

פתופיזיולוגיה של הכבד השומני 2022 – מהן ההשפעות הסביבתיות מעבר לקלוריות?

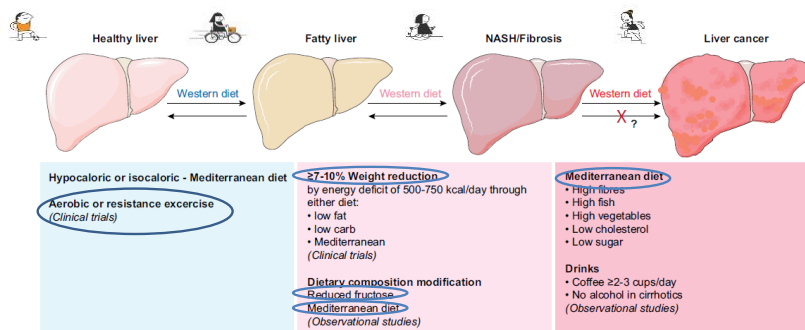
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בית הספר לבריאות הציבור
School of Public Health
مدرسة الصحة العامة
הפקולטה למדעי הרווחה והבריאות

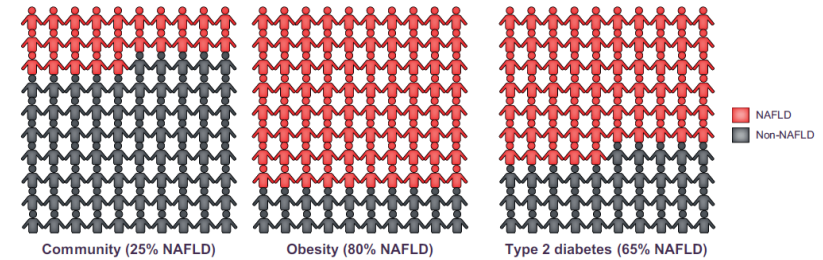


NAFLD is a lifestyle oriented and treated disease



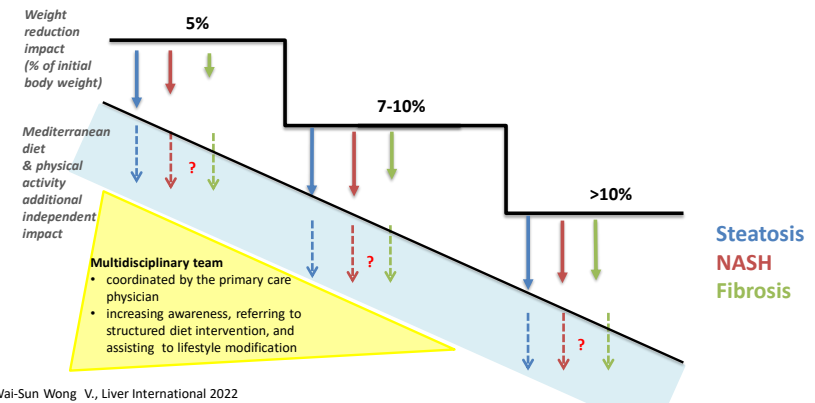
Romero-Gómez M., Zelber-Sagi S., Trenell M., Journal of Hepatology 2017

NAFLD prevalence and high-risk groups



Franque SM., JHEP Reports 2021

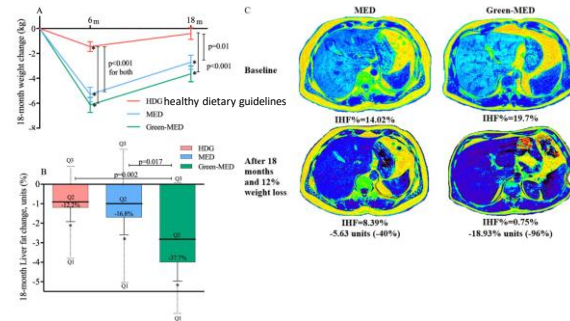
The dose-response effect of weight reduction on features of NAFLD and the added independent impact of the Mediterranean diet and physical activity



Wai-Sun Wong V., Liver International 2022

Effect of green-Mediterranean diet on intrahepatic fat RCT

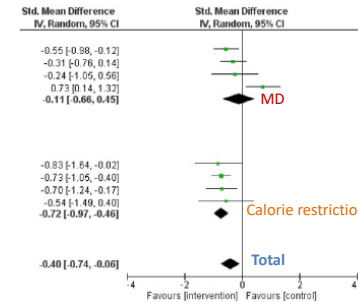
- 18-month
- 294 people with abdominal obesity or dyslipidemia
- Two isocaloric MED groups
 - Green-Mediterranean diet enriched with green plants and polyphenols
 - green tea (3–4 cups/day)
 - Mankai (aquatic plant strain) green shake



Yaskolka Meir A., Gut 2021

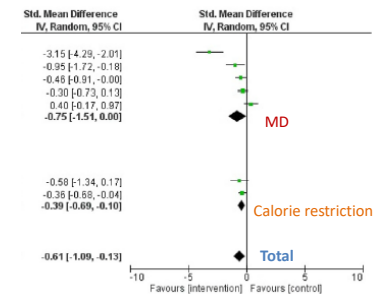
Mediterranean diet and calorie restriction in NAFLD Meta-analysis of RCTs and CCTs

Hepatic steatosis



Haigh L., Clinical Nutrition 2022

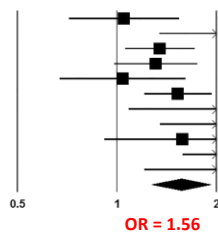
Liver stiffness measurement (LSM)



Relationship between dietary patterns and NAFLD: A meta-analysis of observational studies

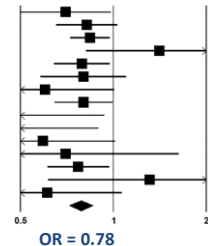
Western dietary patterns

Odds ratio and 95% CI



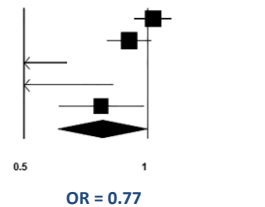
Prudent dietary patterns

Odds ratio and 95% CI



Mediterranean dietary patterns

Odds ratio and 95% CI

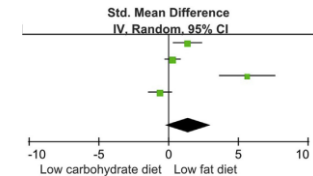


Hassani Zadeh S., Journal of Gastroenterology and Hepatology 2021

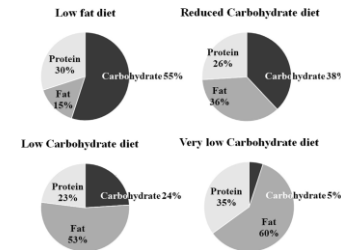
Low-carbohydrate diet in NAFLD: Meta-analyses

- 11 trials (7 RCTs)
- Small sample-sizes

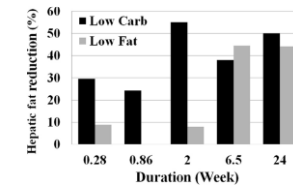
% change in hepatic fat content by low carbohydrate diet and low fat diet in NAFLD patients



The classification of low carbohydrate diet

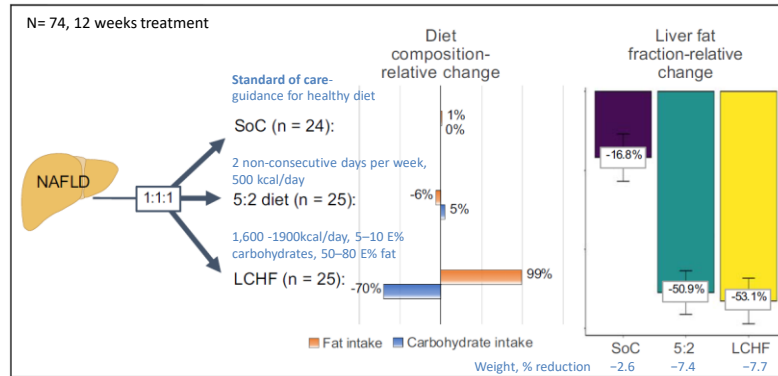


The relation between the duration of low-carbohydrate diet and hepatic fat reduction.



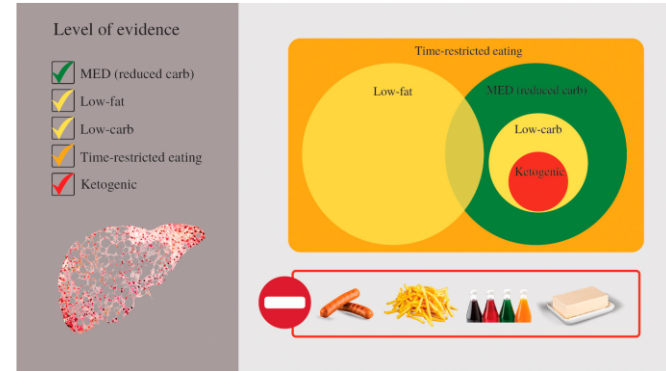
Ahn J., Clinical Nutrition 2019

Treatment of NAFLD with intermittent calorie restriction or low-carb high-fat diet RCT



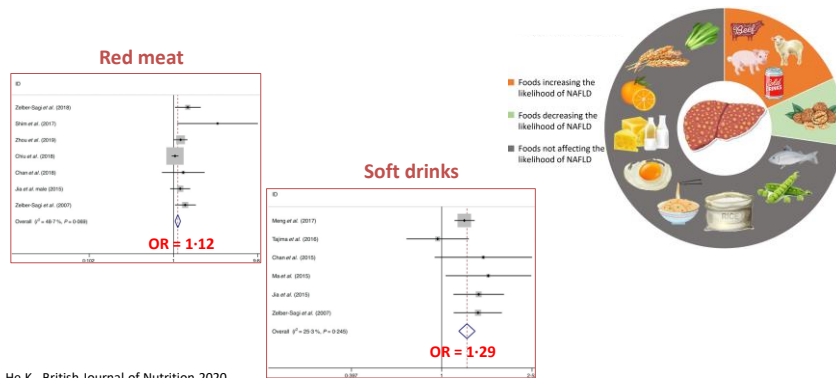
Holmer M., JHEP Reports 2021

A conceptual summary of the level of evidence of each type of diet for the treatment of NAFLD and suggested combinations



Zelber-Sagi S., Liver International 2022

Food groups and the likelihood of NAFLD: meta-analysis of cross-sectional and case-control studies



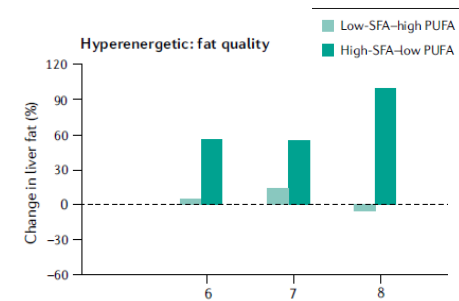
He K., British Journal of Nutrition 2020

Differential effects of dietary saturated and unsaturated fats on liver fat content

- Short-term (couple of weeks) randomized trials

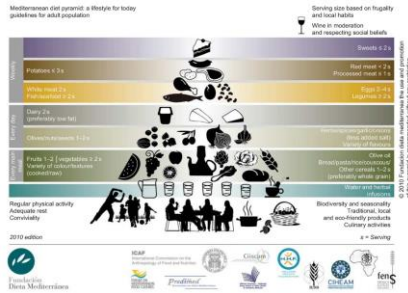
Saturated fat consistently increase IHTG more than polyunsaturated or monounsaturated fat

The evidence supports the Mediterranean diet low in saturated fat high in monounsaturated fat



Yki-Järvinen H., Nature Reviews Gastroenterology & Hepatology 2021

Mediterranean



Dream

Western



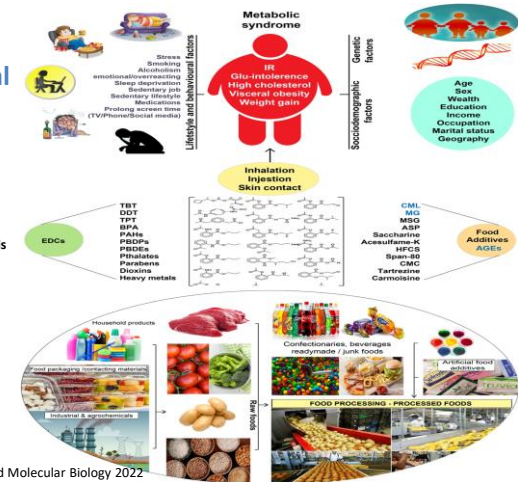
vs.

- Ultra processed food and drinks (UPF) >50% of daily calories

Reality

Source, exposure, and impacts of environmental chemicals and food additives

- Human food is composed of loads of chemicals
 - naturally / intentionally
 - unintentionally through environmental sources



Ravichandran G., Journal of Steroid Biochemistry and Molecular Biology 2022

A Worldwide Consumption of Ultra-Processed Foods

Country	Population	UPF Consumption of total energy intake
Brazil	Adolescents/ Children	24-50%
	Adults	21-51%
USA	Adolescents/ Children	65%
	Adults	36-60%
France	Adults	17-33%
UK	Adolescents/ Children	65-68%
	Adults	49-54%

Marino M., Nutrients 2021

Ultra-processed food (UPF)



Formulations of ingredients made by **industrial processes**, and **sophisticated packaging**, usually with plastic and other synthetic materials



Designed to create highly **profitable products** (low-cost ingredients, long shelf life), ready-to-consume, **hyper-palatable products**



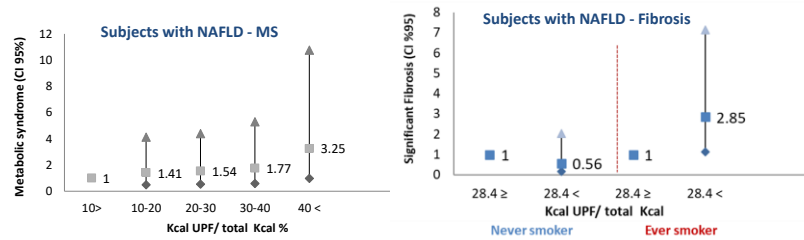
Low nutritional quality, high energy density, contains many ingredients (≥5), such as sugars, oils, fats, salt, anti-oxidants, stabilizers, and preservatives

Monteiro CA., FAO 2019

Martinez S., Popul Health Metr 2017

Dose-response association between UPF consumption and metabolic syndrome & significant fibrosis by smoking status

- Cross-sectional study, 789 volunteers
- AUS, FibroMax
- UPF defined by NOVA classification



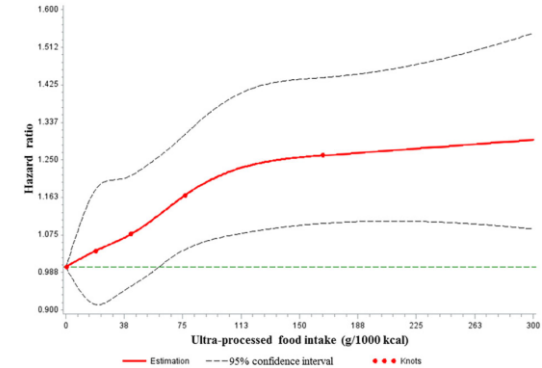
Adjusted for: age, gender, BMI, saturated fatty acids and protein intake, physical activity, coffee and fibers

Ivancovsky-Wajcman D., & Zelber-Sagi S., Liver International 2021

Dose-response association between ultra-processed food consumption (g/1000 kcal) and risk of NAFLD

- Prospective cohort study
- N=16,168
- NAFLD defined by US

Adjusted for age, sex, BMI, smoking, alcohol, education, income, physical activity, total energy intake, healthy diet score, hypertension, hyperlipidaemia and diabetes

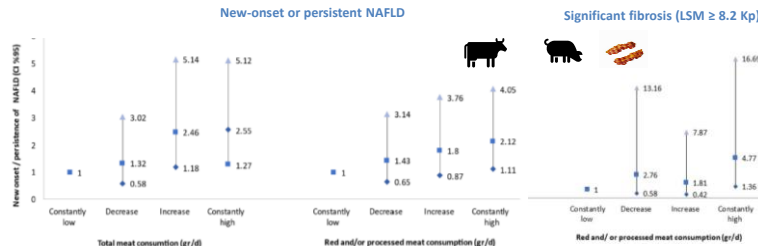


Zhang S., International Journal of Epidemiology 2022

High meat consumption is prospectively associated with risk of NAFLD and presumed significant fibrosis

- Prospective cohort, 6.8 y follow-up
- N=316 subjects
- US or CAP, FibroScan

Changes in meat consumption during follow-up



Adjusted for baseline age (years), gender, BMI (Kg/m²), energy, (Kcal), protein (% total Kcal), and cholesterol intake (mg/day)

Ivancovsky-Wajcman D., Nutrients 2022

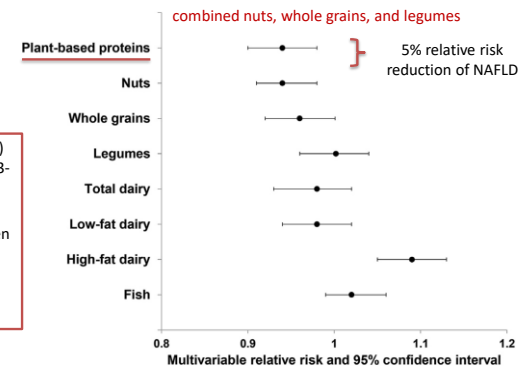
Relative risk of NAFLD associated with replacement of 1 serving/day of red meat with other protein sources

- Prospective cohort study
- N= 77,795 women, Nurses' Health Study

- A physician-confirmed NAFLD

- Red meat (processed & unprocessed) related with NAFLD 1.41 (95% CI 1.13-1.75)/1 serving/day vs. ≤1 week

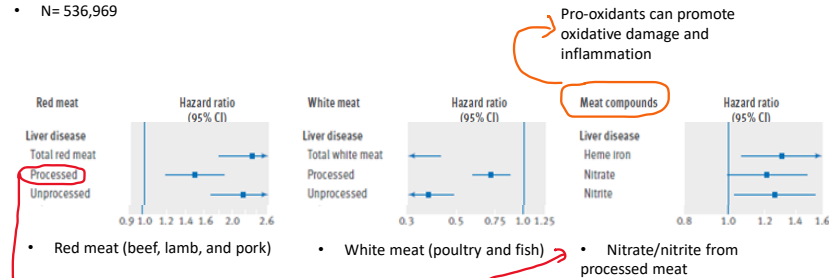
- Mediation of the association between red meat consumption and NAFLD:
 - Heme-iron 23%
 - Cholesterol 26%
 - BMI 66%



Kim MN., Clinical Nutrition 2022

Association between intake of different types of and meat-associated compounds and liver-related mortality

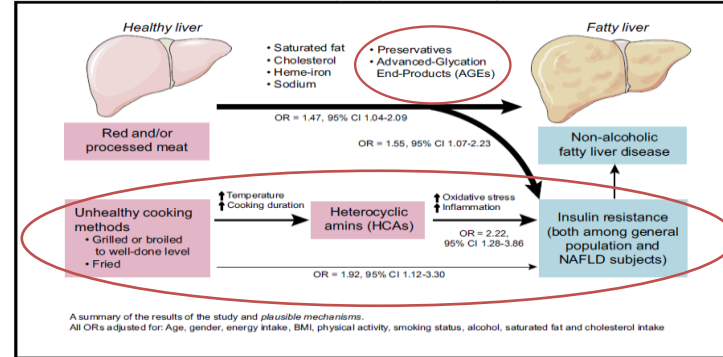
- Population-based cohort study from six states in the US
- 16-year follow-up data
- N= 536,969



Etemadi A., BMJ 2017

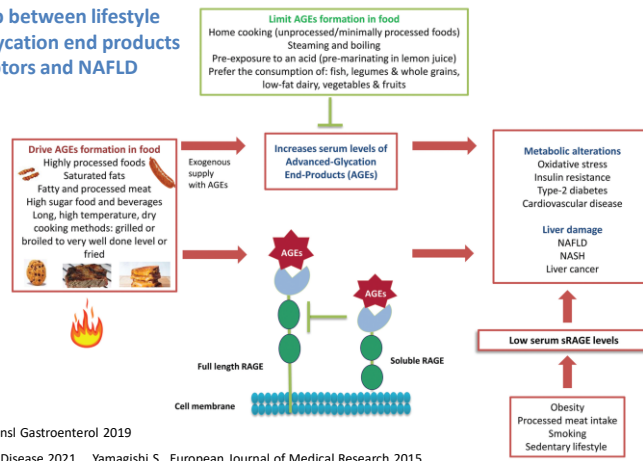
High red and processed meat consumption is associated with NAFLD and insulin resistance

- A cross sectional study of volunteers who participated in screening n=789, 39% NAFLD (US)



Zelber-Sagi S., Journal of Hepatology 2018

The interrelationship between lifestyle factors, advanced glycation end products (AGEs), and its receptors and NAFLD



Ivancovsky-Wajcman D., Clin Transl Gastroenterol 2019

Zelber-Sagi S., Seminars in Liver Disease 2021 Yamagishi S., European Journal of Medical Research 2015



VS.



Pasta with tomato sauce	100 gr (12 min cooked)
AGEs (Ku)	250
Energy (Kcal)	128
Carbohydrate (g)	20
Protein (g)	4
Fat (g)	3

Beef steak	100 gr (7 min cooked)
AGEs (Ku)	6,973
Energy (Kcal)	187
Carbohydrate (g)	0
Protein (g)	30
Fat (g)	7

Role of bisphenol A as an environmental factor in the promotion of NAFLD

- An endocrine-disrupting chemical associated with T2DM, CVD and liver abnormalities
- A building block of **plastics** and of the lining in **food and beverage containers**
- Disrupts pancreatic b-cells function and whole-body glucose homeostasis



Dallio M., Aliment Pharmacol Ther 2018

Rules to follow bisphenol A free diet

BPA-FREE DIET

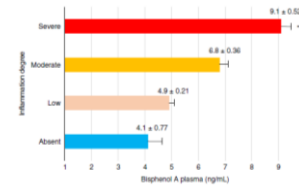
Avoid Metal Cans
Soft drinks in cans (Coca-Cola, Fanta, etc.), preserved food (tomato sauce, corn, vegetables, tuna, etc.).
Avoid plastic bottles and containers
It is better to store and buy food and liquids in glass containers. Avoid, if possible, disposable plastic plates, cutlery and cups.
Check the marking on all plastic containers
Avoid plastics number "3" and "7".

Limit the cooking in microwave
Especially if you use plastic containers to heat food! This process could accelerate and increase BPA release in food!
If possible, prefer fresh food not stored in containers
It is recommended to follow the above diet for one month

Role of bisphenol A as an environmental factor in the promotion of NAFLD

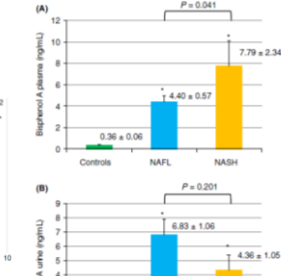
- N=60, NAFLD with histological diagnosis vs. controls

Bisphenol A plasma levels and hepatic inflammation

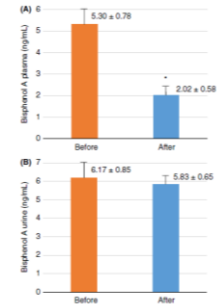


Dallio M., Aliment Pharmacol Ther 2018

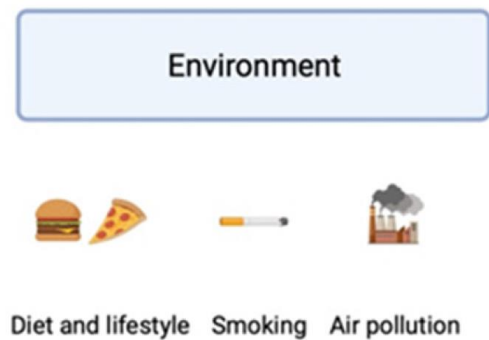
Bisphenol A urine (A) and plasma (B) levels



Bisphenol A levels of NAFLD before and after bisphenol A free-diet for 1 month

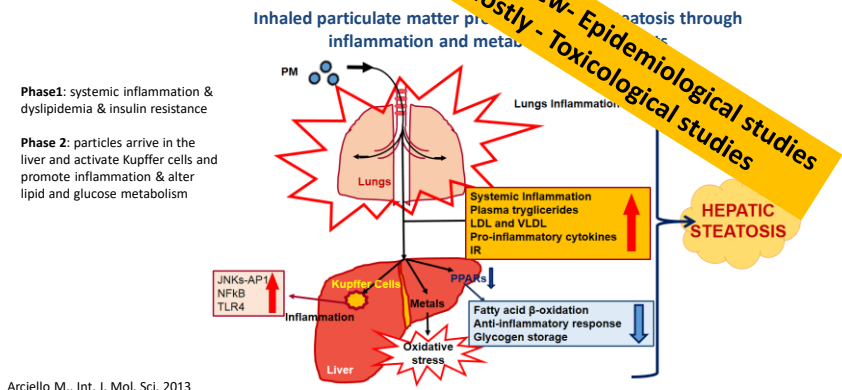


Should hepatologists care about air pollution?



Juanola O., Int. J. Environ. Res. Public Health 2021

Environmental Pollution: A Tangible Link for NAFLD Pathogenesis



Arciello M., Int. J. Mol. Sci. 2013

Environmental exposure to particulate matter air pollution (PM_{2.5})

Risk factors and predictors of NAFLD-related hepatocellular carcinoma					
Demographics Increased risk: Older age Male sex Hispanic ethnicity Reduced risk: Black race	Comorbidities Diabetes Obesity Insulin resistance Metabolic syndrome Smoking Alcohol use	Environmental factors Air pollution (Particulate matter 2.5) Diet	Fibrosis stage F0-F4 Histology Elastography Other non-invasive tests of fibrosis	Medications Increased risk: Sulfonamides Insulin Reduced risk: Metformin Statins Aspirin	Laboratory tests Platelet count Albumin ALP AST ALT AFP
Genetic polymorphisms Increased risk: PNPLA3 TM6SF2 GCKR MBOAT7 Reduced risk: HSD17B13					

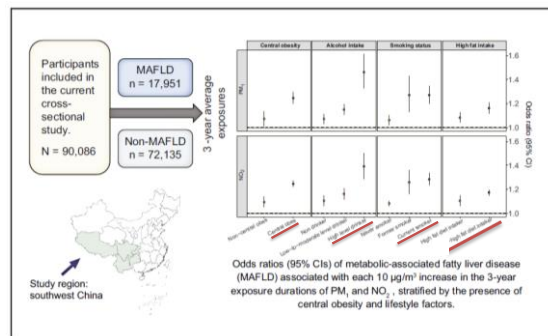
- PM_{2.5} chemicals primarily originating from fossil fuel combustion
- Associated with HCC (16 US population-based cancer registries: 26% increased risk per 10 µg/m³)



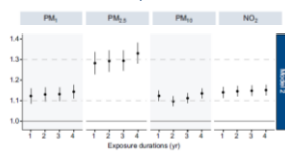
VoPham T., Cancer Causes Control 2018
Ioannou GN., Journal of Hepatology 2021



Exposure to air pollution increase the risk of MAFLD and interacts with alcohol, smoking, high-fat diet and central obesity



OR of MAFLD associated with each 10 µg/m³ increase in the 1-4 year exposure durations of the air pollutants



Adjusted for age, sex, ethnicity, study region, education, income, smoking, alcohol intake, diet, physical activity, second-hand smoke, and indoor air pollution

Long-term exposure to fine particulate matter (PM_{2.5}) and NAFLD markers Prospective cohort study

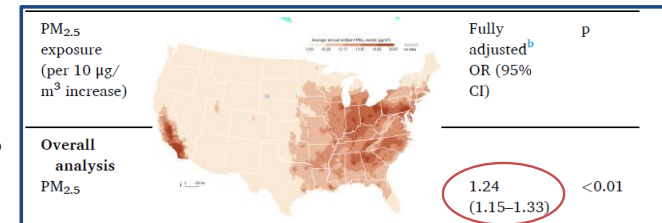
- N=58026 undergoing medical screening in Taiwan
- Incident Fatty liver index (FLI)>30
- Annual PM_{2.5} levels at participants' residential addresses

with each 1 µg/m ³ increase		Fatty liver index (FLI)	
Characteristics	Subgroup	Hazard Ratio (95% CI)	Effect Modification
Age	< 40 y	1.07 (1.04, 1.11)	Ref.
	≥ 40 y	1.06 (1.03, 1.09)	0.50
Sex	Male	1.05 (1.03, 1.08)	Ref.
	Female	1.09 (1.05, 1.13)	0.13
Education	< College	1.06 (1.03, 1.10)	Ref.
	≥ College	1.06 (1.04, 1.09)	0.87
Habitual PA	Inactive	1.10 (1.07, 1.13)	Ref.
	Low	1.07 (1.02, 1.12)	0.25
	Moderate	1.00 (0.94, 1.07)	0.007
	High	1.03 (1.00, 1.06)	<0.001
Vegetable intake	Seldom	1.05 (0.99, 1.12)	Ref.
	Moderate	1.05 (1.03, 1.08)	0.97
	Frequent	1.09 (1.05, 1.14)	0.35
Fruit intake	Seldom	1.06 (1.04, 1.14)	Ref.
	Moderate	1.05 (1.02, 1.07)	0.19
	Frequent	1.09 (1.04, 1.16)	0.82
Fried food intake	Seldom	1.06 (1.02, 1.10)	Ref.
	Moderate	1.06 (1.03, 1.09)	0.84
	Frequent	1.07 (1.01, 1.13)	0.75
Diabetes	Yes	1.18 (1.04, 1.33)	Ref.
	No	1.06 (1.04, 1.08)	0.09

Sun S., Gut 2022

Air pollution PM_{2.5} exposure and NAFLD among hospitalized patients in nationwide inpatient sample in the United States

- Cross-sectional analysis
- Hospital discharge diagnosis codes
- N= 269,705 NAFLD /N= 45,433,392 hospitalizations



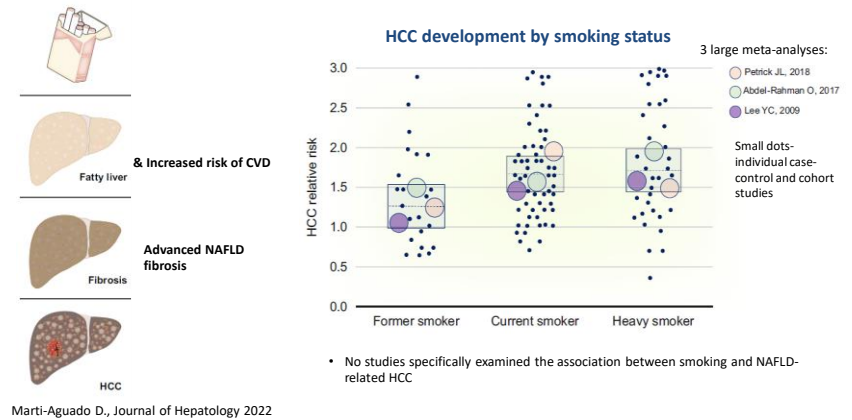
Adjusted for age, sex, race/ethnicity, income, urbanicity, region, obesity, diabetes, metabolic syndrome, dyslipidemia, hypertension, obstructive sleep apnea, and smoking

Lifestyle and NAFLD: an umbrella review of observational studies and RCTs

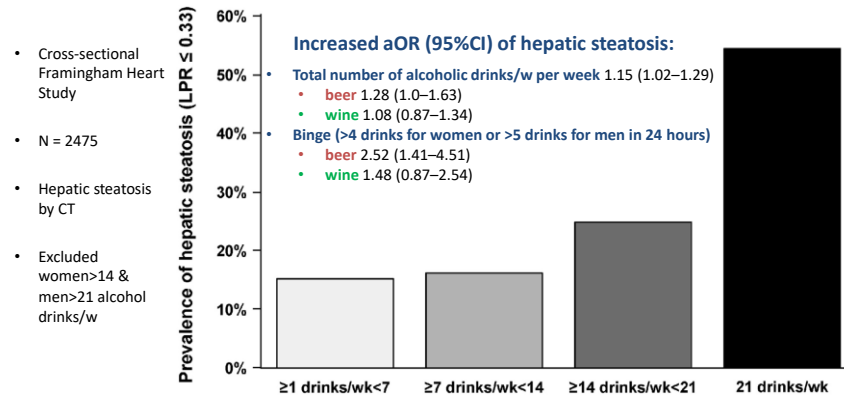
Exposure	Measure	Studies (n)	Subjects (n)	Cases (n)	Random effect model	Effect sizes (95% CI)	I ² (%)
Smoking	NAFLD	20	92125	20149		OR, 1.43 (1.02, 1.84)	98.50
Passive smoking	NAFLD	2	NA	NA		OR, 1.32 (1.16, 1.50)	59.41
Former smoking	NAFLD	4	2210	784		OR, 1.38 (1.20, 1.59)	0.00
Sugar sweetened beverages	NAFLD	4	5241	1150		OR, 1.40 (1.07, 1.82)	31.00
Sugar-Sweetened Soda	NAFLD	7	4639	NA		RR, 1.53 (1.34, 1.75)	0.00
Soft drinks	NAFLD	7	32788	9947		OR, 1.33 (1.18, 1.49)	23.11
Hypercaloric fructose diet	IHLIC	6	NA	NA		OR, 1.13 (1.02, 1.45)	0.00
Red meat	NAFLD	8	NA	8115		OR, 1.26 (1.08, 1.47)	63.73
Short sleep duration	NAFLD	6	59094	NA		RR, 1.19 (1.04, 1.36)	0.00
Obesity	NAFLD	21	381655	NA		RR, 3.53 (2.48, 5.03)	94.50
Per 1-unit increase in WC	NAFLD	11	37941	10454		OR, 1.07 (1.03, 1.10)	73.90
Per 1-unit increase in BMI	NAFLD	11	37941	10454		OR, 1.25 (1.13, 1.38)	88.70
WHR	NAFLD	3	1063	387		OR, 4.10 (1.53, 10.79)	65.70
Hyperuricemia	NAFLD	11	100725	18303		OR, 1.92 (1.66, 2.23)	80.00
Hyperuricemia	NAS	5	777	NA		RR, 2.17 (1.51, 3.12)	16.00

Peng X., BMC Endocrine Disorders 2022

Effects of cigarette smoking across the spectrum of liver disease

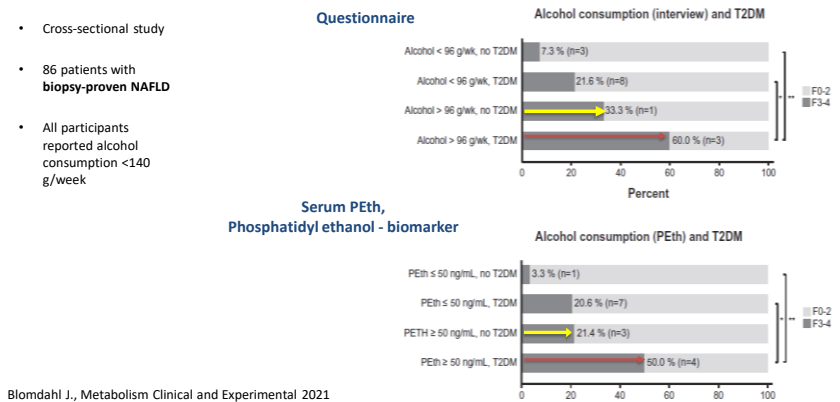


Hepatic steatosis by “normal” alcohol consumption

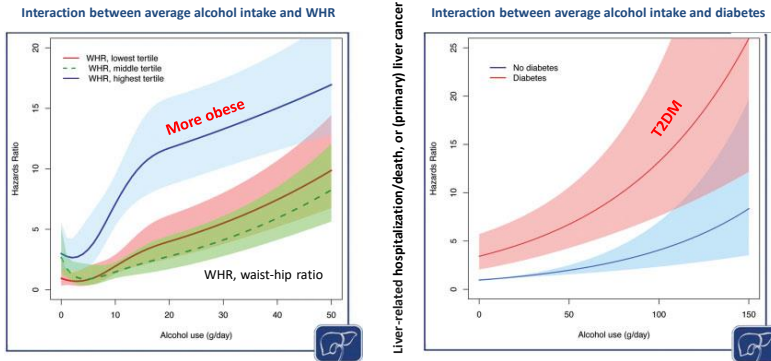


Long MT., Clinical Gastroenterology and Hepatology 2020

Moderate alcohol consumption is associated with advanced fibrosis in NAFLD and shows a synergistic effect with type-2 diabetes mellitus



Drinking and Obesity & DM Interactions in the development of incident clinical liver disease in the Finnish general population



Åberg F, Semin Liver Dis 2020

Light-to-moderate alcohol consumption is associated with increased risk of type-2 diabetes in individuals with NAFLD

- A 9-year cohort study
- Chinese men
- N=7,079
- NAFLD by US

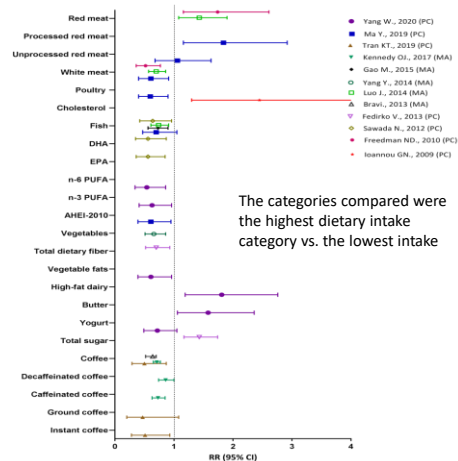
Variables	Univariate model		Multivariate model	
	Hazard ratio (95% CI)	P value	Hazard ratio (95% CI)	P value
Subgroup				
NAFLD-free nondrinkers	Reference		Reference	
NAFLD-free light drinkers	0.257 (0.132–0.501)	<0.001	0.224 (0.115–0.437)	<0.001
NAFLD-free moderate drinkers	0.705 (0.463–1.073)	0.103	0.464 (0.303–0.710)	<0.001
NAFLD nondrinkers	2.658 (2.173–3.251)	<0.001	1.672 (1.336–2.092)	<0.001
NAFLD light drinkers	4.857 (3.679–6.411)	<0.001	2.642 (1.958–3.565)	<0.001
NAFLD moderate drinkers	9.215 (7.476–11.360)	<0.001	2.687 (2.106–3.427)	<0.001

Light <70 g/w

Moderate 70–210 g/w

Xu, L., The American Journal of Gastroenterology 2020

Lifestyle parameters related with risk for HCC, in large prospective cohort studies and meta-analyses

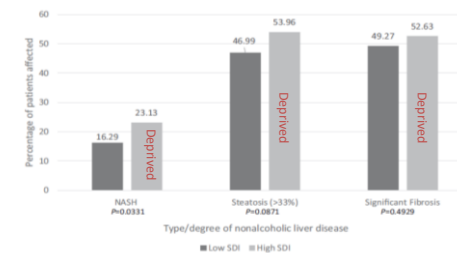


Zelber-Sagi S., Seminars in Liver Disease 2021

Community socioeconomic deprivation predicts NASH

- Electronic medical records of 1,430 patients in tertiary health care network in New York
- Patients with evidence of NAFLD/NASH on liver biopsy

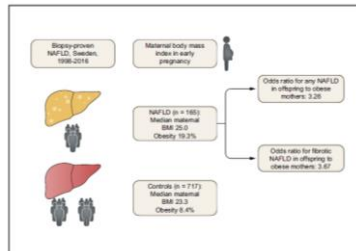
Degree and severity of liver injury between high-versus low-social deprivation index (SDI) groups



Giammarino AM., Hepatology Communications 2022

Maternal obesity and low socioeconomic level increase the risk and severity of NAFLD in offspring

- Register-based nationwide case-control study, Swedish Medical Birth Register
- Individuals ≤ 25 years of age with biopsy verified NAFLD matched by age, sex, and calendar year with up to 5 controls



Multivariable prediction for biopsy-proven NAFLD based on parameters other than BMI

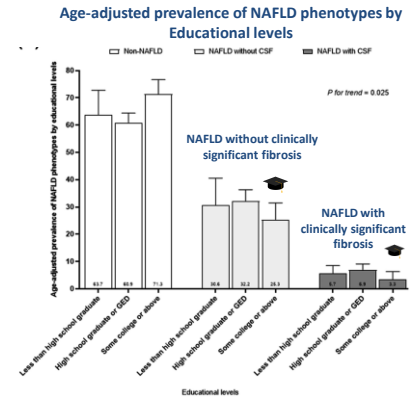
Parameter	OR (95% CI)	P
Maternal age (continuous)	0.99 (0.95–1.02)	0.46
Nordic country of birth of mother	0.35 (0.22–0.57)	<0.001
Maternal smoking in early pregnancy ≥ 10 cig/day vs. Non-smoking	2.13 (1.07–4.25)	0.03
Highest level of education in parents ≤ 9 years vs. more	2.22 (0.94–5.26)	0.07

Hagström H., Journal of Hepatology 2021

College education is associated with a low risk of NAFLD among the US population

- A cross-sectional analysis of the NHNES 2017–2018
- 3589 participants with transient elastography

- The total effect of education on NAFLD risk was partially mediated by
 - high diet quality - 29%
 - high physical activity - 8%



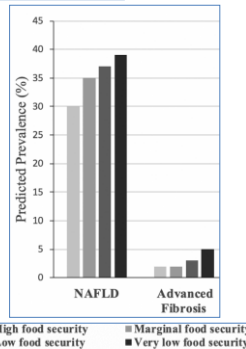
Vilar-Gomez E., Hepatology 2022

Food insecurity associated with NAFLD among low-income adults in the US

Food Insecurity definition (USDA): reduced quality, variety, or desirability of diet without or with hunger

Food-insecurity \Rightarrow Affordability of energy-dense, high-fat / sugar foods and an overall decline in dietary quality

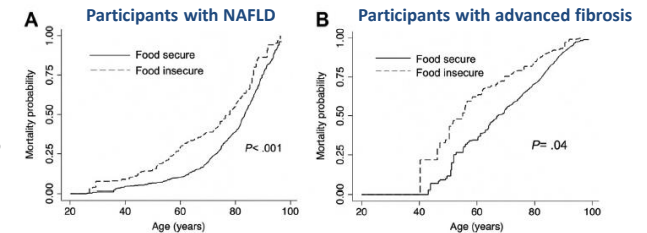
- Cross-sectional
- NHANES 2005–2014
- 2627 adults
- NAFLD by US
- Advanced fibrosis by NAFLD fibrosis score



Golovaty I., J Nutr 2019

Food insecurity is associated with all-cause mortality among U.S. adults with NAFLD and Advanced Fibrosis

- Cross-sectional
- NHANES
- N=4816 NAFLD
- n=1654 advanced fibrosis
- NAFLD by US
- Advanced fibrosis by NAFLD fibrosis score
- Food insecurity in 28%

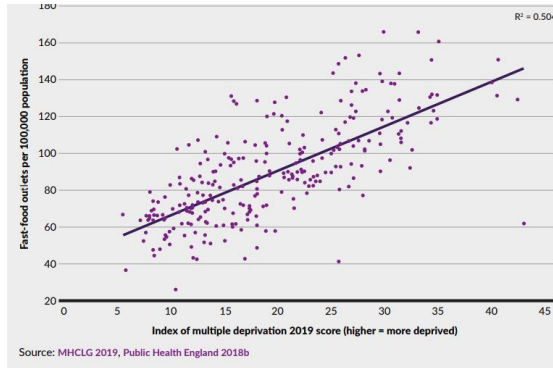


- Adjusting for demographics & BMI, smoking, alcohol
- Food insecurity was independently associated with higher all-cause mortality
 - NAFLD: HR 1.46 (95% CI 1.08, 1.97)
 - Advanced fibrosis: HR 1.37 (95% CI 1.01, 1.86)

Kardashian A., Clinical gastroenterology and hepatology 2021

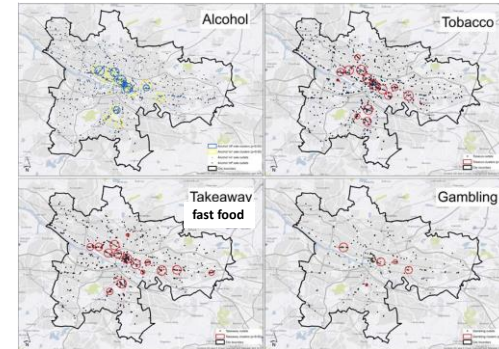
Density of fast-food outlets per 100,000 population by local authority and deprivation in England

Unhealthy food environments are more prevalent in more deprived areas

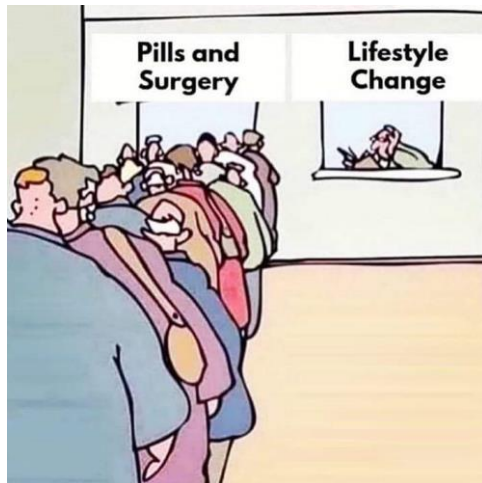


Published by The King's Fund 2021

'Environmental bads' (alcohol, fast food, tobacco) outlets cluster in more deprived areas in Glasgow City, Scotland



Laura Macdonald L., Health & Place 2018



A call for action

- Public health interventions with a particular emphasis on children
- School education for healthy diet and lifestyle
- Use taxations to subsidize healthy food
- Legislation to restrict advertising and aggressive marketing, especially among children
- Encouraging healthy food reformulation

Karlsen TH., EASL–Lancet Liver Commission, Lancet 2021





Thank you!

