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Letter to the Editor: People living with HIV and NAFLD: a population left behind in the global effort for liver fibrosis screening?

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We read with great interest the recently released AASLD practice guidance on the Clinical Assessment and Management of nonalcoholic fatty liver disease (NAFLD)(1). The guidance includes the use of non-invasive diagnostic tests for screening of significant liver fibrosis. Surprisingly, people living with HIV (PWH) are not included among at-risk patient populations who should be screened, despite preponderant evidence about the increased frequency and severity of NAFLD(2). A recent meta-analysis showed a pooled prevalence of NAFLD and significant liver fibrosis of 34% and 12% in HIV mono-infected patients, respectively(3).

The reasons for this increased burden are related to the more complex pathogenesis of the liver disease. First, PWH have excess prevalence of classical metabolic risk factors driving the pathogenesis of NAFLD and associated liver fibrosis. Second, risk factors unique to PWH, such as exposure to certain antiretroviral drugs, immune activation and systemic chronic inflammation, create a perfect storm of etiopathogenetic pathways leading to accelerated parenchymal inflammation and liver fibrosis. Moreover, HIV itself adversely affects both hepatocytes and non-parenchymal cells(2). The European AIDS Clinical Society guidelines identify PWH as an at-risk population for NAFLD and liver fibrosis(4). Case-finding of significant liver fibrosis is recommended through stepwise care pathways utilising non-invasive diagnostic tests. The expert panel review from the American Gastroenterology Association also considers PWH a high-risk group for NAFLD(5).

We agree that the enormous and increasing burden of NAFLD warrants resource-adaptive public health management strategies, particularly those that focus on high-risk populations for NAFLD-associated significant liver fibrosis. Based on current evidence, PWH should be considered an at-risk population and targeted for screening strategies of liver

fibrosis. We believe that their inclusion into guidelines will also help address current gaps in the pathogenesis and natural history of HIV-associated NASH. Moreover, PWH are currently excluded from the global effort of therapeutic trials for nonalcoholic steatohepatitis (NASH)(2). The endorsement of the hepatological community is crucial in promoting awareness, research and public health efforts among stakeholders in HIV medicine.

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Conflict of interest

Giada Sebastiani consults for, advises, and is on the speakers' bureau for Novo Nordisk. She consults for, advises, is on the speakers' bureau for, and received grants from Merck. She consults for and is on the speakers' bureau for Gilead. She consults Intercept and Novartis. She advises Pfizer. She is on the speakers' bureau for AbbVie. She received grants from Theratechnologies.

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Maud Lemoine consults for, advises and received grants from Gilead. She consults for Abbott. She received grants from ViiV.

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The remaining authors have nothing to report.

Authors contributions

G.S., J.M. and G.G. conceptualized and designed the manuscript. G.S. wrote the first draft of the manuscript. J.M., E.A.T., C.M., M.B., S.B., C.G.M., J.B.M., P.I., J.P., M.L., J.K.R., G.G. revised the manuscript. All the authors contributed to discussion.

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