

FRI-420

A nurse-led advice and lifestyle intervention shows high levels of patient-reported satisfaction and motivation in community-based management of NAFLD

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Background and aims: Non-alcoholic fatty liver disease (NAFLD) affects 25% of the UK population but only a fraction develop advanced liver disease. For most, management focuses on cardiovascular risk reduction with responsibility increasingly devolved to primary care (PC). However PC is poorly resourced to discuss the diagnosis and importance of lifestyle change. We explored acceptability of nurse-led clinics to support PC management of NAFLD.

Method: As part of a randomised trial of a NAFLD Integrated Care Pathway participants in control and intervention arms were given information about diagnosis and healthy lifestyle change by a NAFLD specialist nurse. Interview and questionnaires at 1-year follow-up explored understanding of NAFLD, disease management and patient reported outcomes.

Results: 52 patients were recruited, (29% [n = 15] female; 71% [n = 37] male) with median age 48 (26-62) and 52 years (24-76), respectively. 19% (n = 10) withdrew before 1 year: 90% (n = 9) could not be contacted or declined; 10% (n = 1) moved away. 2 patients had pending visits at the time of data collection. 40 patients completed 1 year of follow-up, and were included in the analysis. Baseline patient awareness and knowledge of NAFLD was poor, but 100% (n = 40) said the nurse-led clinic had improved their understanding: 65% (n = 27) rated the information very helpful, with nobody rating it unhelpful (p = 0). 93% (n = 27) said discussing their Enhanced Liver Fibrosis test result aided understanding of their stage on the NAFLD spectrum, and encouraged self-management. All participants found the nurse helpful in discussing plans for sustainable lifestyle change. At 1-year, 22% (n = 9) reported psychosocial improvement, 54% (n = 21) better diet and 40% (n = 16) increased exercise. Objectively, 67% (n = 18) had reduced BMI by median 0.9 (-6.37-2.45), with 20% (n = 8) and 8% (n = 3) achieving > 5% or > 10% weight loss respectively. Worryingly, a questionnaire for healthcare professionals (HCP) conducted in parallel also revealed poor knowledge, with 27% (n = 40) unaware NAFLD is preventable, and 28% (n = 41) not realising NAFLD can cause cirrhosis.

Conclusion: Poor HCP and patient knowledge of disease impedes effective clinical management. Time spent discussing NAFLD and necessary lifestyle change with a trained nurse led to patient reported improvements in knowledge, and was considered helpful by all participants. Sustainability of change will be monitored at future follow-up. Nurse-led clinics could become a valuable part of community-based NAFLD services.