Letter to the Editor

Reply to: “Caveats for the implementation of global strategies against non-alcoholic fatty liver disease”

To the Editor:
We thank Méndez-Sánchez and Valencia-Rodríguez for their letter and appreciate their recognition of our NAFLD study. We agree with the authors that alcohol-related liver disease (ALD), HBV and HCV remain key public health challenges in Europe. However, we believe these ongoing agendas do not diminish the imperative of addressing the growing impact of NAFLD.

While not always successful, the majority of countries in Europe have implemented vaccination programmes for HBV, with many eastern European countries having included the HBV vaccine in vaccine schedules by the late 1990s. Recent efforts have been made to improve access to HCV treatment within Europe, while globally viral hepatitis is increasingly incorporated in key health policy discussions, including in the Sustainable Development Goals (SDGs). We do acknowledge that evidence on the harm of ALD has not translated into effective public health policy and agree that addressing this gap remains a priority.

Méndez-Sánchez and Valencia-Rodríguez cite Pimpin et al. to highlight the small proportion of liver-related deaths attributable to NAFLD in Europe. While they acknowledge the numerous challenges found in this study around recording NAFLD-related mortality, we would highlight the substantial proportion of liver-related deaths in the region with unknown aetiology.

Current estimates suggest that ~1 in 4 adults globally have NAFLD, with substantial variation in prevalence within and among countries, as observed for related conditions including obesity. Whilst we await new NAFLD prevalence estimates from the Global Burden of Disease Collaboration, we believe it is critical that debates around prevalence estimates do not cause inertia in country responses.

The NAFLD burden is expected to grow over the next decade, becoming an increasingly common cause of end-stage liver disease and transplantation, and potentially becoming the leading cause of cirrhosis globally. NAFLD may also serve as a cofactor, accelerating the progression of liver disease where a second contributing aetiology, such as high alcohol consumption, is present. There is also a strong economic case for action to address NAFLD, with substantial economic and wellbeing costs associated with the condition.

EASL recently issued a policy statement detailing a number of policy interventions aimed at reducing the growing burden of NAFLD-related liver disease. However, despite the significant challenges NAFLD presents, it is largely absent from the current global health discourse, including within the SDGs.

Future success in addressing NAFLD will require a wide range of catalytic actions that result in systematic and sustainable change, from improving NAFLD care to actively promoting public health approaches. In line with this approach, the EASL International Liver Foundation is engaging with partners around the world on a number of actions in 2020-21. These include a global review of policy responses to NAFLD, a series of multistakeholder thinktanks and the creation of a global coalition to steward the response.

We believe the case for swift and decisive action to address NAFLD is clear and compelling and urge the global community to deliver the coordinated and collaborative response this challenge requires.

Conflict of interest
The authors declare no conflicts of interest that pertain to this work.

Please refer to the accompanying ICMJE disclosure forms for further details.

Authors’ contributions
JVL drafted the letter and HCP and QMA reviewed the full draft and provided input into it and subsequent revisions. All authors approved the final version for submission.

Supplementary data
Supplementary data to this article can be found online at https://doi.org/10.1016/j.jhep.2020.03.017.

References
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