

Gastroenterology update

19th June 2007

The Gastroenterology team

Middlemore

- Susan Parry
- Toby Rose
- Ed Gane
- Stephen Persson
- Stephen Gerred
- Ravinder Ogra
- Dinesh Lal
- Paul Casey

MHT / Ormiston

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- Dinesh lal
- Paul Casey

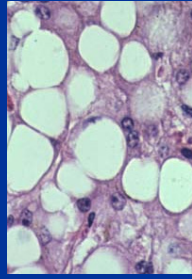
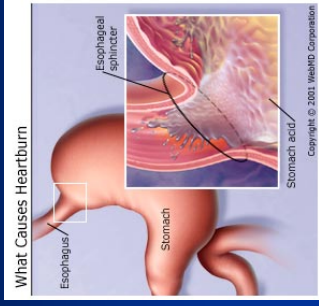


Tonight's talks

Paul Casey - GORD

Ravinder Ogra – Polyps

Stephen Gerred - NAFD



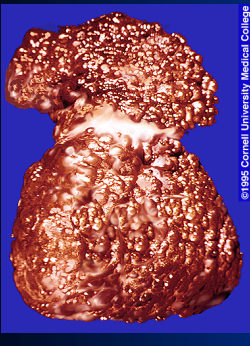
Non-alcoholic Fatty Liver Disease (NAFLD)

Stephen Gerred
Gastroenterology Department



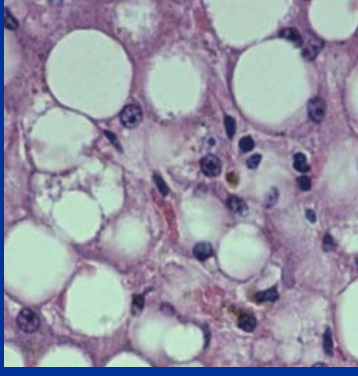
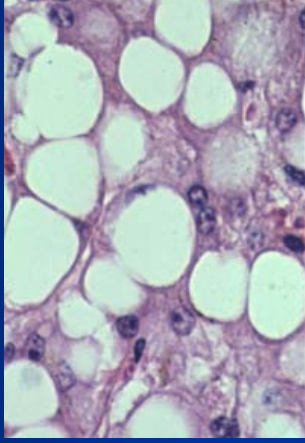


NAFLD spectrum



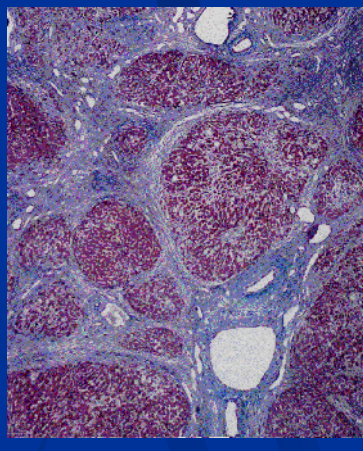
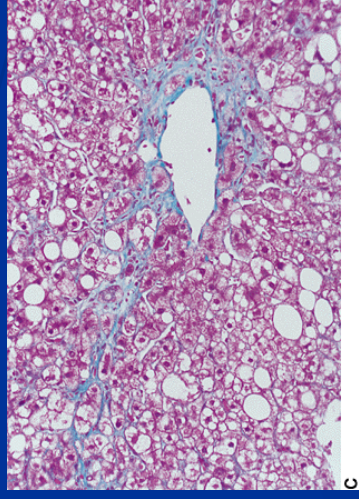
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■ Steatosis

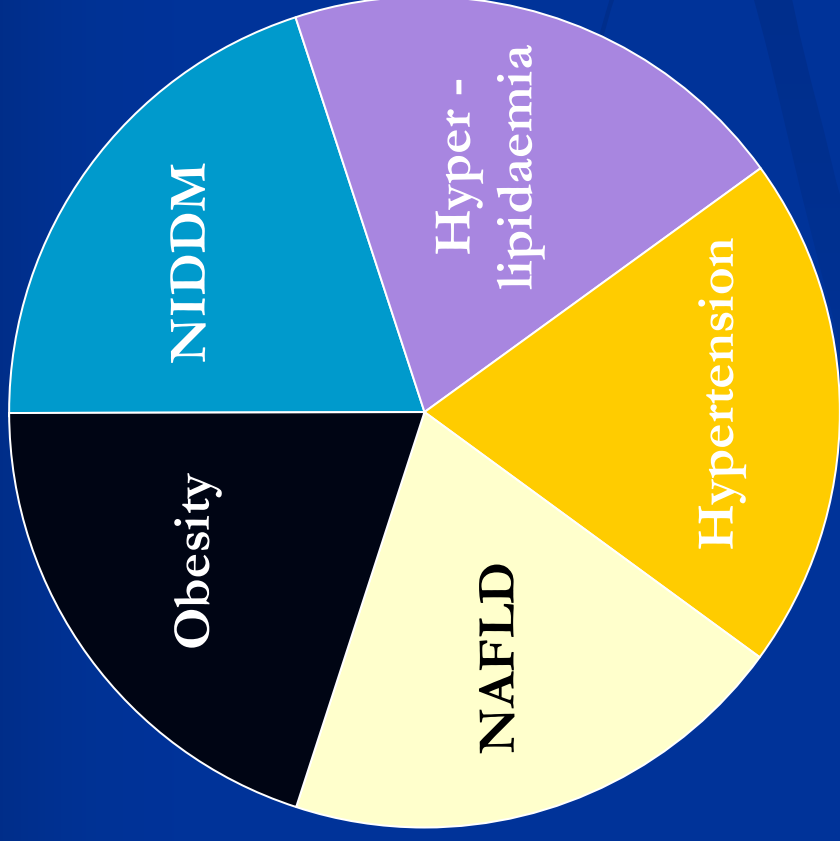


■ Steatohepatitis (NASH)

■ Fibrosis / cirrhosis



**NAFLD is usually part of the
metabolic syndrome**



Differential diagnosis

■ Alcohol excess

- Iatrogenic (drugs)
- Malabsorption / Starvation
- Genetic disorders

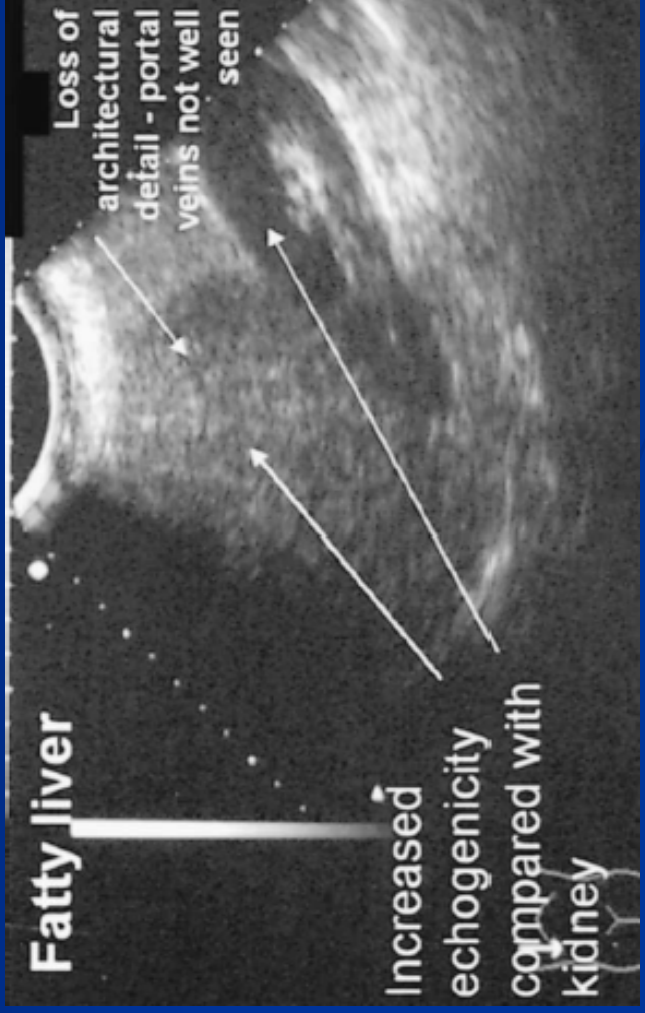
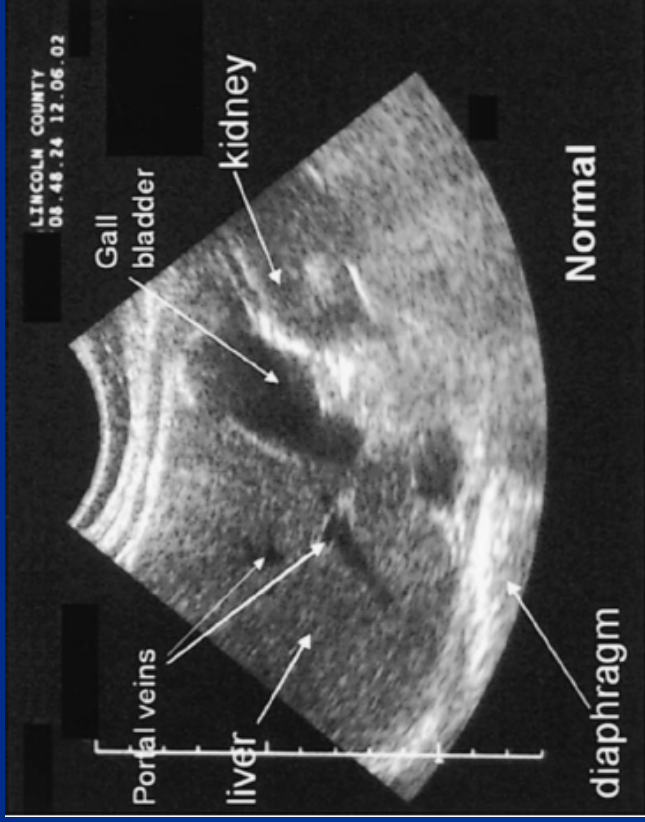
Pathogenesis of NAFLD: 2 Hits

- Steatosis (largely mediated by hyperinsulinaemia)
 - Insulin increases: lipolysis in adipose tissue, FFA uptake in hepatocytes & hepatocyte TG synthesis
 - Insulin decreases hepatocyte TG export (VLDL)
- Inflammation (NASH)
 - Cytokine imbalance (TNF / Adiponectin)
 - Iron loading, viral infections, ischemia, alcohol, sepsis.

Diagnosis: Symptoms / Signs / Lab indices

- Usually asymptomatic, RUQ discomfort & fatigue
- Hepatomegaly (50% of cases)
- Clinical stigmata of CLD absent unless cirrhotic
- Other clinical features of the metabolic syndrome
- 2-4 fold increase in transaminases (ALT & AST)
- Raised ALP & GGT
- Raised ferritin (60% of cases)
- Exclude HBV / HCV / Autoimmune

Diagnosis of NAFLD : Ultrasound



Liver Biopsy - controversial

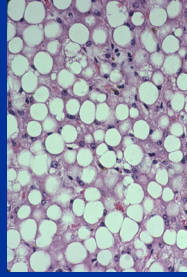
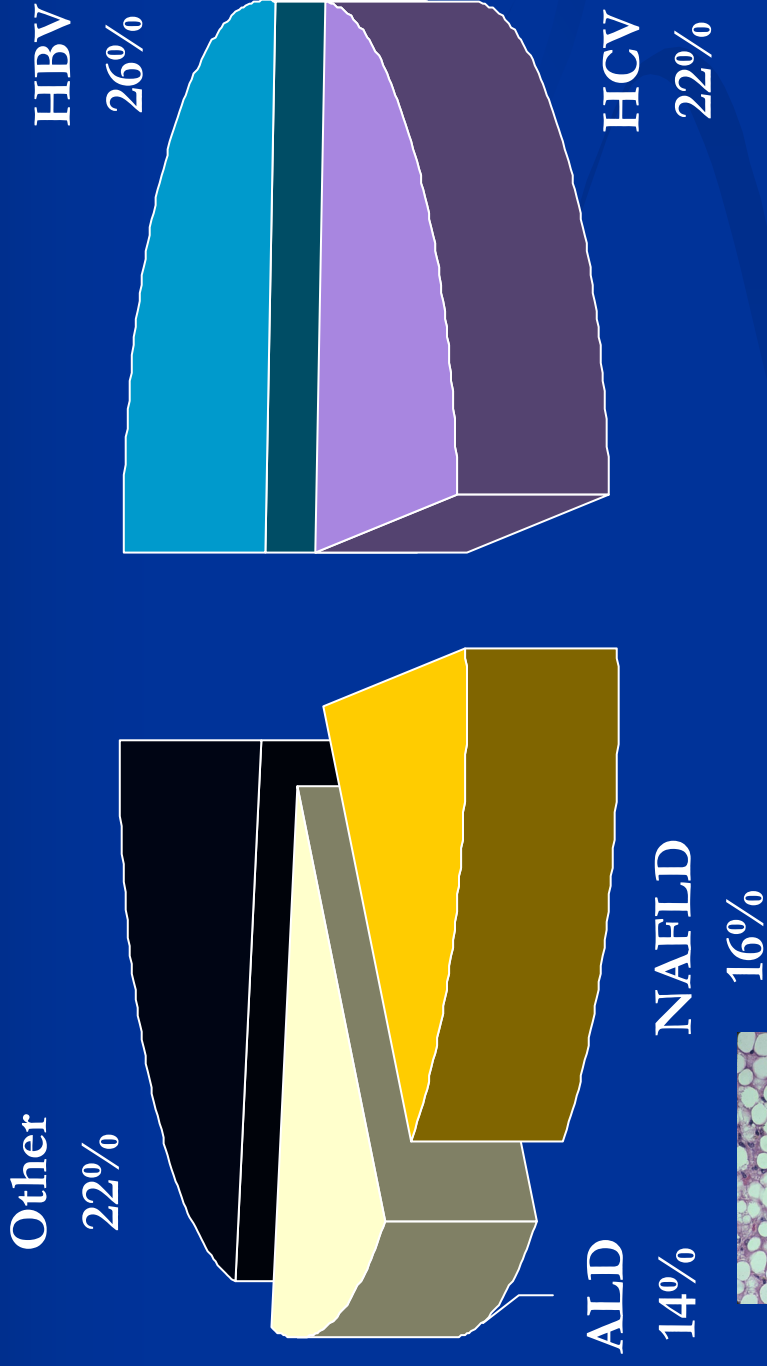
Pro's

- Confirms diagnosis
- Stages fibrosis, which helps predict prognosis
- Diagnosing cirrhosis allows screening for HCC and oesophageal varices

Con's

- Risks
- Doesn't alter management for most

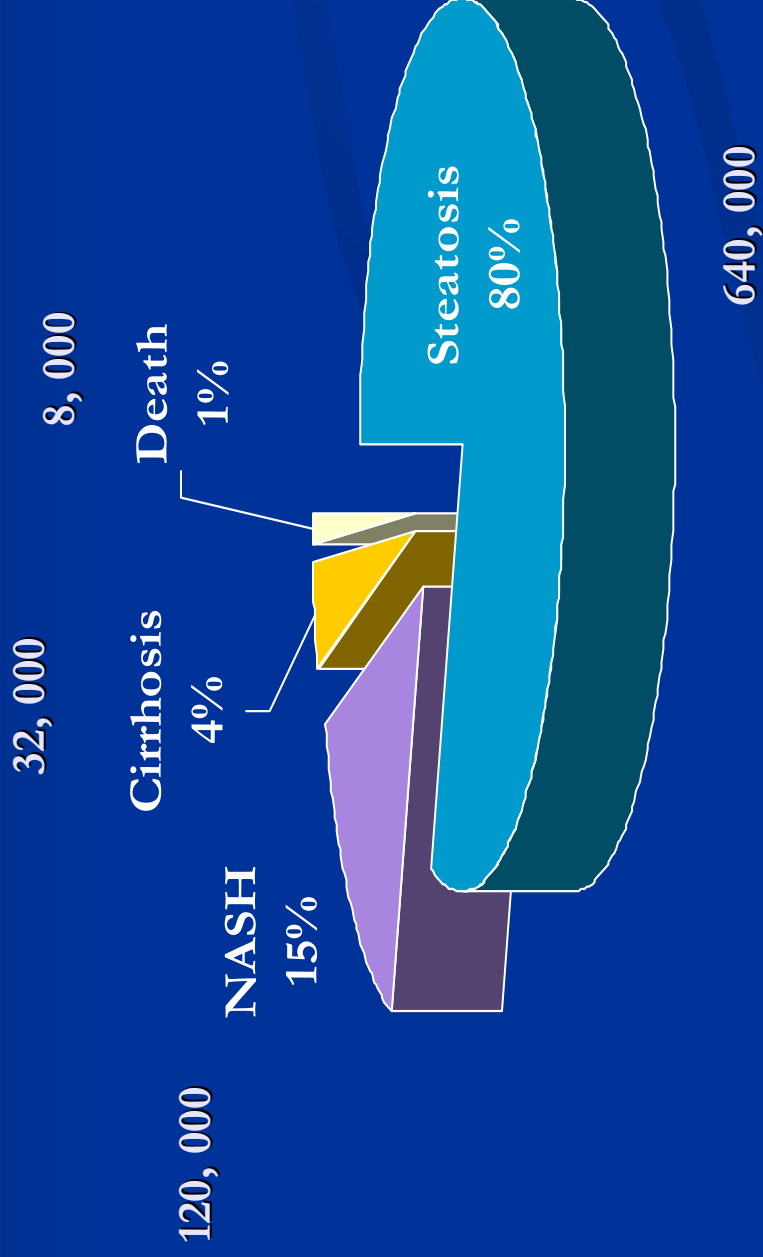
New Patient Liver consultations (Middlemore)



n = 1470 (2000-2007)

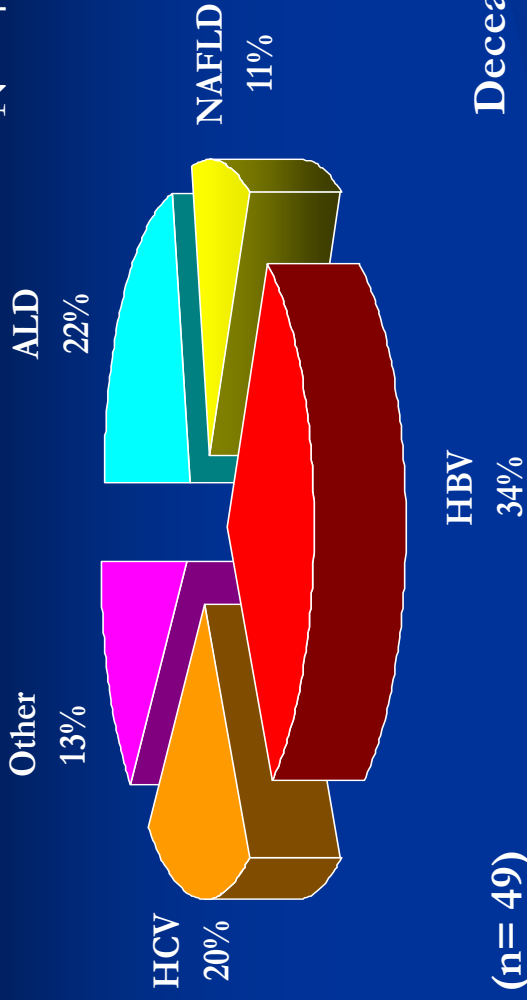
Natural History ?

20% of NZ with NAFLD = 800,000

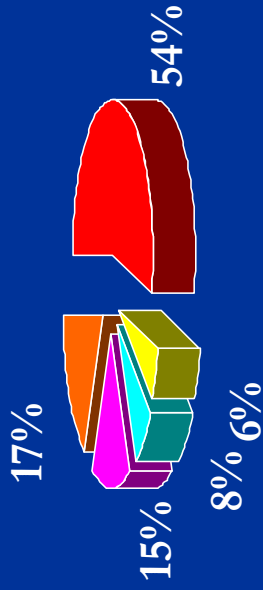


Cirrhosis outcomes (CMDHB)

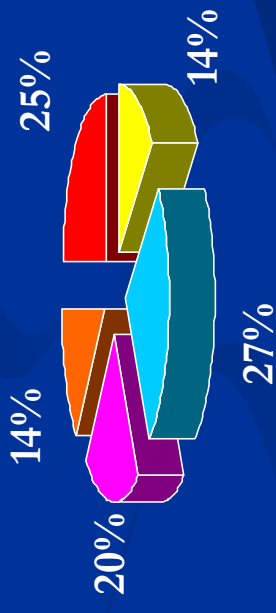
N = 471 (2000-2007)



Liver Transplants (n= 49)



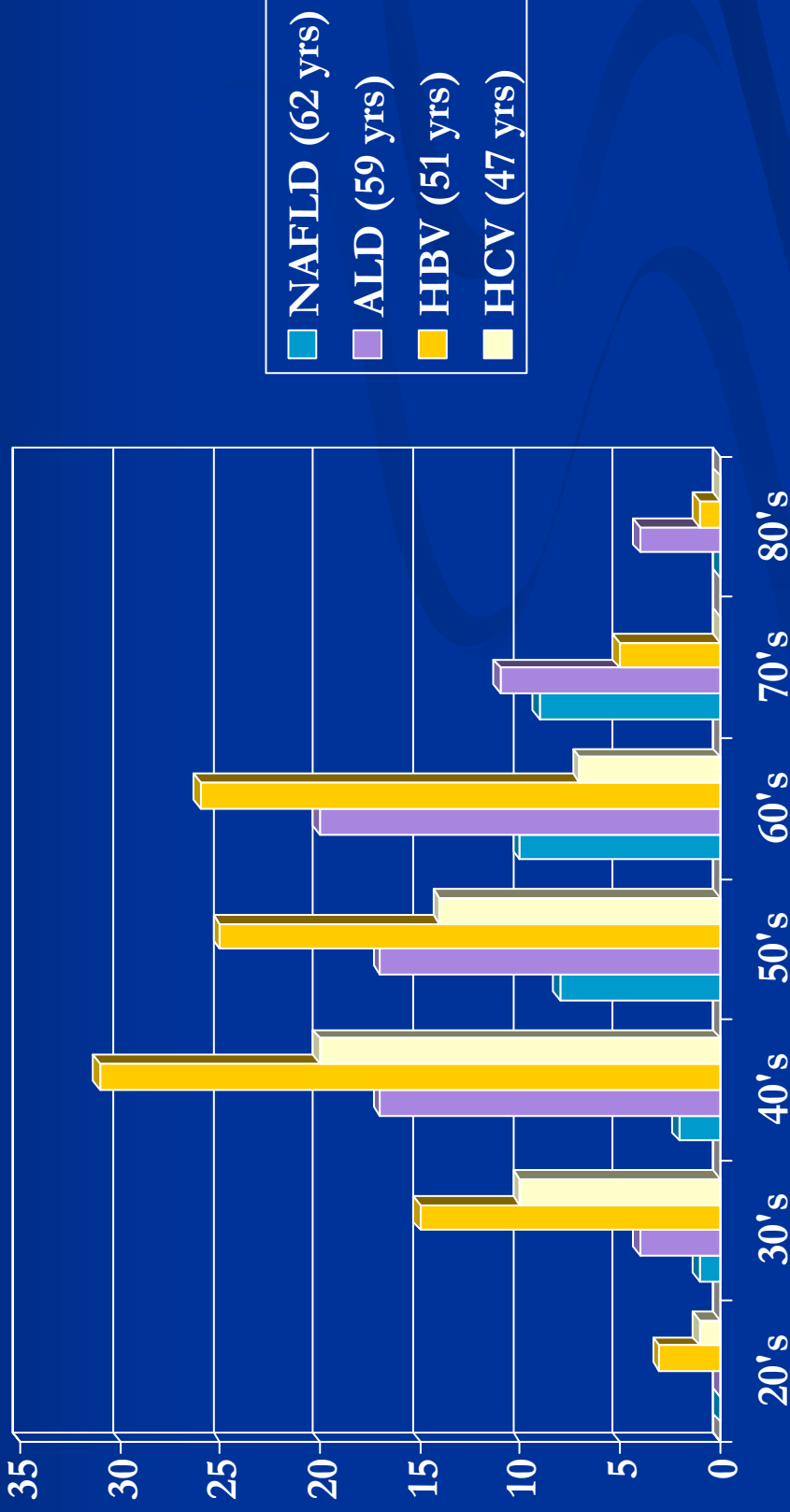
Deceased Cirrhotics (n= 47)



5/6 deaths in the NAFLD group were liver related



Age at diagnosis of cirrhosis



Treatment of NAFLD

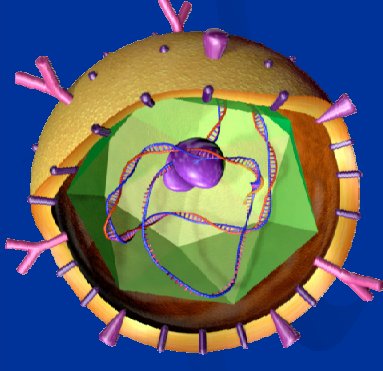
- For all NAFLD patients:
 - Weight loss (diet and exercise)
 - Treatment of hypertension & hyperlipidemia
- For selected patients
 - Weight loss (Orlistat, Sibutramine, bariatric surgery)
 - Insulin sensitisers for NIDDDM (Metformin, Pioglitazone)
- No longer recommended: Vit E, URSO

Who to refer :

- Manage in Primary care:
 - Those with low risk of NASH / Fibrosis (Age < 50 & mild metabolic syndrome)
- Consider referring:
 - Those with a higher risk of NASH / Fibrosis (Age > 50 years, NIDDM, severe obesity, co-factors)
- Definitely refer:
 - Those with clinical, radiological, or laboratory evidence of cirrhosis.

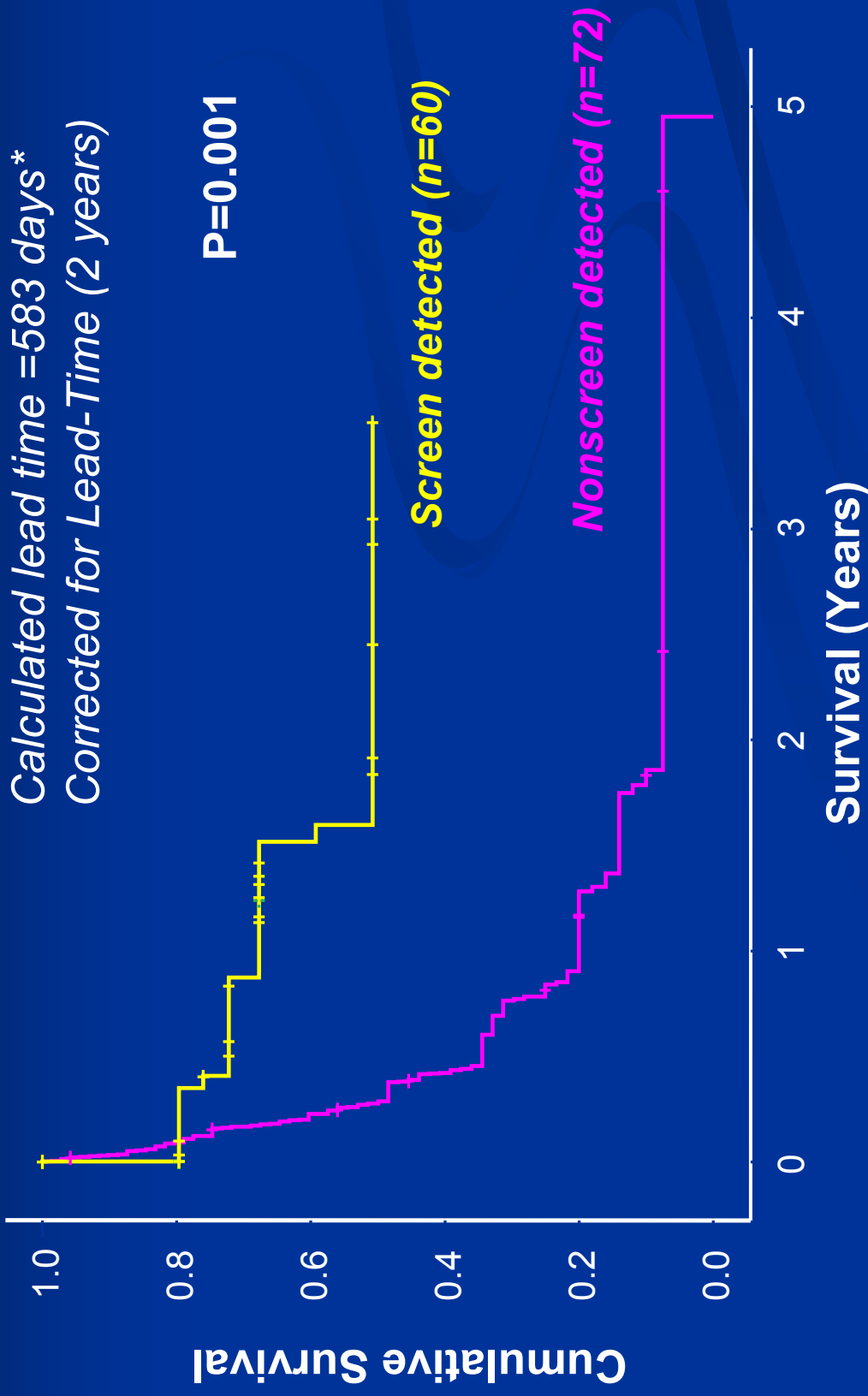
What's new in Hepatitis B

- 70% resistant to Lamivudine after 5 years
- Adefovir funded for Lamivudine resistance
- Combination Rx for Cirrhotic patients
- New antivirals: Telbivudine, tenofovir, entecavir
- PEG interferon – 30% SVR, ? Will get funding



Survival in Hepatocellular Carcinoma

Screened vs Nonscreened tumours



HBV referral guidelines

- Ongoing surveillance in primary care:
 - Normal LFT's and AFP (6 monthly)
- Refer to secondary care:
 - Abnormal LFT's or AFP
 - Clinical, radiological, or laboratory evidence of cirrhosis

What's new in Hepatitis C

- 80% cure rates for genotype 2,3 HCV
- 50% cure rates for genotype 1
- Polymerase / PEG trials for previous non-responders
- Port cabin & nursing FTE's funded by Roche



HCV referral guidelines

HCV-RNA positive

Target indices of body fat

	European	Asian
BMI	<25	<23
Waist	102 cm (men) 88 cm (women)	85 cm (men) 80 cm (women)



Measuring-tape position for waist (abdominal) circumference in adults. To measure waist circumference, locate the upper hip bone and the top of the right iliac crest. Place a measuring tape in a horizontal plane around the abdomen at the level of the iliac crest. Before reading the tape measure, ensure that the tape is snug, but does not compress the skin, and is parallel to the floor. The measurement is made at the end of a normal expiration. Reproduced from: National Heart, Lung, and Blood Institute. The Practical Guide to Identification, Evaluation, and Treatment of Overweight and Obesity in Adults. US Department of Health and Human Services, Public Health Service, National Institutes of Health, National Heart Lung and Blood Institute, Bethesda, MD, October 2000.

