

# CHRONIC LIVER DISEASE FOUNDATION WORKING GROUP RECOMMENDATIONS: Practical Algorithms for NAFLD/NASH Screening for Primary Care, Non-Hepatology and GI/HEP Practices

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## BACKGROUND

- Primary care and high-risk specialists (e.g., endocrinologists, cardiology, ob/gyn, obesity clinics) play a major role in screening for NAFLD/NASH.
- These non-liver experts are instrumental in screening and staging for underlying NASH using simple, non-invasive methods.
- Gastroenterologists and hepatologists also need simple, non-invasive algorithms to screen and stage the influx of NAFLD/NASH referrals.

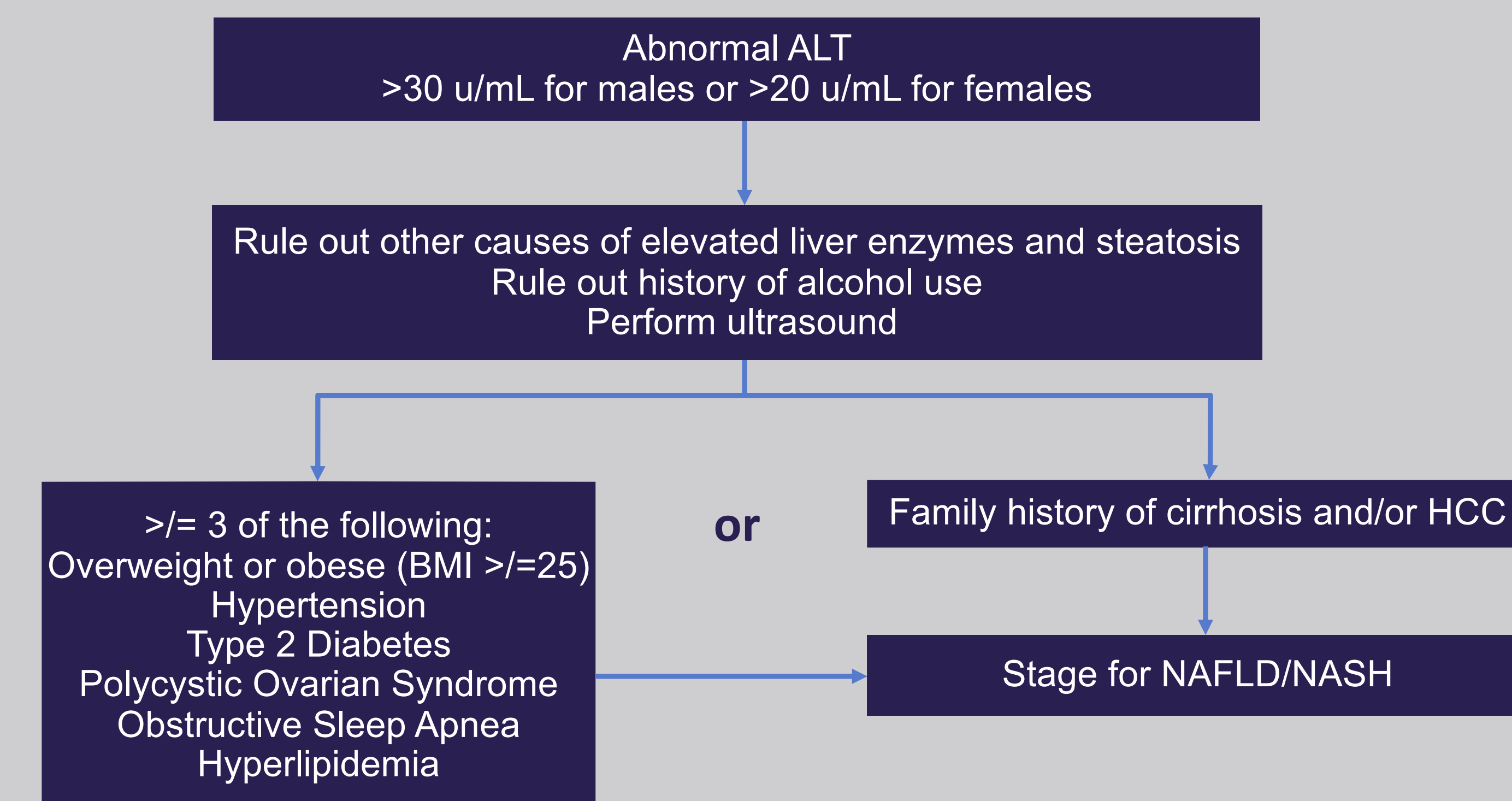
## METHODS

- A CLDF NASH leadership forum was held in October 2019.
- A small working group was formed and tasked with creating straight-forward practical diagnosis and staging decision trees/algorithms for primary care and non-hepatology specialists that can be made readily available as a “living” web-based resource, for providers.
- The CLDF web-based decision trees/ algorithms will be “living” resources, modifiable as diagnostic/staging tools, for broad use in the general population.

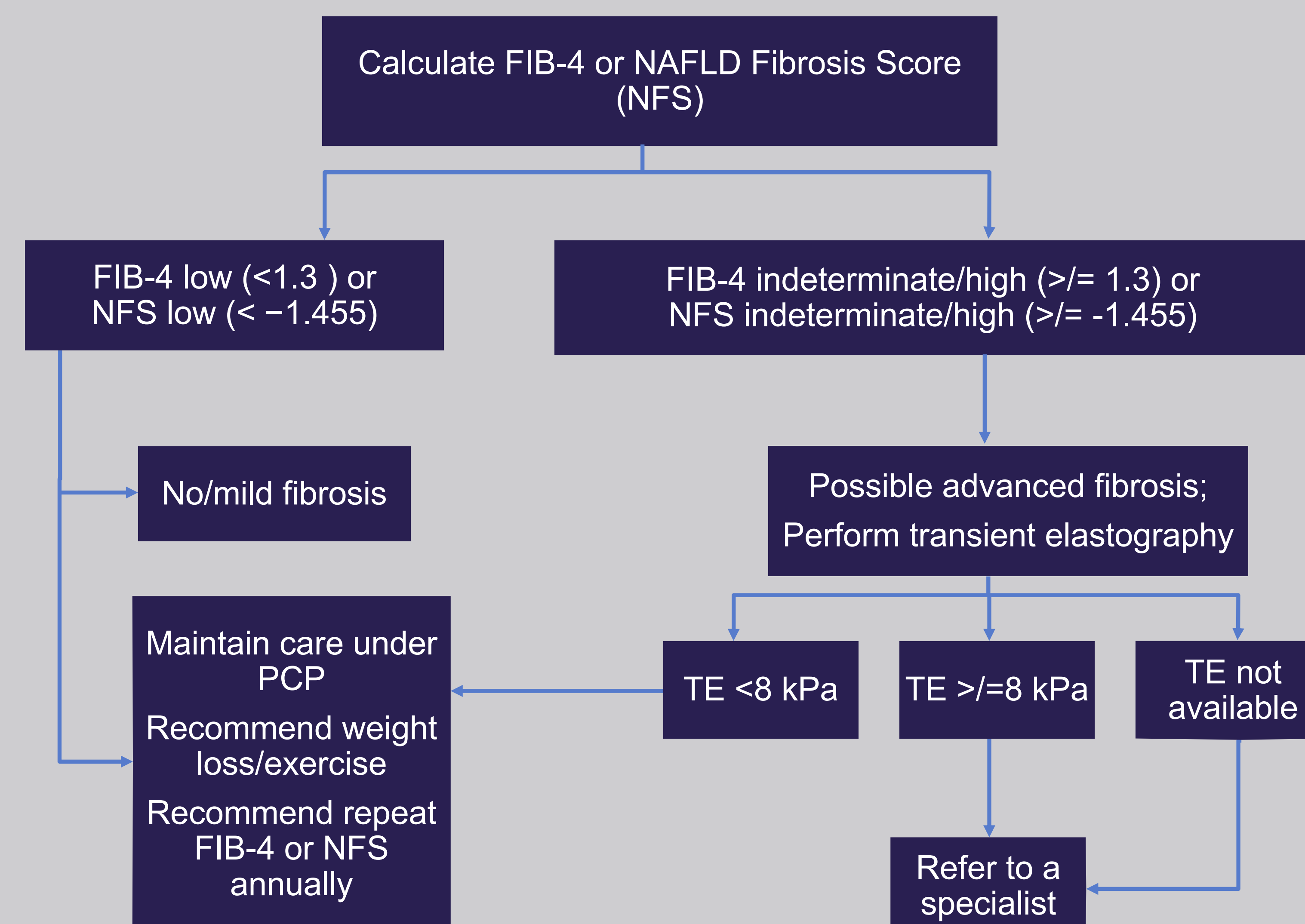
## CONCLUSION

- The decision trees/algorithms proposed are based on extensive discussion amongst expert clinical hepatologists.
- Proposed algorithms will be posted on the CLDF website for review by health-care providers.
- Algorithms will be updated, as appropriate, and will be used as educational tools for health care providers.

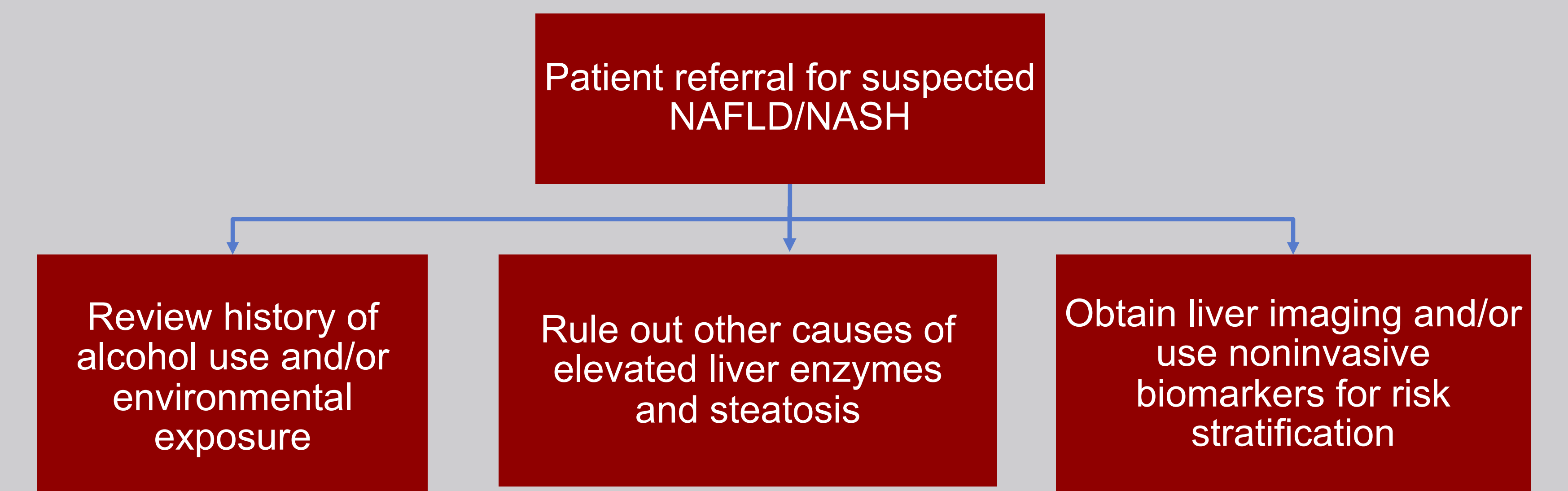
### Screening Algorithm: Primary Care or High-Risk Specialty Care (Non-GI/Hep)



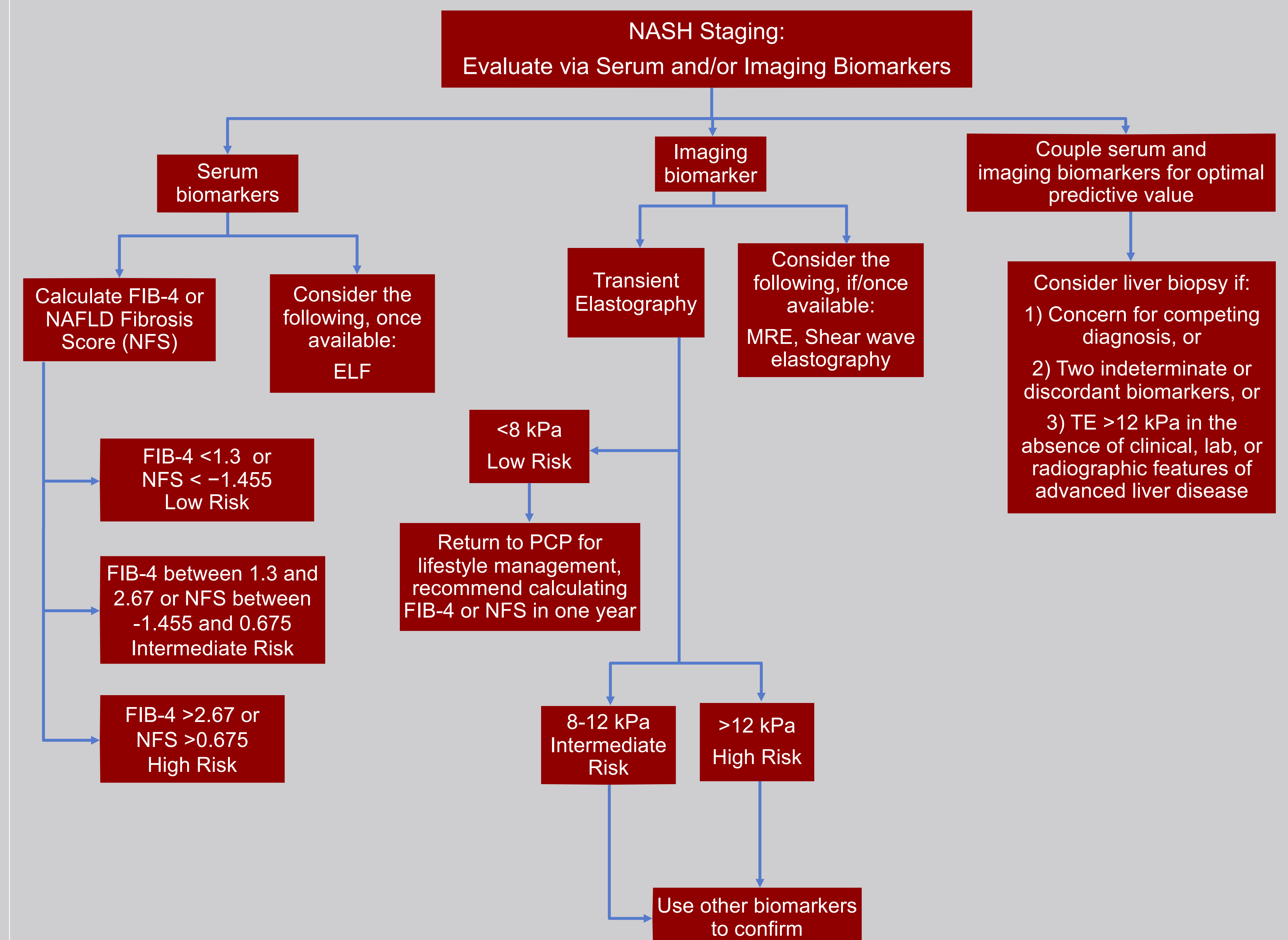
### Staging Algorithm: Primary Care or High-Risk Specialty Care (Non-GI/Hep)



### Screening Algorithm: Gastroenterologist/Hepatologist



### Staging Algorithm: Gastroenterologist/Hepatologist



Abbreviation: CLDF= Chronic Liver Disease Foundation

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