NAFLD in Middle East—workshop summary and call to action

NAFLD—a public health challenge affecting 32% of adults in Middle East

NAFLD—non-alcoholic fatty liver disease—describes a spectrum of diseases that can lead to serious liver damage, cancer and death. It is often called "silent" because most people with NAFLD do not have any symptoms until they develop advanced disease. Awareness of the condition amongst healthcare professionals is low outside of the liver care community.

Yet prevalence of NAFLD in Latin America is estimated to be 32%.[1] Rates of NAFLD are expected to rise and it is associated with diabetes and obesity.

The disease causes substantial burden of morbidity and mortality and is associated with large health care costs and economic losses.[2, 3] NAFLD is a leading cause of liver transplants, with estimated pre- and post-transplant costs of over $1 million per patient in the US.[4, 5, 6, 7, 8]

A workshop programme to discuss national, regional and international solutions for NAFLD

This research programme engaged experts from three of the most affected regions: Asia-Pacific, Latin America and the Middle East. The series of four workshops in each region brought together 55 international and regional experts to discuss the key topics in NAFLD. The global call to action was developed (see Figure 1), from which was distilled a region-specific call to action, based on the responses of the expert panel members. During the final workshop, the expert panel members reviewed the draft global and regional calls to action.

The research was led by the Economist Intelligence Unit and supported by the EASL International Liver Foundation (EILF).

High rates of diabetes and obesity make the case for multidisciplinary collaboration to address NAFLD

Obesity prevalence rates in the Middle East are especially high, reaching estimates of 30% and higher in several countries in 2013.[9] During the 33-year period of this Global Burden of Disease study, Egypt, Saudi Arabia, Oman, Bahrain and Kuwait were among those with the largest increases in obesity.

While the importance of NAFLD is not acknowledged in most countries within the region, Saudi Arabia has made advances in increasing awareness of the disease. There is comparatively more research into national prevalence rates, particularly amongst people with diabetes, and there are local efforts to screen for NAFLD in high-risk patients. This has been supported by local-level education and collaboration with other specialties. However, there still remains an absence of agreed upon guidelines and national adoption of routine diagnosis and referral practices.

A similar pattern is seen in Israel, where NAFLD is recognised in clinical practice. This has been facilitated by the efforts of national liver associations, which have been able to work closely with the Ministry of Health. There has also been successful collaboration between liver and diabetes associations, promoting greater acknowledgement of NAFLD within the context of related conditions. As a result of the advocacy from such organisations, some healthcare practices now calculate FIB-4 scores for people with diabetes. Again, there is still a need for liver

Figure 1: global NAFLD call to action

and public health experts to work alongside policy makers in developing national policy roadmaps and guidelines that can strengthen and support the broader implementation of appropriate screening and referral, as there is a sense that these best practice examples are still restricted to the limited reaches of liver societies.

Building on awareness to introduce NAFLD screening for high risk groups

The examples given by workshop participants emphasise the benefits of collaborating with other specialist disciplines. The liver health communities in Saudi Arabia and Israel have worked particularly well with the diabetes field to produce research on NAFLD prevalence rates and to introduce screening routines for diabetic patients. Other countries in the Middle East could use similar strategies to integrate with related disciplines by engaging specialist individuals and organisations. This is key to making progress in the shared international goal of gaining recognition of NAFLD from a governmental level.

Overcoming stigma to mobilise NAFLD patient groups

One particular concern for the Middle East is in regards to the cultural stigmatisation of illness. While workshop participants were support of the formation of patient groups—which can provide a forum for patients to voice their stories and drive health service development—there remains a stigma against illnesses, meaning that they are not openly discussed.

In the patient support groups that do exist, there is a reluctance to publicly share personal experiences outside the bounds of the group, for example through traditional media. When attempting to form patient groups, the aims and activities should respect these cultural considerations and foster a supportive environment for patients. Liver

Call to action—Middle East region