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Nutritional recommendations for patients with non-alcoholic fatty liver diseases.**Nafiseh Bahadori Birgani***Department of National Nutrition And Food Technology Research, Shahid Beheshti University of Medical Sciences, Tehran, Iran.*

Fatty liver is the most common liver disease worldwide. Hyperglycemia and hyperinsulinemia induce lipogenesis, thereby increasing the hepatic pool of fatty acids[1]. Nutritional consultations and lifestyle modification are important in the treatment of non-alcoholic fatty liver disease (NAFLD) [2]. The usual management of NAFLD includes lifestyle counseling to achieve a gradual weight reduction and an increase in physical activity. An intensive lifestyle intervention focused on diet, exercise and behavior modification with a goal of 7–10% weight reduction that leads to significant improvement in liver histology in patients with NASH [19]. Indeed, weight loss improves steatosis [20], reduces hepatic inflammation and hepatocellular injury [21], [22] and improves cardiovascular risk profile. [23]. Several changes in dietary intake have occurred in the past few years, including increased energy intake (24%), and increases in added sugars, flour and cereal products, fruit, added fats and total fat intake[42]. Fatty liver disease in humans is an insulin-resistant condition and the liver over-produces glucose and triglycerides due to impaired insulin action[45]. Fatty liver is an independent predictor of diabetes and cardiovascular disease[46]. There are three major sources for increased liver fat accumulation: excessive delivery of free fatty acids from lipolysis of superficial and visceral fat depots (60%), increased de novo hepatic lipogenesis (30%), and increased nutritional intake (10%)[47].