Non-Alcoholic Fatty Liver Disease (NAFLD) Primary Care Clinical Pathway

1. Suspected NAFLD
- Incidental finding of abnormal alanine aminotransferase (ALT)
- Incidental ultrasound finding of fatty liver

Note: this pathway is not designed for use in patients with significant alcohol consumption because FIB-4 has not been validated in this population.

→ Is ALT > 2x ULN for 6 months?

No → **NAFLD diagnosis suspected (and alternative causes of abnormal ALT investigated)**

Yes →

2. Rule out other causes of liver disease in addition to NAFLD through the following stepwise testing
- Medication review (including herbals and supplements)
- Liver ultrasound (order if not completed within one year)
- HbsAg and anti-HCV
- Other testing: ANA, anti-actin/anti-smooth muscle antibody, immunoglobulins (IgG, IgM, IgA), ferritin and iron/TIBC, celiac disease screen, serum ceruloplasmin (age < 30 years)

Abnormal results → Treat or refer for consultation (See 'Care within Patient Medical Home' link above or referral guideline tab for details)

→ **NAFLD diagnosis suspected (and alternative causes of abnormal ALT investigated)**

3. Medication and lifestyle review
- Complete medication review if not already done in Step 2. Stop or modify offending agent, if possible.
- Repeat liver function tests after 3-6 months.
- Review and address alcohol use.

4. Baseline investigations
- Liver tests: ALT, AST, ALP, GGT
- CBC with platelets
- HbA1C and lipid profiles
- If cirrhosis is suspected: test INR, bilirubin, albumin

→ **5. NAFLD diagnosed**
Further follow-up is dependent on risk stratification by the FIB-4 score

6. Assess risk of liver fibrosis using FIB-4 index
Free FIB-4 calculator

FIB-4 < 1.30 → **6a. Low risk**

FIB-4 ≥ 1.30 → **6b. Indeterminate/high risk**

6a. Care within the Patient Medical Home
- Physical activity (20+ minutes/day, aiming for 150 min/week)
- Diet & weight loss (increase fibre, lower sugars and saturated fats, choose lean proteins)
- Screen for Type 2 diabetes, hypertension, and hyperlipidemia. Treat/optimize therapy.
- Encourage smoking cessation
- Limit alcohol intake
- Consider immunizations for hepatitis A and B

Ongoing Monitoring: re-calculate FIB-4 every 2-3 years (order ALT, AST, platelets). If FIB-4 continues to be < 1.30, continue care within the Patient Medical Home.

If FIB-4 becomes ≥ 1.30 → Refer to a Specialist trained in management of liver disease.

See referral guideline tab for details.