Multidisciplinary NAFLD Approach Improves Cardiovascular Risk

Researchers reported significant changes in liver, cardiovascular and diabetes markers.

September 3, 2020 By Sukanya Charuchandra

A multidisciplinary approach to non-alcoholic fatty liver disease (NAFLD) management, including counseling about heart disease risk and diet, significantly reduced liver and cardiovascular disease risk, according to findings presented at the Digital International Liver Congress.

The accumulation of fat in the liver—which includes NAFLD and the more severe non-alcoholic steatohepatitis (NASH)—is responsible for a growing proportion of advanced liver disease worldwide. Fatty liver disease can lead to liver inflammation, cirrhosis and liver cancer. With no approved medical therapies, management focuses on lifestyle changes and treatment of coexisting conditions.

In people with NAFLD, cardiovascular disease is a leading cause of death. While guidelines recommend a multidisciplinary approach to disease management, its efficacy has not been well studied.

Anna Mantovani, of University College London, and colleagues sought to determine the value of such an approach by analyzing metabolic comorbidities and markers indicative of liver function in a longitudinal study.

They analyzed data on people who were advised to attend a multidisciplinary NAFLD clinic, which offered liver disease consultation, heart disease risk evaluation and guidance on diet. The study population included 273 people who were observed for an average duration of 18 months.

At the start of the study, obesity, hypertension and diabetes were present in 60%, 67% and 50% of the group, respectively. Around 13% had experienced some kind of cardiovascular event. At the outset, 64 participants needed to manage abnormal blood lipid levels (dyslipidemia), and 57 people with diabetes and 36 individuals with hypertension were in need of a change in their treatment.

Over the course of follow-up, the researchers noted significant improvements in systolic and diastolic blood pressure, cholesterol levels and markers of liver function and diabetes. Further, they identified 14 other people with undiagnosed diabetes. They also reported successful weight

loss, with just over half of the participants losing at least 10% of their body weight.

The researchers also calculated QRISK3 scores, an indicator of a person's likelihood of suffering a heart attack or stroke sometime in the next 10 years. Over the course of the study, the proportion of people with a QRISK3 score of at least 10% fell from 63% to 49%. Among those who received a therapy, the average QRISK3 fell from 17% to 14%.

Overall, the study team found that a multidisciplinary approach to managing NAFLD was effective in ameliorating liver and heart-related issues. Moreover, "A strong collaboration between primary and secondary care is essential to implement and maintain these improvements in the long term," they concluded.

Click here to view the study presentation.

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