The term “Non-alcoholic fatty liver disease” (NAFLD) encompasses a spectrum of pathologic conditions, ranging from non-alcoholic fatty liver (NAFL) to steatohepatitis (NASH), fibrosis, and cirrhosis. This flow diagram offers a pragmatic approach to the diagnosis and monitoring of NAFLD in asymptomatic adult patients.

**History and examination**
Consider alternative diagnoses, such as effects of medication, infections, or nutritional problems.

**Non-invasive liver screen (NILS)**
Undertaking liver biopsy is a risky, potentially painful procedure. Non-invasive techniques can be used to assess the presence of both hepatic steatosis and fibrosis. Once NAFLD has been confirmed it is recommended to assess the presence of both hepatic steatosis and fibrosis, with assessment of liver fibrosis used to inform the presence of both hepatic steatosis and fibrosis.

**Liver biopsy**
Liver biopsy is the most accurate way of staging fibrosis. It is usually reserved for patients who are most likely to have substantial fibrosis or where there is diagnostic uncertainty. If available, the Enhanced Liver Fibrosis (ELF) test is preferred by NICE guidelines in the UK. If it is not available, use another non-invasive test as recommended by European and American guidelines.

**Drug-induced liver injury**
Consider referral to hepatology if patient has a history of drug exposure, such as methotrexate, valproic acid, or tetracycline.

**Non-alcoholic liver disease (NAFLD)**
- **Liver ultrasound**
- **Blood tests**
  - GGT normal
  - GGT raised

**Refer to Hepatology if NILS tests yield positive results for:**
- **GFT or ALP raised**
- **FIB4 score > 2.67**
- **Enhanced Liver Fibrosis (ELF) blood test**

**Refer to Hepatology if ELF test available:**
- **No ELF test available**
  - **Refer to Hepatology**
    - **Consider non-hepatic causes for raised ALT:**
      - **Drug-induced liver injury**
      - **Autoimmune liver disease**
      - **Drug-induced liver injury**
      - **Idiopathic causes**

Consider referral to hepatology if patient has a history of drug exposure, such as methotrexate, valproic acid, or tetracycline.

**Lifestyle advice**
- **Weight loss and physical activity**
- **Control cardiometabolic risk factors**
  - **Weight loss**
  - **Pharmacological treatments**
  - **Controlled alcohol consumption**

**Cardiovascular risk assessment**
Offer annual monitoring for patients being treated for diabetes, hypertension or with statins to decrease CVD risk.

**Patients with biopsy-proven NASH**
Consider pharmacological treatment in patients with NASH.

**NAFLD**
Although liver biopsy is the most accurate way of staging fibrosis, it’s usually reserved for patients who are most likely to have substantial fibrosis or where there is diagnostic uncertainty. If available, the enhanced Liver Fibrosis (ELF) test is preferred by NICE guidelines in the UK. If it is not available, use another non-invasive test as recommended by European and American guidelines.

**Investigate severity of liver fibrosis**

**Check non-invasive markers of hepatic fibrosis**
- **Transient elastography**
- **Liver stiffness measurement**

**Refer to Hepatology if:**
- **Liver biopsy**
- **Consider further investigations, such as:**
  - **Liver biopsy**
  - **Lower gastro-intestinal endoscopy**

**Lifestyle advice**
- **Weight loss and physical activity**
  - **Control cardiometabolic risk factors**
  - **Weight loss**
  - **Pharmacological treatments**
  - **Controlled alcohol consumption**

**Cardiovascular risk assessment**
Offer annual monitoring for patients being treated for diabetes, hypertension or with statins to decrease CVD risk.

**Patients with biopsy-proven NASH**
Consider pharmacological treatment in patients with NASH.