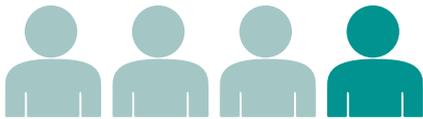


# Obesity is feeding the rise in Non-Alcoholic Fatty Liver Disease (NAFLD) across Europe



NAFLD affects 1 in 4 people across the EU



Prevalence of NAFLD continues to rise and is now becoming one of the most frequent causes of cirrhosis (advanced liver disease) and liver transplantation in Europe



Prevalence varies markedly according to ethnicity, geography and socio-economic status

€35Bn

€200Bn

The annual predicted cost of NAFLD in Europe is estimated to be >€35 billion of direct costs and a further €200 billion of societal costs



NAFLD is caused by unhealthy lifestyles, excessive energy intake, poor diet, obesity, diabetes and pre-diabetes

NAFLD is the accumulation of excess fat in the liver and is now the most common cause of liver disease in Western countries due to the rapid rise in levels of obesity and type 2 diabetes.

NAFLD is a major European health burden due to its high prevalence, capacity to progress to liver cirrhosis and liver cancer, and because it is associated with a greater risk of cardiovascular disease and other cancers.

More than half of adults and one third of children in Europe are classified as overweight or obese, with the highest proportion coming from lower socio-economic groups where NAFLD is prevalent.

Unhealthy behavior - lack of physical activity and excess calorie intake - together with high consumption of sugars and saturated fats, leads to weight gain and/or fat deposits. This plays a major role in the development and progression of NAFLD.

Sugar-sweetened beverages (SSBs) are one of the largest sources of added sugar and, whilst an important contributor of calories, have few, if any, other nutritional value.

Consequently, consumption of SSBs is now one of the leading causes of childhood and adult obesity and is associated with NAFLD and increased liver damage.

**In the absence of any licensed pharmacological therapies, specific policy measures and interventions in key areas must be implemented to prevent NAFLD, and its associated complications, especially amongst at-risk groups:**

### **ADVERTISING**

Across the WHO European Region, children are regularly exposed to marketing that promotes foods and drinks high in energy, saturated fats, trans-fatty acids, added sugar or salt. Food and beverage commercials, and in particular those embedded in children's TV programmes, electronic and social media, have been shown to drive consumption of high-calorie and low-nutrient beverages and foods.

**EASL recommends public health policies to restrict advertising and marketing to children of SSBs and industrially processed foods high in saturated fat, sugar and salt.**

### **INDUSTRY REGULATION**

Food and beverage manufacturers have a social responsibility to protect consumers. Research indicates that governmental measures aimed at increasing the cost of SSBs can reduce consumption by 20-50%. It is estimated that a 20% levy on SSBs would prevent 3.7 million cases of obesity and 25,498 cases of BMI-related disease over the next 10 years, saving approximately €11.5m in health service costs.

**EASL recommends the introduction of fiscal measures to discourage the consumption of SSBs and legislation to ensure that the food industry improves labelling and the composition of processed foods.**

### **HEALTHY EATING**

Consumption of saturated fat increases liver fat. In contrast, healthier mono and poly-unsaturated fats, such as in the Mediterranean diet (characterised by a high intake of olive oil, nuts, fruits, vegetables and fish and a low intake of red and processed meat and added sugar) are beneficial in the treatment of NAFLD.

**EASL recommends health education programmes which emphasise the benefits of a Mediterranean diet and initiatives which promote water consumption, instead of SSBs.**

### **EXERCISE**

Physical activity produces significant changes in liver fat making it an essential compliment to healthy eating. Establishment of safe and appealing walking and cycling infrastructures can have a major influence on behaviour, with the recent WHO Global Action Plan on Physical Activity providing a framework to support policy and practice in this area.

**EASL recommends policies and changes to local infrastructure which promote and encourage regular physical activity, improve opportunities for exercise and reverse sedentary lifestyles.**

### **EDUCATION**

Awareness that obesity and diabetes can lead to significant liver disease is low amongst the public and the medical community, as is knowledge of appropriate and effective behaviour change techniques to avoid relapse and weight regain.

**EASL recommends the expansion of knowledge and skills amongst healthcare providers on the high prevalence of NAFLD, risk factors, how to conduct nutrition screening and counselling, and engaging patients in appropriate behaviour change initiatives. This should be accompanied by public awareness campaigns on liver disease, highlighting that it is not only linked to excessive consumption of alcohol.**

### **RESEARCH**

Identification and diagnosis of NAFLD is made worse by the lack of effective biomarkers to identify which patients have developed the disease and which have progressed to a more advanced stage.

**EASL recommends further funding of new diagnostic research programmes.**

