

Assessing Knowledge and Management of NAFLD amongst Residents in an Internal Medicine Practice

Intro

Non-Alcoholic Fatty Liver Disease (NAFLD) is one of the leading causes of cirrhosis, hepatocellular carcinoma, and need for liver transplant in the US. Given the rising incidence and prevalence of predisposing metabolic disorders, Internists play a crucial role in reducing disease burden through screening and management. As there is currently no validated tool to assess practice patterns in NAFLD in residents, the aim of this study was to develop a survey to assess Resident Physicians' knowledge and management trends of NAFLD.

Methods

An anonymous survey was administered in May 2023 to Internal Medicine residents in a University Medical Center outpatient practice. The survey was developed with a Hepatologist and GI Fellow, and included domains assessing NAFLD prevalence, risk factors, complications, screening, management and referral patterns.

Results

For this preliminary analysis, 24/78 (31%) residents (9, 9, 6; 1st, 2nd, 3rd year) completed the survey. 18 (75%) considered NAFLD to be the major cause of chronic liver disease, and 95% recognized cirrhosis as potentially irreversible. 90% correctly identified the major risk factors T2DM, BMI>28, insulin resistance and dyslipidemia, but only 42% identified hypothyroidism. While 87% and 33% reported having used abdominal Ultrasound and fibroscan, interestingly, only 2 third year residents had screened with Fibrosis-4 or another scoring system. The majority reported having recommended lifestyle (83%) or dietary changes (58%), but only 20% had used medications. Surprisingly, only 1 third year resident had referred a patient to hepatology for overt findings of cirrhosis.

Discussion

Our preliminary study showed that significant gaps exist in screening, management and referral patterns across IM resident training levels, including low utilization of noninvasive diagnostic tools like scoring systems and fibroscan, raising the question of awareness. Residents were generally knowledgeable about the prevalence, risk factors and complications of NAFLD. Medication use was significantly lower compared to other management strategies, however, this is unsurprising as pharmacological treatment is still in development. Finally, despite the majority identifying cirrhosis as potentially irreversible, referral trends were lower than expected. Although limited by response number, this study highlights the need for ongoing education on diagnostic modalities, medical management, and appropriate timing of hepatology referral to optimize care of NAFLD patients.