

Using Nationally Representative Dataset to Understand Trends & Risk Factors for Non Alcoholic Fatty Liver Disease in the US Hanan Al-Awadhi, Paawan Singh, Luke Bruski, Wesley Marrero Colon, Seungho Woo, Mariel Lavieri^{*}, Neehar Parikh^{**}, David Hutton^{*,***}

Problem Statement

- M Non alcoholic fatty liver disease (NAFLD) is an umbrella term for a range of liver conditions affecting people who drink little to no alcohol. Recently, it has become the most common liver disease in the Western countries.^{1,2} M NAFLD includes non alcoholic steatohepatitis (NASH) which could at a later stage progress into cirrhosis and hepatocarinogensis (liver cancer). ^{1,2}
- M The treatment options for cirrhosis, liver cancer and liver failure are currently limited to liver transplantation.³ M As of September 2018, more than 14,000 patients are actively listed on the United Network for Organ Sharing (UNOS) waiting list for liver transplantation.⁴
- M The rising prevalence in NAFLD and NASH among the US population could further impact the supply of donor livers. M Predictive modeling of NAFLD and NASH, could help in devising disease management programs, mitigation strategies and related policies for healthier population and adequate supply of donor livers.



Modeling Approach

	Mathematical modeling and analysis of the National Health and Nutrition Examination Surve public data between 2005 and 2016 were perfor 9.4 (SAS Institute Inc.) to further understand trends and risk factors among adult US populatio
M	Dataset included 14,864 adult participants (> 18
M	US Fatty Liver Index (USFLI) was used as a revealidated estimate on the US population steatosis. ⁶
M	NAFLD was defined as having a USFLI > 30 in the heavy alcohol use and other known liver diseases
M	NAFLD Fibrosis Score (NFS) was defined as the property low/high risk of having advanced fibrosis. NFS positive predictor value of advanced fibrosis.
M	Significant alcohol intake (heavy drinking) was having > 2 drinks per day for men or > 1 drink women.

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Results

Figure (2): Prevalence of USFLI among US adult population between 2005 and 2016. In absence of heavy alcohol drinking, a value of USFLI > 30 indicates presence of NAFLD.

Prevalence of NAFLD & NFS



Figure (3): Prevalence of NAFLD among US adult population between 2005 and 2016.



Figure (4): Prevalence of NFS among NAFLD patients between 2005 and 2016 in the US. NFS >



Figure (5): Prevalence of advanced fibrosis among NAFLD patients between 2005 and 2016 in the US.



Figure (7): Prevalence of NAFLD among US Adult Population relative to their blood pressure between 2005 and 2016.

40.0%

continuous ey (NHANES) rmed in SAS

- the NAFLD n.
- years).
- noninvasive, for hepatic
- e absence of robability of
- > 0.676 is a
- defined as per day for

What could impact NAFLD?

Figure (6): Prevalence of NAFLD among US Adult Population relative to their BMIs between 2005 and 2016.





Figure (8): Prevalence of NAFLD among US Adult Population relative to their highest educational level between 2005 and 2016.



Figure (9): Prevalence of NAFLD among US Adult Population relative to their family income between 2005 and 2016.



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Study Limitations

- participants.⁷
- not geographically.
- subject to social desirability bias.

- prospective study. Gastroenterology 2011; 140 (1): 124-131.
- 2005-2023.
- 125f5330-5bb5
- Non Alcoholic Fatty Liver Disease. Accessed 07 Septmeber 2018: <u>https://www.prod5.com/</u>
- Nutrition Examination Survey. Aliment Pharmacol Ther, 41: 65-76.
- https://www.cdc.gov/nchs/data/bsc/bscpres_porter_june_2018.pdf

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Future Steps

Analyze possible correlations between NAFLD and unexamined social determinants of health through regression modeling. Propose recommendations for NAFLD disease management programs and mitigation strategies based on study findings. Develop predictive model(s) for donor livers supply in the US, and then propose policies to ensure adequate supply of donor livers.

In recent years, the Centers for Diseases Control & Prevention (CDC) reported declining response rates among the NHANES

NHAHES data are demographically representative of the US but

NHANES is a cross-sectional study, not a longitudinal study, and is

References

Williams CD, Stengel J, Asike MI, Torres DM, Shaw J, Contreras M. Prevalence of nonalcoholic fatty liver disease and nonalcoholic steatohepatitis among a largely middle-aged population utilizing ultrasound and liver biopsy: a

Chalasani N, Younossi Z, Lavine JE, Diehl AM, Brunt EM, Cusi K, et al. The diagnosis and management od nonaalcoholic fatty liver disease: practice guideline by the American Association for the Study of Liver Diseases, American College of Gastroenterology, and the American Gastroenterological Association. Hepatology 2012; 55(6):

The American Liver Foundation. The Progression of Liver Disease. Accessed 07 September 2018: nttps://liverfoundation.org/for-patients/about-the-liver/the-progression-of-liver-disease/#1503433374439-

4. US Department of Health & Human Services. Organ Procurement Transplantation Network. Accessed 07 September 2018: <u>https://optn.transplant.hrsa.gov/data/view-data-reports/national-data/#</u>

Ruhl, C. E. and Everhart, J. E. (2015), Fatty liver indices in the multiethnic United States National Health and Porter KS (2018, June). NHANES 2023: The Future is Now. Accessed 07 September 2018:

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