

中文：糖尿病患脂肪肝預防治療的新觀念

英文：**Updates In The Management of Fatty Liver in Patients with T2DM**

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Metabolic Syndrome (MetS) is prevalent in the general population and can cause diseases of various organs, including Non-Alcoholic Fatty Liver Disease (NAFLD) and Non-Alcoholic SteatoHepatitis (NASH) of the liver. Non-alcoholic fatty liver disease pathologically covers simple steatosis, NASH, fibrosis and even cirrhosis; but no clinical history of excessive drinking. In Taiwan, with the westernization of eating habits, the population of obesity, diabetes and hyperlipidemia is increasing. A recent large review article pointed out that the prevalence of NAFLD in the general population is between 12 and 40%. In Taiwan, the prevalence of fatty liver disease is between 12% and 37% among community adult general population undergoing health checks. Because of similar background pathophysiology, that is insulin resistance or metabolic derangement, NAFLD has been linked to type 2 diabetes mellitus (T2DM) and other cardiovascular disease (CVD). Unfortunately, this link is under-appreciated and only partly clarified. NAFLD and T2DM are common conditions and can act synergistically to drive adverse systemic and liver outcomes. The presence of both NAFLD and T2DM increases the likelihood of the development of complications related to diabetes as well as increasing the risk of NAFLD progression into cirrhosis and hepatocellular carcinoma.

The mainstay of NAFLD management is currently aimed to modify metabolic derangements. Achieving good glycemic control and optimizing weight loss are pivotal to restricting disease progression. Once cirrhosis has developed, it is necessary to screen for any complication and minimize the risk of hepatic decompensation. Therapeutic disease modifying options for patients with NAFLD are currently under active investigations. When diabetes and NAFLD co-exist, preliminary data obtained from clinical trials demonstrate that active interventions such as using glucagon-like peptide-1 (GLP-1) receptor agonist semaglutide injection may help regression of nonalcoholic steatohepatitis (NASH), a severe form of NAFLD, apart from the glycemic control and body weight reduction. In this presentation, I will update the management of patients with co-existent NAFLD and T2DM. Overall, a diagnosis of NAFLD should lead to metabolic risk factor modification and targeted CVD risk assessment. Development of effective therapy for both T2DM and NASH is highly anticipated.