

Successful implementation of a weight loss intervention pathway for non-alcoholic fatty liver disease patients by advanced practice hepatology providers with obesity training

V. SHAH¹, S. REPKING¹, C. FOLKERS¹, L. FETROW¹, N. REAU¹, S. JANARDHAN¹

¹ RUSH UNIVERSITY



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Introduction

Practice guidelines from EASL and AASLD recommended sustained total body weight loss (TBWL) of 5-10% with lifestyle changes or bariatric surgery in obese patients are treatments of choice to prevent NAFLD progression.

Weight loss interventions may also include dietary changes, behavioral modifications, physical activity, and pharmacologic treatment.

Aim

While clinical trials for weight loss in NASH have shown to achieve >5% TBWL in 30% of patients and >10% TBWL in 10% of patients, it is unclear if this can be recreated in the real-world clinical setting.

Method

In 2018, our department started an embedded Weight Loss Intervention in Liver Disease (WILD) pathway led by a hepatologist and advanced practice providers (APPs) all trained in obesity medicine.

WILD provided intensive lifestyle strategies for those individuals with liver disease, BMI >25, and willingness to make lifestyle interventions. Individuals were followed monthly after initial consultation.

The pathway was transitioned to include telehealth with the COVID pandemic so that treatment was not interrupted.

A retrospective review was completed for retention rate and percent weight change for patients who attended at least one WILD appointment.

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Contact information

vicki_shah@rush.edu
sujit_janardhan@rush.edu

Results

Between November 2018 to December 2020, 77 patients attended at least one WILD appointment.

Forty-five patients (73%) achieved average of TBWL of 5.47%

Fourteen patients (22%) had weight gain of 1.22%

Three (5%) had no change.

Fifteen failed to return after the first visit with mean average TBWL of 0.6%.

Sixty-two patients attended >1 WILD visit indicating 80.6% retention rate.

Of the 45 patients with TBWL, 15 patients achieved > 5% weight loss and 7 achieved > 10% weight loss

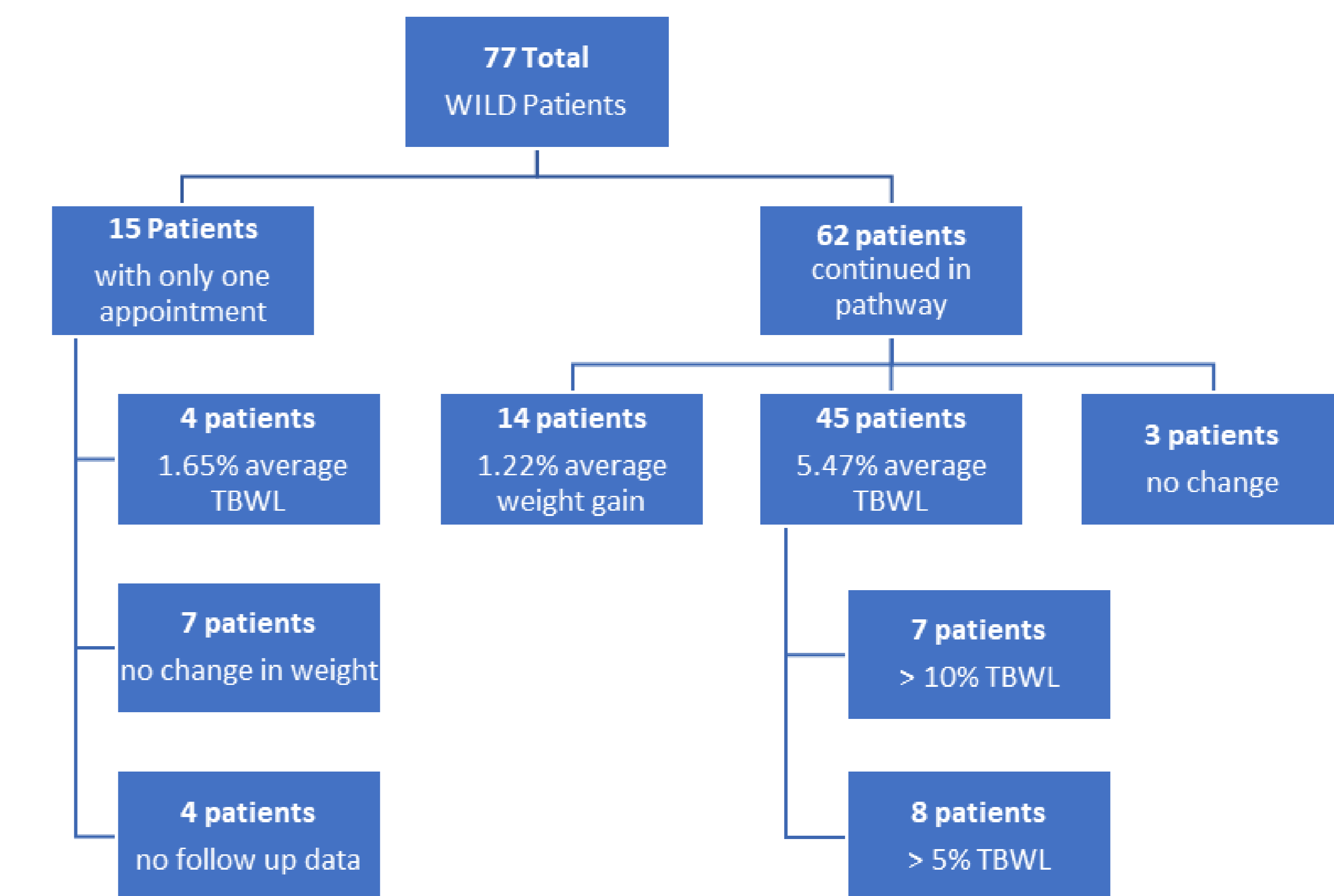


Diagram 1: Patients in WILD pathway weight gain and loss

Conclusions

Our study demonstrates that an APP run weight intervention was successful in achieving weight loss in engaged patients comparable to those achieved in clinical trials for weight loss in NASH patients.

73% WILD patients achieved weight loss and 33% of patients that remained in the pathway lost at least 5% of TBW which has been associated with improvement in NAFLD.

