

Identify Cirrhosis in Your At-Risk Patients

FIB-4 Is a Noninvasive Tool to Stratify Fibrosis Risk

Patients With Cirrhosis Often Are Not Diagnosed Until Decompensation¹

UP TO
40%



of patients with cirrhosis are asymptomatic²

Many patients are at higher risk of cirrhosis and its complications^{3,4}



T2D (or prediabetes)



Obesity (or metabolic syndrome)



Hepatic steatosis (on imaging)



Persistently elevated ALT or AST*



MASLD



Heavy alcohol use (or binge drinking)



ALD



Medical history and physical exam alone are often insufficient to detect cirrhosis⁵

FIB-4 (FIBROSIS-4) IS AN EASY-TO-USE FORMULA to calculate the risk of liver fibrosis, which is strongly linked to development of cirrhosis and future decompensation complications, including **ascites**, **variceal hemorrhage**, and **hepatic encephalopathy (HE)**^{3,6}

*AST or ALT >30 IU/L for >6 months.³

ALD, alcohol-associated liver disease; ALT, alanine aminotransferase; AST, aspartate aminotransferase; MASLD, metabolic dysfunction-associated steatotic liver disease; T2D, type 2 diabetes.

FIB-4 May Expedite Detection of Fibrosis and Cirrhosis Before Complications Arise^{3,6}

FIB-4 SCORE³ =
$$\frac{\text{AGE (years)} \times \text{AST (IU/L)}}{\text{PLATELET COUNT (10}^9\text{/L)} \times \sqrt{\text{ALT (IU/L)}}}$$

- ✔ Uses values from routine blood work³
- ✔ High validity to predict hepatic fibrosis changes over time³
- ✔ Easily incorporated into an EMR or calculated online³



Guidelines recommend initial risk assessment for fibrosis using FIB-4^{3,4,6}

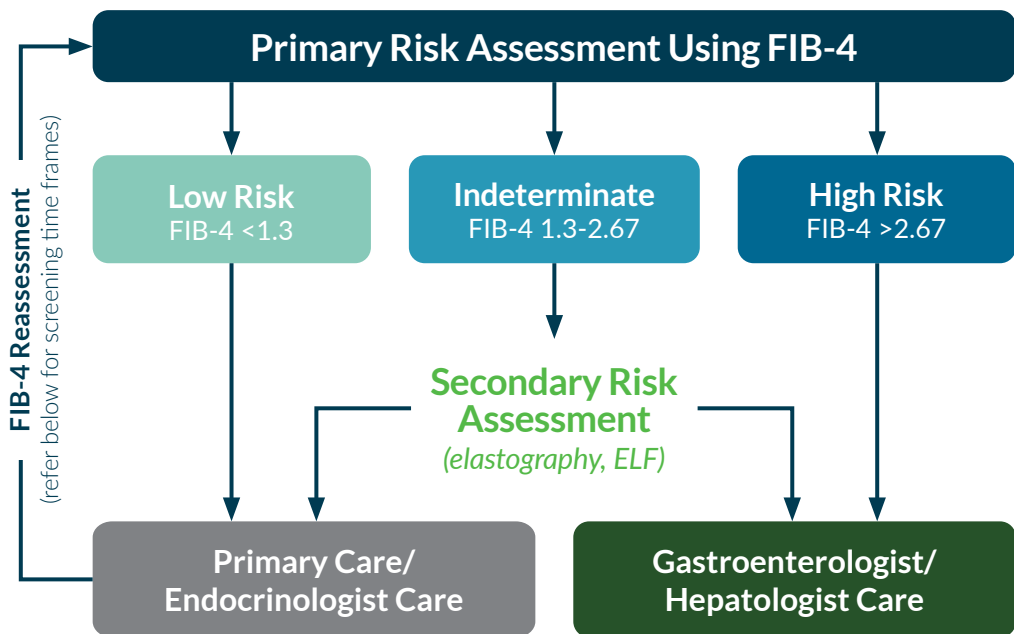
AASLD · AACE · ACG

Early detection of severe liver damage facilitates the diagnosis of cirrhosis, allowing for increased monitoring and interventions to manage and reduce the risk of its complications^{3,6}

*In patients 65 years and older, the cutoff for FIB-4 low risk should be <2.0 (rather than <1.3). FIB-4 has low accuracy in patients under 35 years old; consider use of secondary assessment.^{3,6}
AACE, American Association of Clinical Endocrinology; AASLD, American Association for the Study of Liver Diseases; ACG, American College of Gastroenterology; ALT, alanine aminotransferase; AST, aspartate aminotransferase; ELF, Enhanced Liver Fibrosis; EMR, electronic medical record; FIB-4, Fibrosis-4; T2D, type 2 diabetes.

Higher FIB-4 Score May Signal the Need for Liver Specialist Involvement^{3,6}

Fibrosis Risk Stratification^{3,6,*}



Guidelines recommend...

FIB-4 >2.67: Prompt referral of high-risk patients to a liver specialist^{3,6}

FIB-4 1.3-2.67: Referral of indeterminate patients for secondary risk assessment^{3,6}

FIB-4 <1.3: Periodic screening of low-risk patients⁶

- T2D or prediabetes
- ≥2 metabolic risk factors

- No T2D
- <2 metabolic risk factors

EVERY 1-2 YEARS

EVERY 2-3 YEARS

Use FIB-4 to Uncover Fibrosis and Cirrhosis, Which Can Lead to Complications Like HE^{3,6}

HE is a brain dysfunction caused by liver insufficiency and/or portosystemic shunting⁷

UP TO
80%



of patients with cirrhosis will develop some form of HE, presenting as a range of neuropsychiatric abnormalities⁷

Monitor patients with diagnosed or suspected cirrhosis for HE, which may resemble common disorders that alter consciousness⁶⁻⁸

Mental changes⁷

- ✓ Disorientation
- ✓ Confusion
- ✓ Altered behavior
- ✓ Lethargy

Physical changes⁷

- ✓ Asterixis (hand flapping tremor)
- ✓ Dyspraxia
- ✓ Bradykinesia



Scan this QR code to use our online FIB-4 calculator

You can also access the calculator [here](#)

FIB-4, Fibrosis-4; HE, hepatic encephalopathy.

References

1. Schwarz M et al. *PLoS One*. 2023;18(8):e0290352. 2. Heidelbaugh JJ, Bruderly M. *Am Fam Physician*. 2006;74(5):756-762.
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5. de Bruyn G, Graviss EA. *BMC Med Inform Decis Mak*. 2001;1:6. 6. Rinella ME et al. *Hepatology*. 2023;77(5):1797-1835.
7. Vilstrup H et al. *Hepatology*. 2014;60(2):715-735. 8. Shawcross DL et al. *Eur J Gastroenterol Hepatol*. 2016;28(2):146-152.

