NAFLD: CASE-FINDING IN DIABETIC PATIENTS FROM PRIMARY CARE USING FIB4 SCORE

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Introduction

In contrast to European guidelines, recent NICE and BSG guidelines state that further evidence is required to establish the cost-effectiveness of case-finding for non-alcoholic fatty liver disease (NAFLD) in high risk groups such as type 2 diabetics (T2DM) before it can be recommended. We present initial Results of a pilot of case-finding for NAFLD in T2DM patients in a GP practice in the North East of England using Fib4 scores, in order to assess the likely cost implications of such screening in the community.

Methods

76 successive patients attending their GP practice for routine diabetic review had a Fib4 score calculated. Those who had Fib4 score above defined age-related cut-offs (1.35 for <65 year olds, >2.00 for 65–80 year olds and >3.25 in over 80 year olds) were referred to secondary care for further evaluation (including fibroscan or liver biopsy). We looked at referral rates in order to extrapolate the number of likely referrals to secondary care and cost implications if this approach was rolled out across the local area.

Results

76 successive patients were screened with Fib4 scores at diabetic review. 18 (23%) were female and 58 (77%) male, age 31–93 (mean age 64 yo) with a mean BMI of 31.08. Alcohol consumption ranged from 0–40 units with a mean of 5.4 units per week. Of 76 patients, 10 (13.15%) were found to have scores above the age related cut-off (mean age 69.8). None of these had previously been referred to secondary care. Of these, 8/10 (80%) had an ALT within ‘normal’ range and 4 (40%) had an ALT of <20, 4/10 (40%) were thrombocytopenic (plt <150) and 8/10 (80%) had plt count <200. 6 of the 8 (75%) patients with raised ALT (>40) in the cohort had a Fib4 score below the age related cut-off. 5 were unsuitable for referral because of significant co-morbidities or inability to consent. 5/76 (6.57%) were referred to secondary care for consideration of Fibroscan/ liver biopsy.

Conclusions

This initial pilot confirms that abnormal liver function tests do not correlate well with fibrosis scores, and diagnosis of NAFLD based on abnormal liver function tests is likely to miss patients with advanced fibrosis. Based on this initial pilot, the referral rate for Type 2 diabetics following Fib4 screening would be 6.57%. In our local area, with an estimated 10 000 patients with T2DM, this would generate an estimated 657 referrals. These patients would require ultrasound scans, secondary liver screens and fibroscan and/or liver biopsy to stage disease, and there would then be additional costs associated with surveillance of patients who may have advanced fibrosis or cirrhosis. The next step is to assess the patients referred via the pathway with Fibroscan/liver biopsy, to determine the proportion with advanced liver disease.

THE PREDICTIVE VALIDITY OF INDICES OF FUNCTIONAL DECLINE IN DETERMINING OUTCOME FOLLOWING LIVER TRANSPLANTATION

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Introduction

Disease severity, disease aetiology and nutritional status are important determinants of outcome in patients with cirrhosis. Functional decline, reflected by health-related quality of life (HRQOL), mental health, and degrees of disability and frailty may also play an important role. However, it is unclear whether these factors influence outcome after liver transplantation. This study aimed to assess the predictive validity of