

MASH

#P11 - Understanding Barriers in Non-Alcoholic Liver Disease (NAFLD) Management: Insights from A Multi-Disciplinary Survey of Physicians in Europe

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Background & Aims

Management of NAFLD and NASH remains challenging due to several factors including disease awareness, availability of treatments, and lack of adoption, and adherence to clinical practice guidelines. As a result, patients may not receive appropriate interventions such as lifestyle modifications, contributing to disease progression and increased risk of complications. This study aimed to identify insights & key challenges physicians face when managing NASH.

Methods

A real-world, cross-sectional, quantitative survey was conducted from March to May 2023, among hepatologists/gastroenterologists with a subspecialty in hepatology & metabolic physicians (MPs) actively managing at least 30 patients with T2D and/or obesity/month in 5 European countries (France, Germany, Italy, Spain & United Kingdom). Participants completed anonymous online survey, and descriptive statistics were used to analyse data.

Results

Among 249 hepatologists and 376 MPs, respondents cared for an average of 143 patients/month with or suspected to have NAFLD/NASH. The majority of hepatologists (62%) and MPs (60%) reported patient comorbidities influenced the diagnosis of NASH. Hepatologists were predominantly influenced by the availability of diagnostic methods (63%) followed by national guidelines (58%), whereas MPs were most influenced by the availability (56%) and invasiveness (49%) of the diagnostic method. Hepatologists reported being more aware of EASL 2021 guidelines (55%) for diagnosing and treating/managing NASH, whereas MPs reported being aware of ADA guidelines (34%). The factors most commonly preventing adoption of clinical guidelines in NASH diagnosis, treatment and management were patient refusal of recommended treatments (44% hepatologists-46% MPs), patient refusal for recommended diagnostic tests (42% hepatologists-45% MPs), invasiveness of recommended diagnostic tests (39% hepatologists-43% MPs) and availability of diagnostic tests (33% hepatologists-47% MPs) (Fig. 1).

Conclusions

This study found that physicians report multiple challenges associated with managing NASH and further highlights the different influences and approaches taken by physicians to diagnose, monitor, and treat patients with NASH. It emphasizes the need for increased awareness, definitive guidance and education to assist hepatologists and MPs treating NASH in adopting & adhering to clinical practice guidelines & non-interventional treatments & diagnostic tools.

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