INTRODUCTION
In European countries, the prevalence of NAFLD in the general population is mainly based on relatively small size cohort studies with high heterogeneity, leading to a wide range of prevalence estimates, from 4 to 50% (1).
In France, real-world data are dramatically lacking while disease modeling has provided alarming estimates in terms of NAFLD, NASH, related-cirrhosis and HCC prevalence and incidence (2).

AIM
The aim of this study was to assess the prevalence and risk factors of NAFLD and associated liver fibrosis in a large French population-based cohort by using non invasive markers.

MATERIAL & METHODS
The study population consisted of 118,664 participants from a sample drawn from the nationwide CONSTANCES cohort (3) randomly selected according to age, gender and socioeconomic. Diagnosis of NAFLD and advanced fibrosis were performed using the Fatty Liver Index (FLI) (4) that was calculated from BMI, waist circumference, GGT and triglycerides, and Forns Index (FI) (5) that was calculated from age, GGT, platelet count and cholesterol. In a previous work we have shown that FI was as efficient as FIB4 for the detection of advanced fibrosis (AUC 0.8) (6). Subjects with FLI>60 were considered as having NAFLD and those with FLI=6.9 as having advanced fibrosis.

Variables of interest were sociodemographic, clinical and biological data.

Variables associated with NAFLD and advanced fibrosis were analyzed by applying logistic regression model to estimate univariate and multivariate odds ratios (OR).

All statistical analysis were performed using R, and significance is determined using a p-value <0.05.

RESULTS

INTRODUCTION
The Epidemiology of NAFLD and Advanced Fibrosis in the French General Population: A Population-Based Cohort Study in 118,664 Subjects (NASH-CO study)
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