



CME FOUNDATION OF INDIA

# THE GASTRO UPDATE



## EVENT REPORT

**Venue:** Hotel Sitara, Ramoji, Hyderabad

**Date:** 23<sup>rd</sup> & 24<sup>th</sup> November, 2024

# The Gastro Update

The **Gastro Update**, held on 23<sup>rd</sup> & 24<sup>th</sup> November, 2024, at Hotel Sitara, Ramoji, Hyderabad was organized by CME Foundation of India (CMEFI), a registered Association of Persons (AOP), dedicated to enhancing the skills and knowledge of healthcare professionals, through continuing medical education activities.

**Dr. Parimal Lawate**, a distinguished gastroenterologist, shared his valuable insights on the topic "**Approach to managing non-alcoholic fatty liver disease (NAFLD)**." He emphasized the importance of individualized care and the latest treatment approaches in managing NAFLD.

The objective of the conclave was to provide participants with practical, evidence-based strategies for the effective management of challenging conditions such as NAFLD, exploring innovative therapeutic approaches that improves patient care outcomes. The event fostered collaborative discussions on the latest patient care methodologies, incorporating real-world insights and experiences to enhance clinical practice. Additionally, participants gained valuable expertise from key opinion leaders in gastroenterology, equipping them with actionable knowledge to elevate their clinical decision-making and patient care.

**Date: 23<sup>rd</sup> & 24<sup>th</sup> November, 2024**

**Venue: Hotel Sitara, Ramoji, Hyderabad**

**Total Participants: 34**

## Agenda

**Date: 23<sup>rd</sup> November, 2024**

**Time: 7:30 pm to 9:30 pm**

Topic	Speaker	Timing
Welcome		7:30 pm to 7:35 pm
Introduction		7:35 pm to 7:40 pm
Approach to managing non-alcoholic fatty liver disease (NAFLD)	Dr. Parimal Lawate	7:40 pm to 8:45 pm
<b>Real world</b> study to understand clinicians perspectives on NAFLD management and progression	Dr. Parimal Lawate	8:45 pm to 9:25 pm
Vote of thanks		9:25 pm to 9:30 pm

# Summary of the Conclave

**CMEFI team** warmly welcomed the distinguished speaker, Dr. Parimal Lawate and the participants.

## **Approach to managing non-alcoholic fatty liver disease (NAFLD) - Dr. Parimal Lawate**

Dr. Parimal explained that NAFLD, or non-alcoholic fatty liver disease, is characterized by the accumulation of fat in the liver without significant alcohol consumption. He highlighted that this condition is now more commonly referred to as MAFLD (metabolic dysfunction-associated fatty liver disease) to better reflect its association with metabolic dysfunctions such as obesity, insulin resistance, and dyslipidemia. Dr. Parimal emphasized that the shift in terminology from NAFLD to MASLD (metabolic dysfunction-associated steatotic liver disease) represents a more comprehensive understanding of the disease's metabolic roots, including its relation to conditions like hypertension and fluctuating blood sugar levels, as seen in the case of a 45-year-old patient.

Dr. Parimal highlighted that patients with MAFLD commonly present with nonspecific symptoms like abdominal fullness and discomfort in the right upper quadrant, as in the case of the patient under discussion. He recommended a thorough diagnostic approach, which includes ultrasound, liver function tests (LFTs), hemogram, and an evaluation for metabolic syndrome. Dr. Parimal emphasized that the ultrasound revealed grade 3 fatty liver in patient of the aforementioned case, confirming a diagnosis of advanced steatosis, which is consistent with the MASLD classification. He also noted that it is important to rule out significant alcohol intake and other potential causes of liver disease.

Dr. Parimal explained that assessing liver fibrosis is crucial for determining the prognosis of MASLD, as fibrosis correlates strongly with the risk of progression to cirrhosis and other liver complications. He highlighted that non-invasive tests like Fibroscan and the Fib-4 score are essential tools in evaluating liver stiffness and identifying patients at higher risk for adverse outcomes. Dr. Parimal discussed how these tests provide valuable information about liver fibrosis without the need for liver biopsy, making them vital for ongoing management and risk stratification.

Dr. Parimal emphasized that managing MASLD requires addressing both the liver disease and its underlying metabolic causes. He explained that lifestyle modifications, such as weight loss, increased physical activity, and dietary changes, are key components of treatment. Pharmacological interventions may be considered to manage insulin resistance, dyslipidemia, or hypertension. Dr. Parimal concluded by stressing the importance of early detection and regular monitoring, particularly using tools like Fibroscan, to prevent the progression of MASLD and improve long-term outcomes. He emphasized that with appropriate intervention, the progression to severe liver disease can be mitigated.

## **Real world study to understand clinicians' perspectives on NAFLD management and progression -**

### **Dr. Parimal Lawate**

A real-world survey was conducted using the provided questionnaire to gather insights on the topic "Real world study to understand clinicians' perspectives on NAFLD management and progression." The analysis report of the survey was presented on screen to the participating doctor by Dr. Parimal Lawate. The discussion centered around the responses to the questionnaire and highlighted key findings regarding NAFLD management and progression.

- **Common profile and age group of NAFLD patients**

The most common profile of a patient diagnosed with NAFLD typically includes obesity, T2DM, and hypertriglyceridemia. These metabolic conditions are closely linked and play a significant role in the development of NAFLD. Although hypertension and hypothyroidism are also observed in NAFLD patients, obesity and diabetes are considered the primary drivers of the disease. The 30 to 40-years age group is most commonly affected by NAFLD among obese patients, as this period marks a critical time when the metabolic impacts of obesity become more pronounced, increasing the risk for liver-related issues, including fatty liver disease. This demographic often presents with a combination of insulin resistance, dyslipidemia, and other metabolic disorders.

- **NAFLD in obese adolescents and diabetic patients**

NAFLD in obese adolescents in India is becoming an increasing concern, driven by rising childhood obesity rates and unhealthy lifestyle habits. This condition is particularly worrisome as early detection and intervention are critical to preventing the progression to more severe liver diseases. Clinicians are seeing more cases of fatty liver in this younger population, emphasizing the need for timely management. Early intervention in this group is essential to prevent further liver damage and worsening of metabolic health.

- **Preferred treatments for reducing fatty liver and vitamin E prescription**

Metformin and Pioglitazone are commonly prescribed medications for reducing fatty liver in NAFLD patients. Metformin helps manage insulin resistance, while Pioglitazone improves insulin sensitivity and addresses liver inflammation. Both medications are central in treating the underlying metabolic issues contributing to NAFLD. Additionally, vitamin E is frequently prescribed for its potent antioxidant effects, reducing oxidative stress and liver inflammation, which are key factors in the progression of fatty liver disease. As an antioxidant, vitamin E plays a crucial role in minimizing cellular damage caused by excess fat accumulation in the liver.

- **Medications to reduce cardiovascular risk in NAFLD**

Statins and Dapagliflozin are commonly prescribed to manage cardiovascular risk in NAFLD patients. Statins help manage cholesterol levels and reduce the risk of atherosclerotic cardiovascular disease, while Dapagliflozin is particularly effective in controlling blood sugar levels, offering dual benefits for both metabolic and cardiovascular health.

- **Risk factors for progression from NAFLD to NASH and cirrhosis**

Patients who do not adhere to lifestyle interventions, as well as those with uncontrolled diabetes, dyslipidemia, or hypertension, are at higher risk for progression from NAFLD to NASH and cirrhosis. Proper management of these comorbid conditions is essential to prevent the advancement of the disease and reduce the risk of liver-related complications.

- **Gut dysbiosis in NAFLD and its treatment**

Clinicians believe that gut dysbiosis plays a significant role in the development and progression of NAFLD. Dysbiosis contributes to liver inflammation and metabolic disturbances, which can worsen liver damage in NAFLD patients. As a result, addressing gut health is becoming an increasingly important aspect of managing NAFLD. For patients with gut dysbiosis, probiotics and prebiotics are commonly prescribed to help restore the balance of gut microbiota. These treatments aim to improve liver function and metabolic health by promoting a healthier gut environment.

- **Key risk factors for progression to cirrhosis**

The primary risk factors for progression of NAFLD to cirrhosis include uncontrolled diabetes, smoking, and alcohol intake. These factors contribute to the acceleration of liver damage and can lead to the development of cirrhosis. Effective control of these risk factors is crucial in preventing severe liver disease and its complications.

- **Common cardiovascular disorders in NAFLD patients**

NAFLD patients are often seen with cardiovascular disorders, particularly angina and myocardial infarction. These conditions are closely associated with the metabolic disturbances that characterize NAFLD, and their management is essential to prevent cardiovascular events in this high-risk population.

- **Treatment to reduce oxidative stress in NAFLD**

Vitamin E is the preferred treatment to reduce oxidative stress in NAFLD patients. Its antioxidant properties help in reducing liver inflammation and prevent further cellular damage caused by the build-up of fat in the liver. This treatment is commonly used to manage the oxidative stress that is central to the pathogenesis of NAFLD.

- **Bariatric surgery and post-surgery treatment for NAFLD**

Bariatric surgery is considered for a subset of NAFLD patients, particularly those with severe obesity who have not achieved sufficient weight loss through lifestyle changes or medications. This option is primarily for individuals at high risk of developing liver complications and other obesity-related comorbidities. Following bariatric surgery, medications such as Pioglitazone & Dapagliflozin are commonly prescribed to manage NAFLD. These medications help improve insulin sensitivity, control blood glucose levels, and reduce liver fat.

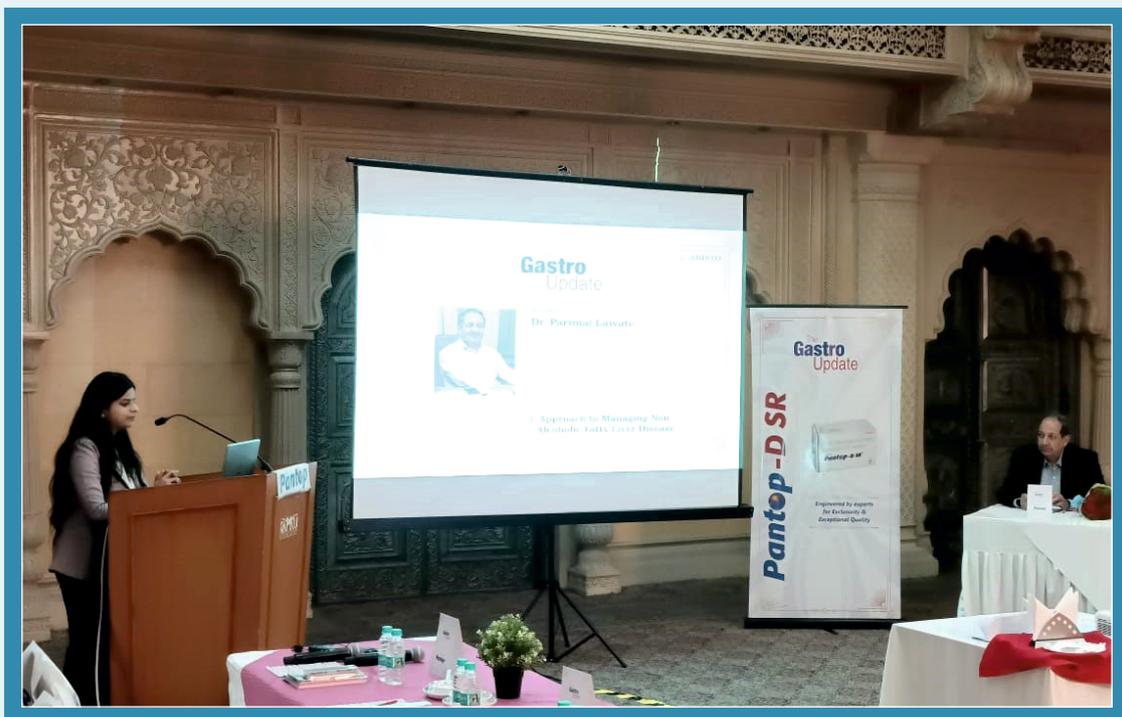
**At the end of this Conclave, the CME Foundation of India extended its sincere gratitude to the attending delegates and acknowledged Aristo Ltd., the academic and industry partner, for their valuable support and contribution to the success of the Conclave.**

# Snapshots of The Gastro Update

## Registration counter



## Welcoming Dr. Parimal Lawate



## Approach to managing NAFLD/MAFLD



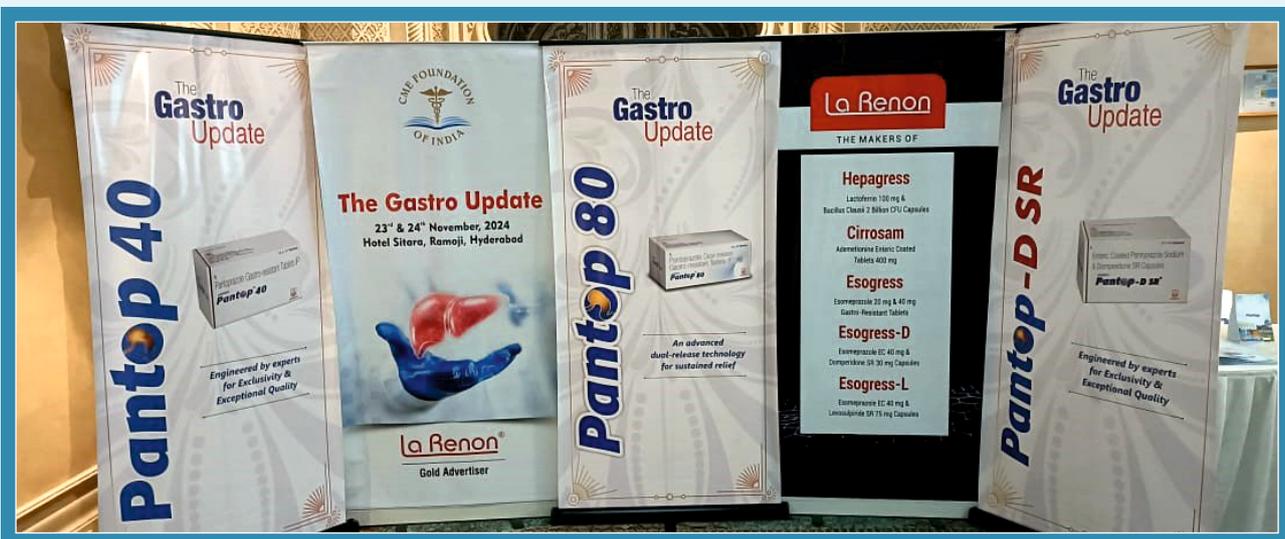
## Real world study to understand clinicians' perspectives on NAFLD management and progression



# Empowering attendees with a scientifically enriching and a joyful conclave experience



## Branding opportunity



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