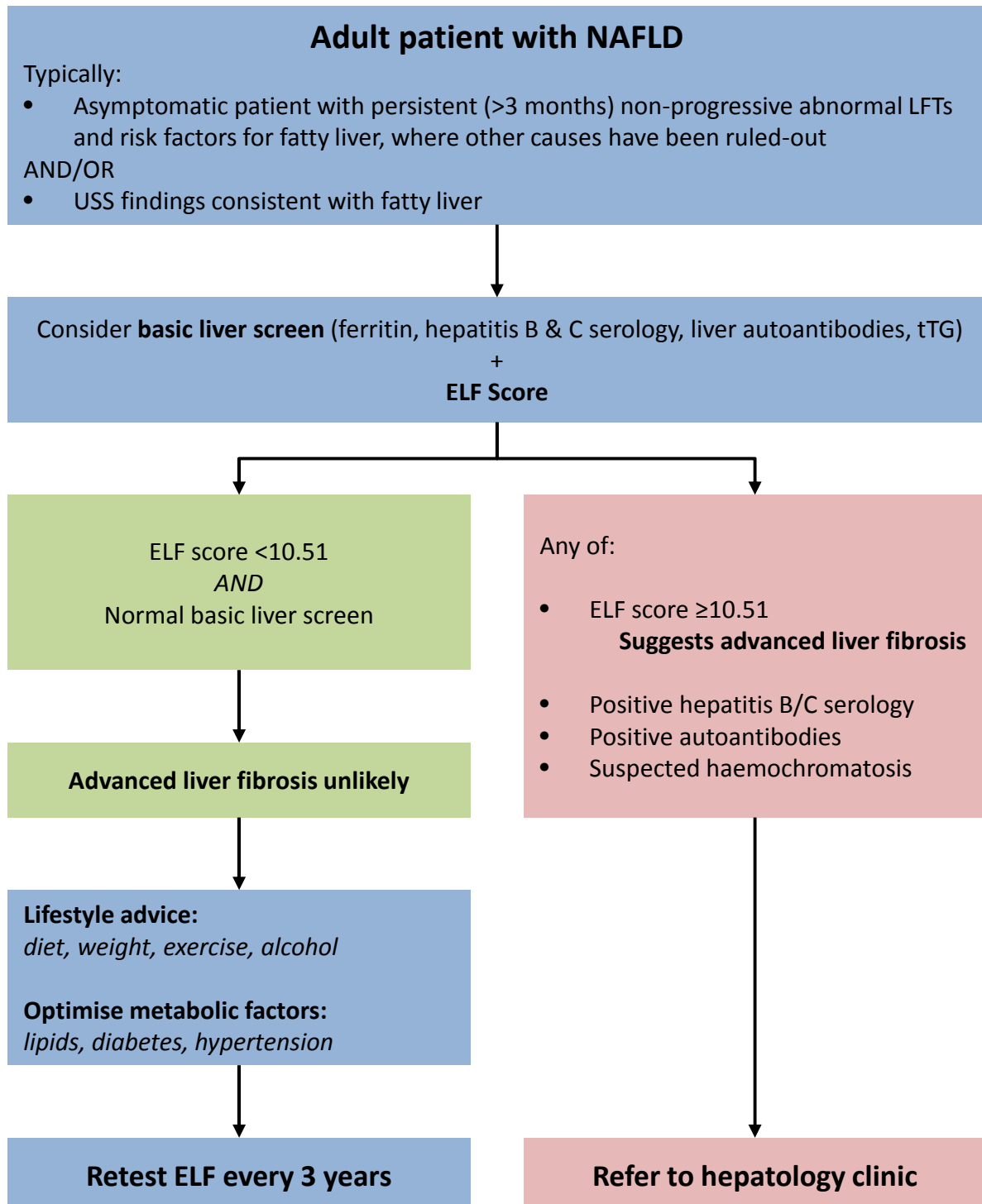


ELF Score for NAFLD in adults – Primary Care Guideline



See information boxes on following page for additional information.

PLEASE NOTE: This pathway is a guide for the use of the ELF Score in the assessment of advanced liver fibrosis in patients with NAFLD. It is not a comprehensive pathway for the investigation of abnormal LFTs.

Always use clinical judgement.

ELF Score for NAFLD in adults – Primary Care Guideline

Additional Information

PLEASE NOTE: This pathway is a guide for the use of the ELF Score in the assessment of advanced liver fibrosis in patients with NAFLD. It is not a comprehensive pathway for the investigation of abnormal LFTs.

NAFLD

- Key risk factors for non-alcoholic fatty liver disease (NAFLD) include obesity, impaired glucose regulation/T2DM, hypertension and hyperlipidaemia.
- Patients with NAFLD may have normal LFTs.
- In cases where LFTs are abnormal, this is typically mildly raised transaminases (ALT, AST) and/or gamma-glutamyltransferase (γGT).
- Alcohol-related liver disease should be ruled out before diagnosing NAFLD.
- NICE does not recommend USS as a diagnostic test in all patients with suspected NAFLD. However, this may be required in some cases (guided by clinical judgement).
- All patients with an ALT >200 should be referred to Hepatology.
- Patients with signs/symptoms of liver disease should be referred to Hepatology.
- Urgent referral if hepatic/biliary malignancy suspected.

BASIC LIVER SCREEN

- Consider basic liver screen, to test for co-existing liver disease, based on clinical judgement.
- As a minimum this should include ferritin, hepatitis B & C viral serology, liver autoantibodies (ANA, ASMA, AMA).
- In certain patients also consider serum tTG, alpha-1-antitrypsin (AAT) and caeruloplasmin (if <40 years old).
- Consider tests for associated conditions : renal function, HbA1c, lipid profile, TSH, FBC, clotting studies.

A note on ferritin

- Ferritin may be raised due to NAFLD or in response to acute liver injury and systemic inflammation.
- If no acute cause obvious, request fasting transferrin saturation (TSAT). If fasting TSAT normal (<45%), haemochromatosis is unlikely. Explore other cause.
- If TSAT is persistently raised, request Haemochromatosis Genotype test and refer to Hepatology as necessary.

ELF SCORE

- Enhanced Liver Fibrosis (ELF) Score should be considered for the assessment of advanced liver fibrosis in patients with NAFLD.
- ELF Score ≥ 10.51 suggests advanced liver fibrosis and is an indication for referral to Hepatology clinic.
- If ELF Score <10.51 then retest in 3 years (repeat requests made within this time frame will be rejected by the clinical biochemistry laboratory).
- Sample type: serum sample
- Turn-around time: within 2 weeks

ADVICE

For general enquiries please contact the Blood Sciences Help Desk on **01782 674224** (*Mon-Fri 9:00 – 17:00*).

For advice regarding specific technical and clinical aspects of this test, please contact the Duty Biochemist on **01782 674265** (*Mon-Fri 9:00 – 19:00*).

For specialist clinical advice please contact a Consultant Gastroenterologist with specialist interest in hepatology.

REFERENCES

- NICE Guideline 49 (NG49, published July 2016)
NICE Clinical Knowledge Summary for NAFLD
Glen J et al BMJ 2016;354:i4428
Dyson JK et al Frontline Gastroenterology 2014;5:211–218