

Referral Pathway for suspected NAFLD

Patient presents to GP with abnormal ALT (> 45 IU/mL)

Immediate concern:
Contact hepatology
for advice

Other cause found:
Refer as appropriate

Step 1 Assessment:

- Lifestyle: Alcohol, overweight/obesity, IV drug use, sexual and travel history, diet, exercise
 - Provide brief intervention/advice as appropriate
 - Medication review (current + last 3/12)
 - Physical examination including BMI

Step 2 Repeat blood test at 3/12

(if clinical concern repeat sooner - at discretion of clinician)

Step 3 Assessment: Ongoing abnormality of ALT

- Investigation for cause: USS, liver antibodies, ferritin, hepatitis B surface Ag, hepatitis C Ab
- Investigation for risk assessment: FBC, BCP, AST, lipids, Hb1Ac, Fib4*

Other cause found:
Refer as appropriate

NAFLD confirmed

Referral decision based on Fib4 and clinical assessment

Low risk (Fib 4 <1.45):

Primary care management as per NICE NAFLD guidance

Indeterminate (1.45 - 3.25):

Refer to NAFLD Advice and Guidance on ERS

High risk (Fib4 >3.25):

Refer to Hepatology out-patient clinic

Hepatologist provides reply within 2/7