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

**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 NAFLD 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

**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.

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.

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.

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.