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MURRAY

An Australian Government Initiative



#### Full Liver Screen

- FBE (low platelets seen in portal hypertension)
- EUC (low albumin can indicate impaired synthetic function of the liver)
- Hba1c (associated with MAFLD)
- Lipid profile (associated with MAFLD)
- INR and PT (abnormal can indicate impaired synthetic function of the liver)
- Hep A, B & Hep C
- Iron Studies (screening for HHC) & Ceruloplasmin (Screening for Wilsons Disease)
- ANA, AMA, anti-SMA, anti-LKM, ANCA (screening for autoimmune causes)
- Coeliac serology
- CMV & EBV
- Abdominal Ultrasound (size and appearance of the liver, signs of cirrhosis, evidence of fatty liver, tumours or gall bladder pathology)
- Elastography for patient with an elevated FIB-4 or APRI

#### Monitoring Abnormal Liver Function Tests in the Community

For patients who are asymptomatic and there is no clear cause for the abnormal LFT's, despite full liver screen and the LFT's remain mildly deranged under 2-5 times the normal range:

- Monitor FBE, LFT every 6 months and consider repeat imaging every 2 years
- Encourage health lifestyle and reduction or cessation of alcohol.

For patients with chronic Hep B, Hep C, Alcoholic liver disease or known fibrosis / cirrhosis from other underlying causes:

- Monitor FBE, EUC, LFT, INR/PT every 3-6 months
- APF annually for surveillance of HCC
- Liver U/S annually for surveillance of HCC
- Fibroscan 2 yearly for surveillance of progressive fibrosis / cirrhosis
- These patients will need referral to a gastroenterologist

#### Managing MALD Associated Abnormal Liver Function Tests in the Community

Patients with low Fib-4 score (<1.3) or Low elastography or direct liver fibrosis serum test

- Monitor FBE, EUC, LFT, Lipids, Hba1C, weight, BMI/or waist circumference index at least annually
- Actively manage metabolic risk factors – weight management, dietician and exercise physiologist referral, cessation of ETHO, manage diabetes and lipids.
- FIB-4 index at least every 3 years.

Patients with a high score Fib-4 score (>2.7)

- Complete direct liver fibrosis serum test or elastography
- For patients with low elastography or direct liver fibrosis test result – monitor as above
- For patients with high risk of fibrosis on elastography refer to gastroenterologist for consideration of biopsy

Patients with an intermediate Fib-4 score (1.3 - 2.7)

- Should undergo second line testing with liver fibrosis serum test or elastography