

Mersey Multi-morbidity Metabolic Community Liver Clinic: pilot data

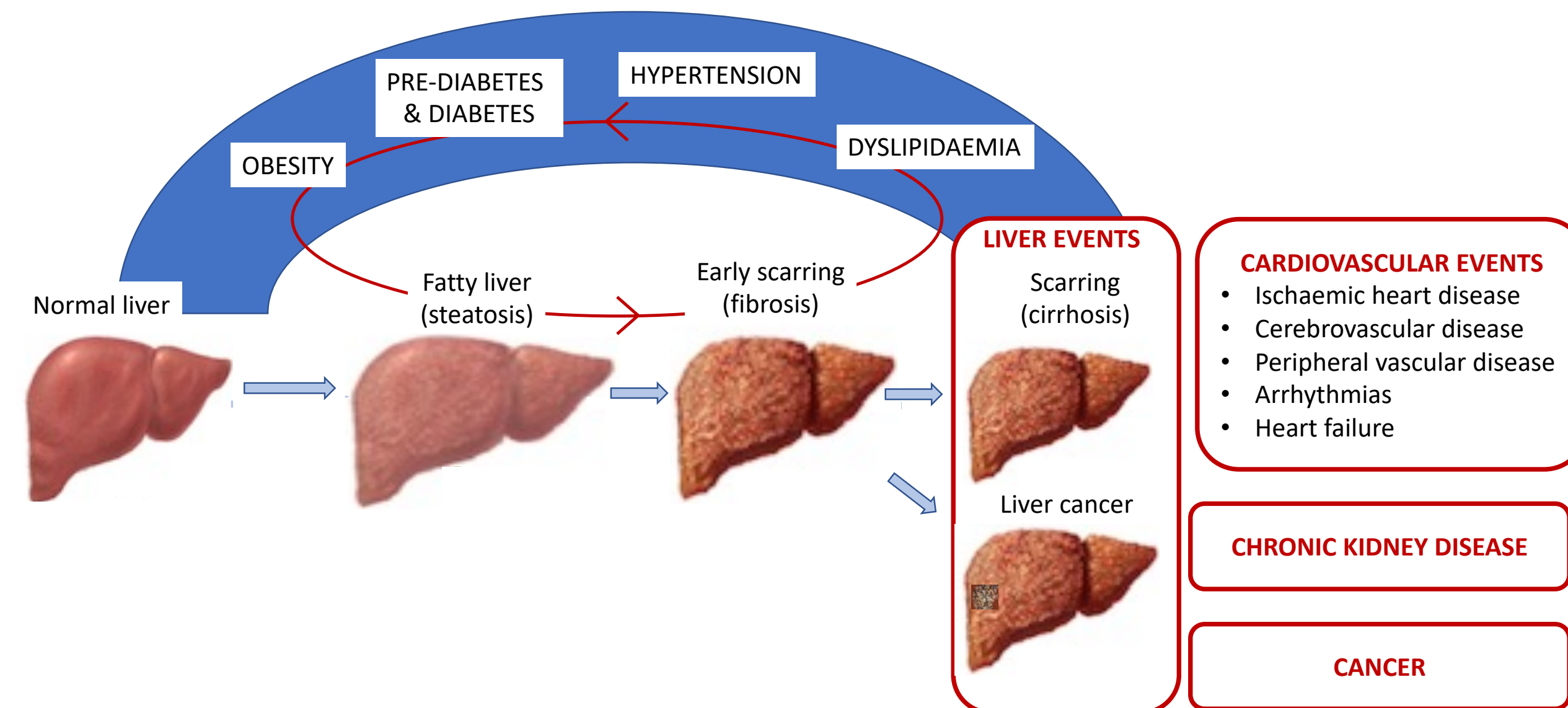
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Introduction

- Non-alcoholic fatty liver disease (NAFLD) affects > 1 in 4 people and is a metabolic disease association with multimorbidity.
- Most patients with NAFLD do not have significant liver fibrosis and are best managed in the community.
- Thorough screening and optimisation of cardiometabolic disease is vital to reduce the risk of liver events (cirrhosis, hepatocellular carcinoma) and cardiometabolic disease (diabetes, chronic kidney disease and cardiovascular disease)
- Low levels of health literacy and poor engagement with local stakeholders are barriers to care

Fig 1. NAFLD: spectrum of disease



Aim

To pilot a community metabolic liver clinic in an area of high deprivation to examine feasibility, burden of undetected disease and the potential for meaningful intervention (lifestyle/pharmacological).

Method

- Adults who had **type 2 diabetes** or a **BMI >30 kg/m²**, were invited via text message to book a clinic appointment and attend for bloods.
- The clinic proforma was designed by a **multidisciplinary team** (general practitioners/hepatologists/diabetologists/patients) The clinic proforma consisted of an **assessment** (history / anthropometrics / fibroscan / review of bloods) and **management** section (education / lifestyle / pharmacological).
- **Personalised written feedback** using traffic light systems and lifestyle recommendations were integrated into the proforma which was uploaded to the primary care electronic medical records and shared with each patient.
- Any complex cases were reviewed in a **virtual multi-disciplinary team meeting**.
- Patients were followed up at 6 months via electronic health records

Conclusions

- A thorough cardiometabolic assessment for patients with, and at risk of NAFLD, can be performed within 30 minutes in a primary care setting and generates high levels of intervention which is likely to impact future clinical outcomes.
- A combined form for medical assessment and personalised feedback of individual risk and management is associated with high levels of patient satisfaction.
- This model leads to improvements in metabolic health
- Our next steps are examine the feasibility of nurse-led clinic and to examine the cost-effectiveness of this model

Acknowledgements

We would like to acknowledge the administrators at Millbrook Medical centre who helped support this project

Results

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(1) Feasibility

- 19/24 attended (2x cancellations, 3x DNAs) = 79.2%
- The clinic took 30 min + 5 min admin time

(2) High burden of cardiometabolic disease in clinic cohort

Patient demographics	
Age (years), median (range)	67 (38-85)
Gender (male), n (%)	8 (42.1)
Deprivation, highest 2 deciles multiple deprivation, n (%)	15 (78.9)
Smoker / ex-smoker, n (%)	11 (57.9)
Audit C score ≥ 8, n (%)	3 (15.8)
Metabolic disease	
BMI > 25, n (%)	15 (78.9)
BMI > 30, n (%)	12 (63.2)
Waist circumference men >102cm, women >88cm, n (%)	17 (94.4)
Diabetes, n (%)	18 (94.7)
HbA1c > 48 mmol/mol	13 (68.4)
Hypertension, n (%)	14 (73.7)
Clinic blood pressure > 140/90	11 (57.9)
Triglycerides > 150 mg/dl, n (%)	9 (47.4)
HDL < 40 mg/dl men, < 50 mg/dl women, n (%)	5 (26.3)
Cardiorenal disease	
QRISK > 10 or acute coronary syndrome, n (%)	18 (94.7)
Chronic kidney disease, n (%)	2 (10.5)
Urine albumin creatinine ratio >3mg/mol, n (%)	5 (26.3)
Liver steatosis	
Controlled attenuation parameter > 275 dB/m	14 (73.7)
Liver fibrosis	
Fibrosis-4 score >1.3 (>2.0 if > 65 yrs):	2 (10.5)
Fibroscan ≥ 8 kPa (significant liver fibrosis)	6 (31.6)

(3) Outputs generated from the clinic

(i) Lifestyle intervention

- Brief alcohol intervention 15.8%
- Smoking cessation advice 5.3%
- Community lifestyle hub referral (leisure centre pass / slimming world vouchers) accepted by patient 26.3%

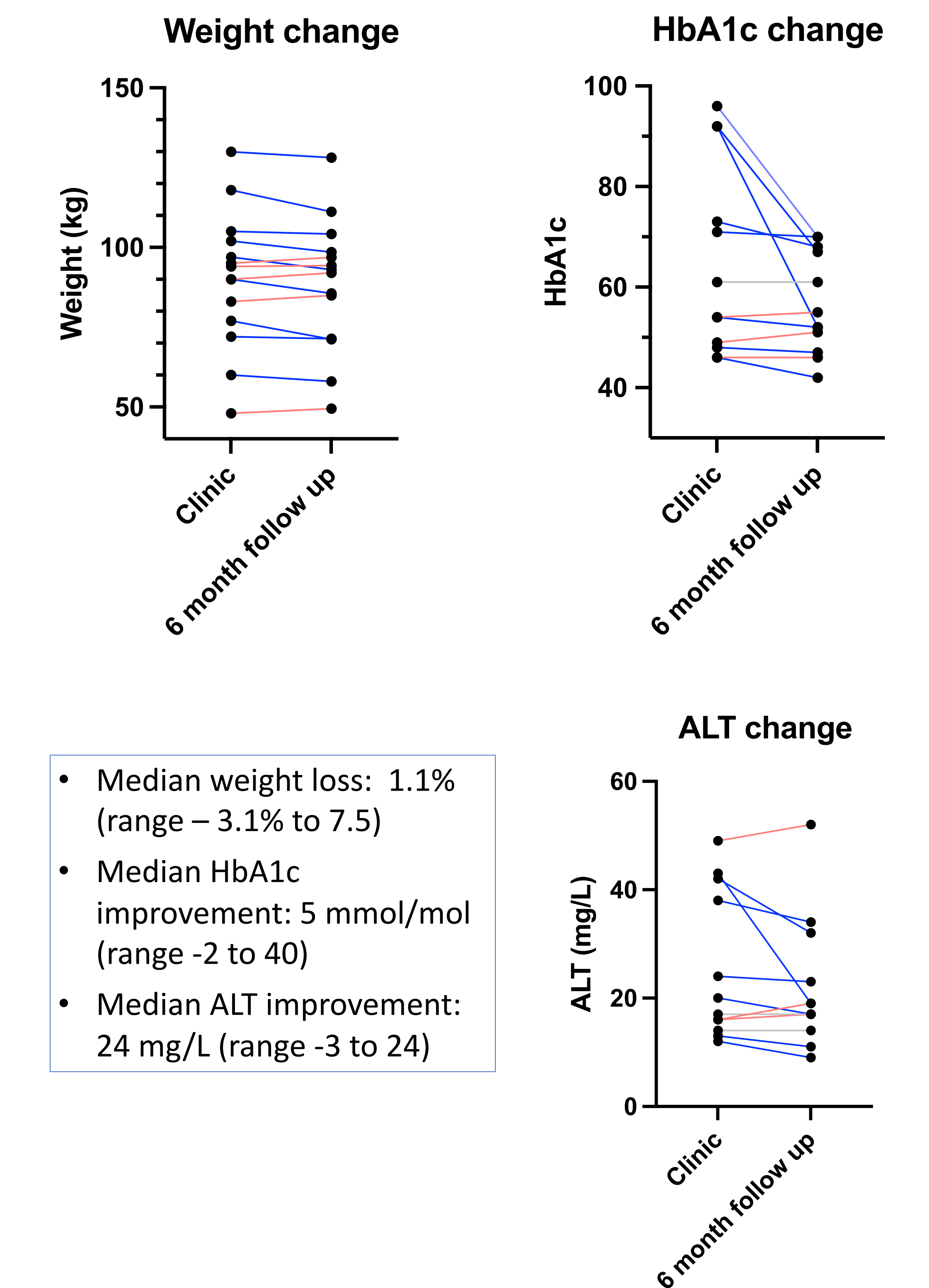
(ii) Onward referral

- Diabetes secondary care clinic 5.3%
- Hepatology secondary care clinic 31.6%
- Health care assistant hypertension clinic 57.9%
- Enhanced weight management services 10.5%

(iii) Pharmacological intervention

- Escalation of glucose-lowering therapy 57.9%
- Statin initiation or dose titration 10.5%

(4) The Mersey Metabolic Community liver Clinic leads to improvements in metabolic health



- Median weight loss: 1.1% (range - 3.1% to 7.5)
- Median HbA1c improvement: 5 mmol/mol (range -2 to 40)
- Median ALT improvement: 24 mg/L (range -3 to 24)

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