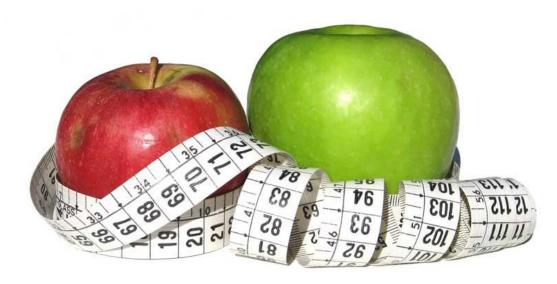
SWIFT - Specialist Weight Interventions for Fatty liver Treatment



The research proposal:

A third of adults in Britain have some stage of fatty liver disease, often caused by being overweight.

Too much fat in the liver is not always harmful, but in some people the fat irritates the liver causing inflammation leading to scarring, known as fibrosis. As scar tissue replaces healthy liver, the liver stops working properly and can cause liver cancer. There is no established treatment for liver fibrosis. Doctors usually advise patients to lose weight following a healthy diet to achieve gradual weight loss. Theoretically, the more weight lost, the greater the benefit, but advice to lose weight rapidly is usually avoided, because the release of fat from body stores may damage the liver. However this may be a temporary effect and may well subside when weight stabilises and the beneficial effects of the weight loss on the liver will then be seen.

Very low energy diet (VLED) programmes use meal replacement products and behavioural support to help people severely reduce their usual energy intake in order to lose weight fast. We know that people who use VLEDs lose more weight after one year compared with advice and support to lose weight gradually. We want to test if doctor referral to a VLED programme might be suitable for people with fatty liver disease and halt or slow down the progression of liver disease compared with usual care. We will monitor liver health closely whilst patients are rapidly losing weight so we can stop the diet if necessary.

We will measure the effects of the two treatments on the amount of fat in the liver and the severity of inflammation and fibrosis after one year. We will also look at weight change and the impact on quality of life.

How did our Weight Management Panel get involved?

In June this year we asked the Panel if anyone suffered with Fatty Liver Disease, which doctors call non-alcoholic fatty liver disease (NAFLD) and the more severe form, non-alcoholic steatohepatitis (NASH). Some of our panel members came back saying they had personal experience of these conditions, so we asked them to complete an online survey our researchers had put together with questions which would help shape our research application as the Behavioural Medicine Team wanted to put in a funding application to run this clinical trial.

Clearly this kind of dieting is not for everyone, but we wanted to find out what our panel members thought of this kind of study, and whether the research was asking the right questions. What sorts of things would they like us to measure in the study? What types of outcomes that might matter to patients? The questions we asked in the survey were all about the trial to get help in checking the research proposal was on the right lines to developing a study which is important and stands a good chance of making a real difference to patient care.

So where are we now?

The funding application is now in the first stage and has been submitted. The Behavioural Medicine Team is awaiting the outcome in the autumn. If we are short-listed, we will be back in touch to get further views of our panel members.