CAMFiC
societat catalana de medicina familiar i comunitària

Fatty liver disease

The liver helps digest food, store nutrients, and eliminate toxins. Fatty liver is caused by an excessive accumulation of fat in the liver. It affects around 30% of adults in our environment.

What are its causes?

The two most common types are alcoholic fatty liver and metabolic or non-alcoholic fatty liver.

Alcoholic fatty liver occurs in people who drink alcohol above the recommended limits.

Metabolic fatty liver is usually caused by a diet high in fat and sugar, a sedentary lifestyle, being overweight (especially around the abdomen), high blood pressure, and high triglycerides, cholesterol, or blood glucose. The risk increases significantly when **obesity and diabetes** are present at the same time. It can also occur due to genetic causes or in association with other health problems (sleep apnea, polycystic ovary syndrome, psoriasis, hypothyroidism, etc.). Therefore, it can also affect thin people.

What symptoms does it cause?

It does not usually cause discomfort. If the liver is very large or inflamed, it can cause fatigue, discomfort, heaviness, pain in the upper right abdomen, or abdominal bulging. If cirrhosis develops, it causes dilation of the veins under the skin of the abdomen, enlargement of the breasts in men, redness of the palms of the hands, and yellowing of the skin or eyes.

What are the complications?

The accumulation of fat can inflame the liver, and if the inflammation persists, it can lead to fibrosis. Sometimes this can lead to cirrhosis and require a liver transplant or develop into cancer.

Alcoholic fatty liver often progresses to cirrhosis if alcohol consumption is not stopped.

Metabolic fatty liver is often associated with cardiovascular problems. A small percentage of patients may develop some degree of liver fibrosis and, in a few cases, cirrhosis.

How is it diagnosed?

The disease is suspected when liver function tests show abnormalities or when risk factors are present (alcohol consumption, diabetes, or obesity). The risk of fatty liver or fibrosis is calculated based on the test results, symptoms, and physical examination. An abdominal ultrasound helps to make the diagnosis. There is a non-invasive test to detect fibrosis called elastography (FibroScan®). A liver biopsy allows fat, inflammation, and fibrosis to be seen, but it is not always necessary.

What is the treatment?

A healthy lifestyle slows down and can reverse the disease:

- Eliminate all types of alcoholic beverages.
- If you are overweight or obese, lose weight (5% stops the disease and 10% can reverse it).
- Follow a Mediterranean diet: increase your consumption of fruits, vegetables, and foods rich in vitamins A, C, and E, selenium, and omega-3 fatty acids (oily fish, tomatoes, spinach, broccoli, peppers, nuts, avocados). Use only virgin olive oil, in moderation.

- Avoid sugars (white, brown, chocolate, sugary drinks, honey, ice cream, etc.) and saturated fats (red meat, cold cuts, butter, cream, etc.). Also avoid soft drinks with and without sugar (they contain a lot of fructose).
- Reduce the amount of time you spend sitting down. Exercise regularly, between 150 and 180 minutes per week.

- Control diabetes and high blood pressure, and reduce cholesterol and triglycerides.
- Avoid medications that can damage the liver.
- The **hepatitis A and B** vaccine helps protect the liver.

Maintain dietary changes and exercise because the disease can recur.

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