcohol at all. Avoiding anti-inflammatories like Advil and Aleve would also be wise. Don't take any herbal supplements – they often contain things that can harm the liver. The FDA does not have jurisdiction to regulate “herbal” medications. Some contain hidden liver toxins – it is best just to avoid them.

“Clean living”, regular exercise (30 minutes per day – aerobic), and losing weight to get down to a BMI of 25 will all help your liver. Your liver works hard for you – shouldn't your work hard for your liver??!

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