

Trend of Hospitalized Patients With a Diagnosis of NAFLD Across a 4-Year Period From 2016-2019

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INTRODUCTION: The prevalence of Non-alcoholic fatty liver disease (NAFLD) has been increasing in the US and Non-alcoholic Steatohepatitis is the most rapidly increasing indication for a liver transplant. We evaluated the burden, contemporary trends, baseline characteristics, and overall mortality of hospitalized patients with NAFLD in the US using the National Inpatient Sample (NIS) database.

METHODS

The 2016-2019 NIS database was used to identify adults (age >18) with NAFLD using ICD 10 codes K76.0, K75.81. Baseline characteristics including gender, racial distribution, and mortality during hospitalization among these patients were obtained from the database. We used Stata 17.0 SE-Standard Edition (StataCorp, 4905 Lakeway Drive, College Station, TX). The data was tabulated to

RESULTS

	2016	2017	2018	2019
Total NAFLD	373134.8(1.0%)	417504.8(1.1%)	476215(1.3%)	532485.1(1.5%)
MALES	167389.9(4.5%)	187469.9(4.5%)	216290.0(4.5%)	242730.0(4.5%)
FEMALES	205384.9(55%)	230014.9(55%)	259904.9(54%)	289715.0(54%)
NAFLD DIED	6904.9(1.8%)	7699.9(1.8%)	8545.0(1.8%)	9854.9 (1.8%)

NAFLD patients accounted for 1-1.5% of all hospitalizations in the US (Table-1). We identified 373,135 hospitalized patients with NAFLD in 2016, which increased to 532,485 patients in 2019. The majority of the patients were females (55 % vs. 45%; $p < 0.01$) across all years. NAFLD was more commonly associated with whites with a prevalence of ~70% across all years. The overall mortality rate of patients was 1.8%.

CONCLUSION: Even though there have been recent advances in the treatment of obesity and diabetes which are strongly associated with NAFLD, we did not notice any major difference in the prevalence of patients hospitalized with a diagnosis of NAFLD. The reasons could include that these treatment modalities may not be available to all patients or there may be a lack of awareness of these to the general population. More studies are needed to support our findings.

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