

Fatty Liver Disease? This One Thing Could Turn It All Around

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“Given the high prevalence and rising incidence of non-alcoholic fatty liver disease (NAFLD), the absence of approved therapies is striking. Although the mainstay of treatment of NAFLD is weight loss, it is hard to maintain, prompting the need for pharmacotherapy as well.” ~Rotman and Sanyal, 2017

I've seen this thing in action. Non-alcoholic fatty liver disease (NAFLD) arrives from out of nowhere and can progress from something unnoticeable to something quite concerning. And if it does progress to the point of concern, a workup commences. Should the workup include a needle biopsy, the degree of damage can be accurately assessed and staged. Then, not much happens. Life-style recommendations are typically offered, including weight loss, exercise, and alcohol avoidance. Perhaps metformin is prescribed, and maybe some vitamin E. Then it's wait and see.

Should the workup determine that the disease stage is NASH, then someone is in a lot of trouble. There is an inflammatory component, there is fibrosis, there is other pathology that suggest the disease is headed in the direction of liver sclerosis and increased morbidity and mortality. Misery is how this whole thing ends. That is, unless a liver transplant comes to the rescue. But what if just one thing could turn it all around, one thing that could resolve the fibrosis and other liver pathology and return the liver back to normal? Now that would be incredible.

The story is told of 20 individuals who were given a statin drug called rosuvastatin (Crestor), at a relatively low dose, as a therapy for a more advanced form of NAFLD called NASH (Kargiotis et al., 2015). The administrators of the study had heard good things about the drug, how it improves the features of the metabolic syndrome, such as improved glucose tolerance and insulin sensitivity—predisposing factors believed to be behind the development of fatty liver disease. So, they put it to the test, knowing that it was safe to give this drug to liver patients (Kargiotis et al., 2014). And these weren't the easy cases mind you, these were biopsy proven NASH patients. In the study, each patient was placed on rosuvastatin, 10 mg/daily. Therapy was slated to last 1 year.

So, how did it go?

"We treated 20 patients with metabolic syndrome (MetS) and biopsy proven non-alcoholic steatohepatitis (NASH) with rosuvastatin monotherapy for one year. Repeat liver biopsy and ultrasonography showed complete resolution of NASH in 19 patients, and normalization of liver enzymes, lipid profile and blood glucose; no patient had MetS at the end of the study. These findings suggest that rosuvastatin monotherapy could ameliorate biopsy proven NASH and resolve MetS within 12

mo.” (Kargiotis et al., 2015)

Furthermore, at the three-month mark, *“The lipid profile was completely normalized by the 3rd treatment month, while all 20 patients did not have MetS any more from the 9th treatment month.”* (Kargiotis et al., 2015) And just to make sure the remission held, *“Repeat liver biopsies in all 20 patients showed that all patients but one had a complete resolution of NASH.”* (Kargiotis et al., 2015) I am impressed.

Now, about the 1 patient who did not respond as did the others in the study group. According to the report, this was *“attributed to a change in life-style habits, including excess alcohol consumption. We advised him to adopt a healthier lifestyle but we were not successful.”* (Kargiotis et al., 2015) But things did turn out okay, in the end. *“This patient was not submitted to a third biopsy later, but he had normalization of the liver enzymes and the ultrasonographic image of the liver by the end of second year of the study while on rosuvastatin and adopting a healthier lifestyle for at least a year.”* (Kargiotis et al., 2015)

If I were to conduct a study on liver patients—all headed toward liver sclerosis, increased morbidity, and untimely death—offering a single drug therapy and told to live a good life, I would be absolutely thrilled to get the degree of response as seen in the rosuvastatin study highlighted here. Fatty liver disease was reversed. Lives were likely spared. Can’t beat that!

The question arises: “Will just any statin do?” Perhaps. In one study, atorvastatin (Lipitor) *“substantially offset elevated liver enzymes and normalized liver echogenicity.”* (Athyros et al., 2018). However, while weighing the evidence, this conclusion was reached:

“Not all statins exert beneficial effects on NASH in humans. Pravastatin [Lipostat] has no useful data on humans, simvastatin [Zocor] does not seem to be an effective treatment for NASH, fluvastatin [Lescol] improves steatosis and reduces liver fibrogenesis, pitavastatin [Livalo] improved NAFLD activity score and fibrosis stage significantly but not in all patients. Thus, protection from NASH may not be a drug class effect.” (Athyros et al., 2018).

So, there you go! When it comes to statins vs. fatty liver disease, rosuvastatin rules,

at least for now.

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