EASL™
The Home of Hepatology

POLICY STATEMENT

Policy statement on the coexistence of alcohol-related liver disease and non-alcoholic fatty liver disease

Emphasising the metabolic nature of non-alcoholic fatty liver disease (NAFLD)

It is important to draw attention to the metabolic nature of non-alcoholic fatty liver disease. It is equally important to move discussion from an often too narrow focus on alcohol use, to one which considers many overlapping risk factors: weight,* behaviour, exercise, nutrition, drinking alcohol, and smoking.

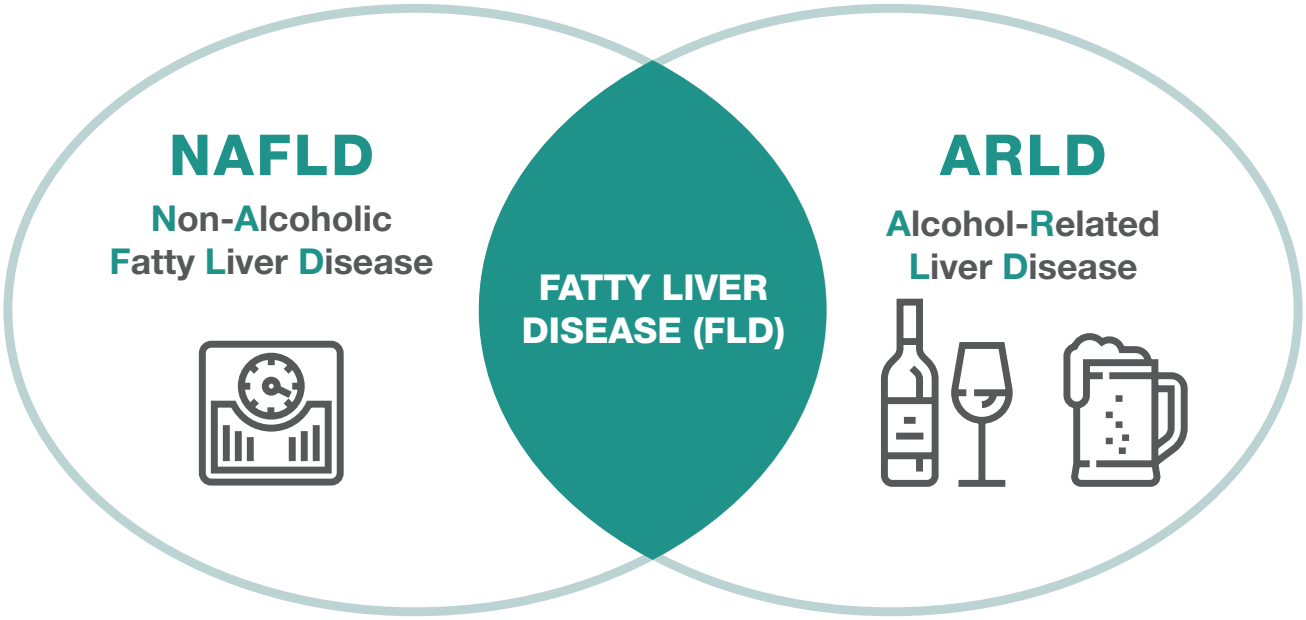
In reality, both non-alcoholic fatty liver disease (NAFLD) and alcohol-related liver disease (ARLD) very often coexist. This coexistence amplifies the burden typically associated with each disease, its liver-related morbidity (rate of disease), mortality (resulting deaths), and the burden it places on healthcare resources.

For those individuals with both metabolic and alcohol risk factors, we suggest the term “fatty liver disease” (FLD).

Explaining the overlap of NAFLD and ARLD

With this policy statement, EASL aims to inform politicians, policymakers, and the general population about the two leading causes of liver disease in Europe.

There is an urgent need to work to prevent and treat simultaneously these two leading causes for liver disease, to explore ways in which they coexist, what behavioural factors compound them, and to promote changes in policy to help people change their behaviours. This policy statement aims to educate readers on how behavioural risk factors may interact and lead to severe liver disease.



*In this policy statement summary, a person who is overweight is defined as having a Body Mass Index (BMI) of 25 to 30. A person living with obesity refers to having a BMI of 30.0 or higher.

INCREASING AWARENESS OF THE COEXISTENCE AND RISK FACTORS OF NAFLD AND ARLD

Behavioural risk factors of NAFLD and ARLD frequently coexist. When people live with both diseases, this combination can speed up liver damage, leading to greater progression to cirrhosis, liver cancer, and death. Importantly, both NAFLD and ARLD are more prevalent in less educated, lower-income communities living in lower socio-economic settings.

RECOMMENDATIONS

EASL recommends spreading information that these diseases coexist and that the combination of both causes more damage. But, importantly, both diseases are preventable since changing behaviour can ultimately prevent both diseases. The risk factors for these diseases, namely, alcohol, obesity, unhealthy eating, and smoking can be reduced if policies are used to support people and make it easier for them to change their behaviours.

BOOSTING POLICY MEASURES: TAXING BOTH ALCOHOL AND SUGAR-SWEETENED BEVERAGES

Alcohol and sugar-rich beverages (sometimes consumed together) can both cause liver injury. Fiscal policies are needed to help defeat them both. Fiscal measures, such as taxing soft drinks or a minimum unit price for alcohol, have been shown to effectively reduce people's consumption.

RECOMMENDATION

EASL recommends tackling the major public health threat of NAFLD and ARLD with fiscal measures (levies/taxes), supported by public health campaigns, informative labelling of food and all drinks (including alcohol), and restrictions on advertising (including those embedded in movies), TV, and social networks.

COMPOUNDING BEHAVIOURAL RISK FACTORS, ADDING SMOKING TO THE MIX

Smoking is a third risk factor, on top of obesity and alcohol consumption. It is more frequent in people who have obesity-related behaviours and use alcohol. Even alone, smoking accelerates liver disease and is linked to other risks, such as higher levels of cardiovascular disease in patients with NAFLD. A high number of people worldwide have compoun-ded, risk factors: being either overweight or obese, while also drinking too much alcohol. In a UK study, 28% of obese people were drinking above their country's recommended low-risk drinking guidelines, and of all people drinking above these guidelines, 49% were overweight or obese.

RECOMMENDATION

EASL recommends that the communities most affected by NAFLD and ARLD – people with less formal schooling and living in lower-income, lower socio-economic settings – be protected by targeted prevention.

The most effective and cost-effective strategies for alcohol are identical to those for tobacco: fiscal policy (taxes/levies) and protecting children from related marketing.

IMPLICATIONS FOR THE FIELDS OF RESEARCH, HEALTHCARE PROVISION, AND PUBLIC HEALTH POLICYMAKING

EASL provides recommendations for the following fields: education of healthcare providers, public health policies, and research needs, both current and future.

RECOMMENDATIONS

Educating healthcare providers: Healthcare providers need to be educated or updated on the frequent coexistence of NAFLD and ARLD, and on the importance of screening patients with NAFLD for alcohol use.
Healthcare providers need improved knowledge about relevant behaviours (nutrition, physical activity, and smoking), focused pharmacological treatment options, and a broader engagement with those patients needing treatment.

Implementing public health policies: To reduce NALFD and ARLD in Europe will require coordinated action across local, national, and international levels, aiming to implement evidence-based health policies, as recommended by the World Health Organization (WHO). Coordinated public health actions should involve:

- increasing taxes on alcoholic and sugar-rich beverages, and on tobacco products
- educating the public on the harmful effects of alcohol use, combined with other unhealthy behaviours and obesity
- establishing and favouring comprehensive help that provides people with NAFLD and ARLD with social, psychological, nu-tritional, and disease-related help
- creating multidisciplinary networks of healthcare providers to offer this comprehensive management of both NAFLD and ARLD
- referring people with NAFLD and ARLD to take part in smoking cessation programmes

Research needs: Consensus should be reached on the definitions and appropriate use of terminology for patients living with both NAFLD and ARLD. Research and funding should focus on better understanding the consequences of the joint diseases and on developing effective measures to prevent and treat them.

Looking to the future, more research is needed to fill gaps, such as on patients with NAFLD who also drink at light, moderate, and harmful levels; the impact of alcohol on disease progression; and diagnostic tests that are easier, more feasible, and cheaper. It may be necessary to revisit drinking guidelines for those people who are overweight or living with obesity.