The 2022 AACE Guidelines provide the latest evidence-based recommendations for the
diagnosis and management of Nonalcoholic Fatty Liver Disease (NAFLD) and nonalcoholic
steatohepatitis (NASH). Here are the key recommendations for blood testing and referral
developed by AACE and cosponsored by AASLD.¹

Who is at risk of NAFLD with significant liver fibrosis and cirrhosis?¹

Adults with any of the following conditions are likely to have NAFLD and should be considered at high risk
and assessed for liver fibrosis:

→ Obesity and/or features of metabolic syndrome
→ Prediabetes or type 2 diabetes
→ Hepatic steatosis on any imaging study and/or persistently elevated plasma aminotransferase
  levels (over 6 months)

What blood tests are recommended to assess the risk of NAFLD with liver fibrosis?¹

The FIB-4 index is the preferred noninvasive initial test to assess the risk of NAFLD with liver fibrosis.
(Repeat testing every 2 years is suggested for patients with a low FIB-4 index.)

Patients in the high-risk groups with an indeterminate or high FIB-4 index should be considered for further testing
with the ELF score.

When should patients be referred to a liver specialist?¹

Patients should be referred to a gastroenterologist or hepatologist for further assessment when
they present either:

→ Persistently elevated ALT or AST levels and/or with hepatic steatosis on imaging and indeterminate
  risk or high risk based on blood tests and/or imaging
→ Other clinical evidence of advanced liver disease
Cirrhosis Prevention in NAFLD

To get the full recommendations regarding diagnosis and management of NAFLD and NASH, visit American Association of Clinical Endocrinology Clinical Practice Guideline.

Reference

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