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Assessing Knowledge of Non-Alcoholic Fatty Liver Disease amongst Pediatric Primary Care Providers: A Survey of Pediatricians in Middle Tennessee

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Introduction: Non-alcoholic fatty liver disease (NAFLD) is the most common cause of chronic liver disease in children. The objective of our study was to determine current screening practices for NAFLD amongst middle Tennessee primary care physicians (PCPs) and identify knowledge gaps in diagnosing, referring, and treating NAFLD.

Methods: An internet-based survey was sent via email to PCPs who are members of a regional pediatric foundation, which serves nearly 700 physicians, 75 practices, and 40 counties across urban, suburban, and rural areas. The survey had 18 questions about current opinions and practices as it relates to NAFLD.

Results: In total, 50/304 (16.4%) PCPs responded to the survey. Of those, 36 (72%) self-identified as practicing at a non-academic center. The majority (77.6%) do not follow a protocol or algorithm to screen for NAFLD. Eighty four percent appropriately routinely screen obese children for NAFLD compared with under one-half (44%) of providers screening overweight children. The median value of the upper limit of normal for ALT entered for both females and males were both 1.8 times higher than the sex-specific values of 22 and 26, respectively. Thirty-eight (76%) consider an ALT value abnormal based on the reported upper limit per the laboratory results. Thirty-one (62%) of respondents felt either not at all or slightly confident about knowing when to screen for NAFLD, and 23 (46.9%) felt either not at all or slightly confident about knowing when to refer to a pediatric hepatologist/gastroenterologist.

Conclusions: Overweight children are not being screened for NAFLD. Most PCPs do not utilize a screening algorithm. The upper limit of normal accepted by PCPs for ALT is higher than recommended, which could lead to underdiagnosis of NAFLD within this population. NAFLD education for PCPs should focus on screening and referral guidelines.