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Obesity: Impact on Gastroenterology and Hepatology

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Disclosures

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Disclosures

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Speakers Bureau: AbbVie, Clinical Area – HCV

Speakers Bureau: Gilead Sciences, Clinical Area – HCV

Speakers Bureau: Intercept Pharmaceuticals, Clinical Area – NASH

Consultant: AbbVie, Clinical Area – HCV

Consultant: Intercept, Clinical Area – NASH
Obesity: Impact of GI/Hepatology

• Objectives:
  – Prevalence and epidemiology of obesity
  – Identifying GI disorders associated with obesity
  – GI/Hepatology role in patients with obesity
Prevalence of Obesity in the US

Prevalence of Self-Reported Obesity Among U.S. Adults by State and Territory, BRFSS, 2019

Obesity (BMI ≥ 30) in the US

- Obesity has almost doubled over the past 30 years
- NAFLD is 4 times more prevalent in obese patients
- GERD-increased significantly in the past 20 years in parallel with increased prevalence of obesity
- Gallstone diseases-strong association with obesity
- Higher waist circumference = ↑ risk of colorectal cancer
- Obesity is associated with more severe acute pancreatitis

GI/Hepatic Morbidity Associated with Obesity

- Liver
  - NAFLD/NASH
  - Cirrhosis
  - Hepatocellular carcinoma

- Gallbladder
  - Gallstone disease
  - Gallbladder cancer

- Colon
  - Diverticular disease
  - Polyps
  - Colorectal cancer
  - Clostridium difficile infection

- Esophagus
  - Gastroesophageal reflux disease (GERD)
  - Erosive esophagitis
  - Barrett’s esophagus
  - Esophageal adenocarcinoma

- Stomach
  - Erosive gastritis
  - Gastric cancer

- Pancreas
  - Acute pancreatitis
  - Pancreatic cancer

- Small intestine
  - Diarrhea

- Anorectum
  - Dyssynergic defecation

NAFLD in the US

- **~24%** of Americans have NAFLD\(^1\)
- **~6.5%** of Americans develop NASH\(^4\)
- **$103 billion** estimated annual direct costs of NAFLD\(^2\)
- **#2** most common cause of HCC in the US\(^3\)

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**Abbreviation:**

HCC, hepatocellular carcinoma
GERD and Obesity

- Leads to increased risk and management of
  - Erosive esophagitis
  - Barrett’s esophagus
  - Esophageal adenocarcinoma


Abbreviations:
GERD: gastroesophageal reflux disease
Obesity: Impact on GI/Hepatology

GI/Hepatology Providers Have Taken Center Stage

Abbreviation: OSA = obstructive sleep apnea
Obesity: Impact of GI/Hepatology (Example)

STEATOSIS ON IMAGING + ↑LFTs = GI/HEP REFERRAL

FIBROSCAN
ADD’L WORK-UP
LIVER BIOPSY?
CLINICAL TRIALS?
WT LOSS INTERVENTION?

MLC EDUCATION CLASS
MLC ASSESSMENT & DIETITIAN CONSULT FOR DIET RECALL
DIET INITIATION ± DIETITIAN
PT FOLLOWED CLOSELY MONTH 1, 3, 6, 12, REASSESS

Abbreviations: WT – Weight; MLC – Metabolic Liver Clinic.
Obesity: Impact of GI/Hepatology

• GI/Hepatology providers have the burden of:
  – Evaluating patients with obesity and abnormal LFTs to determine NAFL vs. NASH vs. something else?
  – Discussing lifestyle modifications in order to achieve wt. loss (with or without a dietitian) in obese patients can be time consuming
  – Staying up to date with current medications for DM, hyperlipidemia, hypertension, etc.
    • Which promote weight loss vs. wt gain?
Obesity: Impact of GI/Hepatology

- Knowing when to send patients for weight loss procedures/surgeries
- Being aware that obesity increases the risk of several gastrointestinal disorders and cancers
  - Importance of screening and monitoring all patients
Thank You!