STEATOTIC LIVER DISEASE (SLD) MANAGEMENT CHECKLIST FOR PRIMARY CARE

Patient Information

Name: _____ Health Card Number: _____

Done	N/A	
	1.	**INITIAL INVESTIGATIONS**
		Metabolic Health Assessment:
☐	☐	**Waist circumference, BMI, Blood Pressure:** Baseline measures for assessing metabolic syndrome and cardiovascular disease risk.
☐	☐	**HgbA1C, HDL-cholesterol, Triglycerides:** Screen for dyslipidemia and diabetes, which are linked SLD progression.
		Routine Bloodwork:
☐	☐	**Liver Function Tests (INR, Total/Direct Bilirubin, Albumin):** Markers of liver synthetic function. Abnormal results may indicate more advanced liver disease.
☐	☐	**Liver Enzymes (AST, ALT, Alkaline Phosphatase):** Elevated levels may suggest ongoing liver inflammation or damage.
☐	☐	**CBC, Urea, Creatinine:** Evaluate for anemia, thrombocytopenia, or renal dysfunction that may affect liver disease management.
		Other Liver Diseases: Screening for other liver diseases ensures accurate diagnosis and management.
☐	☐	**HBsAg, Anti-HCV Ab + HCV-RNA:** Screen for chronic viral hepatitis B and C..
☐	☐	**Iron Studies, Ferritin + HFE Gene Test** (if iron saturation > 45% and ferritin is high): Screen for hereditary hemochromatosis, particularly amongst those of Celtic ancestry.
☐	☐	**Serum Ceruloplasmin** (especially if age < 45: Screen for Wilson's disease.
☐	☐	**Imaging with Abdominal Ultrasound:** Evaluate liver texture, fatty infiltration, and rule out other pathologies. *Note:* Severity of steatosis alone has no prognostic value; fibrosis stage is key
	2.	**FIB-4 SCORE ASSESSMENT**
		A non-invasive method to estimate liver fibrosis using age, ALT, AST, and platelet counts. Use when the patient is stable, avoiding periods of acute illness or recent injury such as infections, congestion, or heavy alcohol use.
☐	☐	**Score < 1.5 (ages 35-65) or < 2.0 (ages 65+):** Low likelihood of advanced liver disease. Reassess FIB-4 every 1-2 years in patients with stable liver function tests.
☐	☐	**Score 2.0-3.0:** Intermediate score. May need confirmation with non-invasive testing such as Fibroscan or repeat FIB-4 in 6 months. Monitor metabolic health and intervene if weight gain, poorly controlled diabetes or dyslipidemia occur.
☐	☐	**Score > 3.25:** Possible advanced fibrosis. Ideally refer to a hepatologist. Due to limited resources in Atlantic Canada, community-based gastroenterologists or general internal medicine specialists with a liver focus can assess, confirm fibrosis, screen for portal hypertension, help initiate management of decompensated liver disease, and refer for liver transplantation if needed.

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	3.	**WEIGHT MANAGEMENT AND DIETARY RECOMMENDATIONS**
☐	☐	**Weight loss:** Aim for a gradual 7-10% reduction in body weight over 6-12 months for patients with BMI > 30. Even a 5% weight loss can improve liver health.
☐	☐	**Dietary counseling:** Refer to a dietitian or structured weight loss program if the patient struggles with dietary changes. Consider medications for weight loss (e.g. GLP-1 agonists) if appropriate and available.
☐	☐	**Dietary advice:** Encourage reduced caloric intake, focusing on lean proteins, high-fiber vegetables, and limiting intake of saturated fats, simple carbohydrates, sweetened beverages.
☐	☐	**Monitor Nutritional Deficiencies:** Monitor for Vitamin D, Vitamin B12, folate, iron, and vitamin K deficiencies. Adjust diet or supplement as needed. Advise Vitamin D supplementation (minimum 1,000 IU daily) for bone health, particularly in patients at risk for osteoporosis.
☐	☐	**Physical activity:** Encourage 30 minutes of moderate exercise at least four times a week.
☐	☐	**Sleep apnea:** Screen for obstructive sleep apnea in patients with high BMI or symptoms like daytime fatigue using the STOP-Bang questionnaire. Managing OSA improves overall metabolic health and may reduce liver disease progression. Consider referring patients with confirmed OSA for CPAP therapy.
	4.	**ALCOHOL AVOIDANCE**
☐	☐	**Alcohol cessation:** Strongly advise abstinence from alcohol to prevent further liver damage. Screen for alcohol use disorder using the AUDIT-C score and refer to Mental Health and Addictions Services if needed. Consider naltrexone or acamprosate to support abstinence if appropriate.
	5.	**CARDIOVASCULAR RISK AND METABOLIC SYNDROME MANAGEMENT**
☐	☐	**Statins:** Initiate statins if LDL-cholesterol > 3.5 mmol/L or as per current cardiovascular guidelines. Statins are safe in patients with liver disease, provided they have normal liver function.
☐	☐	**Cardiovascular risk:** Monitor regularly for signs of heart disease. Refer to general internal medicine or cardiology for further workup if risk is high or symptoms arise.
☐	☐	**Diabetes control:** Target HgbA1c < 7.0% (or as appropriate for the patient) and consider GLP-1 agonists or SGLT2 inhibitors for dual benefits of on glucose control and liver health.
☐	☐	**Hypertension:** Use ACE inhibitors or ARBs, especially in patients with albuminuria or other high cardiovascular risks. Encourage smoking cessation and provide resources like nicotine replacement therapy or counseling.
☐	☐	**Specialist Referral:** Refer to general internal medicine, endocrinology or cardiology for patients with uncontrolled diabetes or cardiovascular risks despite initial interventions.

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	6.	**FOLLOW-UP AND SUPPORT**
☐	☐	**Follow up frequency:** Schedule follow up every 6-12 months to reassess metabolic health, liver enzymes, and FIB-4 scores. For patients with more advanced fibrosis (FIB-4 > 2.0, or with liver dysfunction) consider more frequent monitoring and more aggressive interventions for control of metabolic health.
☐	☐	**Lifestyle Support:** Encourage use of support networks like Nova Scotia Community Health Teams, and Recreation Nova Scotia.
☐	☐	**Educational Materials**: Provide Canadian Liver Foundation materials (www.liver.ca) on SLD including dietary and lifestyle recommendations.

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