

# THE RELATIONSHIP OF DIABETIC CONTROL WITH SERUM ALANINE AMINOTRANSFERASE LEVELS IN PATIENTS WITH NONALCOHOLIC FATTY LIVER DISEASE (NAFLD) AND TYPE 2 DIABETES MELLITUS (T2DM)

Saleem Iqbal, Hamza Ali Khan, Muhammad Yousaf Khan, Muhammad Darwesh Iqbal, Badar Mahmud Shah, Noor ul Iman

Department of Medicine Khyber Teaching Hospital, Peshawar - Pakistan

## ABSTRACT

**Objectives:** This study is aimed to find out the relationship of Diabetic control with serum Alanine aminotransferase in patients with Non Alcoholic Fatty Liver Disease and Type 2 Diabetes Mellitus.

**Material and methods:** This cross sectional descriptive study was conducted from August to October 2019 in general medical outpatient department of Khyber Teaching Hospital Peshawar, a tertiary care hospital in Khyber-Pakhtunkhwa, Pakistan. Patients with non-Alcohol Fatty Liver Disease and T2DM were categorized into two groups. Group A with HbA1c from 6.5-8% and group B with HbA1c of more than 8%. Serum Alanine aminotransferase levels were correlated in these groups with the level of HbA1c. Data was collected through a specially designed proforma and was analyzed through statistical package for social sciences, SPSS version 23.

**Results:** Amongst 452 patients with T2DM, 289 were females and the rest were males. NAFLD was present in 197 patients. Amongst these 197 patients, Serum Alanine aminotransferase was raised in 17 (27.86%) patients in Group A but was raised in 64 (47.05%) patients in Group 2.

**Conclusions:** Diabetic control was positively correlated with serum Alanine aminotransferase level in our patients with Non Alcoholic Fatty Liver Disease and Type 2 Diabetes Mellitus.

**Keywords:** Type 2 Diabetes Mellitus, Non Alcoholic Fatty Liver Disease, Serum Alanine Aminotransferase.

**This article may be cited as:** Saleem I; Khan HA, Khan MY, Iqbal MD, Shah BM, Iman NU. The Relationship of Diabetic Control with Serum Alanine Aminotransferase Levels in patients with Nonalcoholic Fatty Liver Disease (NAFLD) And Type 2 Diabetes Mellitus (T2DM). J Med Sci 2021 January;29(1):10-12

## INTRODUCTION

Type 2 diabetes mellitus (T2DM), is one of the most common metabolic disorder. Various genetic and acquired factors play their roles in the onset and manifestations of this disorder<sup>1,2,3,4</sup>. Insulin resistance is the major underlying factor and is a component of metabolic syndrome. The other components include abdominal obesity, hypertension, hypertriglyceridemia and low serum HDL cholesterol<sup>5,6</sup>. Non-Alcohol Fatty Liver Disease is now included as a component of metabolic syndrome. Patients with metabolic syndrome have 4 to 11 times higher risk of NAFLD as compared to people without metabolic syndrome.<sup>5,7</sup> Non Alcoholic Fatty Liver Disease (NAFLD) re-

fers to the accumulation of fat, mainly triglycerides in hepatocytes leading to increase in liver weight of up to 5%, provided patient is taking less than 20 grams of alcohol/day (i.e. approximately 2 standard drinks), and patients do not have viral hepatitis<sup>8</sup>. Primary NAFLD results from insulin resistance. More than 40% of patients with NAFLD have obesity, while more than 20% have T2DM and hypertriglyceridemia and may have other features of metabolic syndrome<sup>9,10</sup>.

As one of the common cause of raised serum Alanine aminotransferase is NAFLD, so we want to assess the relationship of diabetic control with serum alanine aminotransferase in patient having both Non Alcoholic Fatty Liver Disease and T2DM<sup>1,9</sup>.

## MATERIAL AND METHODS

This cross sectional descriptive study was conducted in general medical outpatient department of Khyber Teaching Hospital Peshawar, from August to October 2019, after approval from the Committee for Ethical Review of Research involving Human Subjects of Khyber

Correspondence

**Dr. Hamza Ali Khan**

Department of Medicine Khyber Teaching Hospital, Peshawar - Pakistan.

**Email:** hamzaalikhan48@gmail.com

**Cell:** +92-333-9333841

**Date received:** 21-04-2020

**Date revised:** 07-08-2020

**Date accepted:** 10-01-2021

Teaching Hospital. All patients, >14 years of age, having Type 2 Diabetes Mellitus for more than two years and Non-alcoholic Fatty liver disease, who agreed to be included in the research, were included in the study. Patients below age 14, patients having Type 1 Diabetes Mellitus, patients having comorbid conditions especially those affecting HbA1c, were excluded from the study. Diabetes mellitus was confirmed by doing fasting plasma glucose (equal to or more than 126 mg%) or random plasma glucose (equal to or more than 200 mg%) or HbA1c more than 6.5%. The upper limit of normal for Serum Alanine aminotransferase was 30iu/L for men and 19 iu/L for women<sup>1</sup>. Though biopsy is the gold standard for confirmation of NAFLD but liver biopsy being an invasive procedure is not recommended in asymptomatic individuals<sup>5</sup>. Further as ultra-sonogram has the sensitivity of 80% and specificity of 98%so ultra-sonogram was our investigation of choice<sup>12</sup>. In order to avoid bias due to individuals ultra sound was performed by a qualified radiologist<sup>5,11,12</sup>. Data thus collected according to a preformed proforma, was analyzed through statistical package for social sciences (SPSS version 23), where chi-square test was applied to find out the relationship between the two groups and p-value of 0.05 or less was considered significant for correlation.

**RESULTS**

Out 1500 patients examined in out patients, only 452 (30.13%) patients had type 2 Diabetes Mellitus, 289(63.93%) were females and the males were only 163(36.06%). The mean age of patients with T2DM was 53.87 years, amongst the 452 patients with T2DM, Non Alcoholic Fatty Liver Disease was present in only 197(43.58%) patients.

**DISCUSSION**

Out of 1500 patients examined, 452 patients had T2DM, which accounts for 30.13% of the total patients, a figure which is significantly higher than another figure of 11.7%, published recently<sup>13</sup>. Out of these 452 patients 197 (43.58%) had NAFLD. Depending upon the populations

**Table 1: Demographics of the Patients with T2DM**

	Patient without T2DM	Patient with T2DM	P Value
Frequency of the patients presenting to Medical OPD with T2DM	1500	452	
Age wise distribution of the patient presenting to the Medical OPD			
Mean + S.D	47.18 + 16.42	53.87+11.41	0.000
Gender wise distribution of the patient presenting to the Medical OPD			
Male	507	163	0.47
Female	993	289	
Total (n=1952)	1500	452	

**Table 2: Presence of NAFLD in T2DM Patients**

Blood Sugar Levels	Present	Absent	Pearson's R
Group A (n = 153)	61 (39.86%)	92 (60.13%)	0.64
Group B (n = 299)	136 (45.48%)	173 (54.51%)	
Total (n = 452)	197 (43.58%)	255 (56.41%)	

**Table 3: Correlation of Diabetic status with the serum ALT in patients with NAFLD & T2DM**

Blood Sugar Levels	Within Normal Limits	Elevated	Pearson's R
Group A (n = 61)	44 (72.13%)	17 (27.86%)	0.011
Group B (n = 136)	72 (52.94%)	64 (47.05%)	
Total (n = 197)	116(58.88%)	81 (41.11%)	

studied, 21-72% patients with Type 2 Diabetes mellitus have been reported to have NAFLD<sup>14</sup>. NAFLD was present in 61 (39.86%) in group A and in 136 (45.48%) patients in Group B, i.e., slightly higher in patients with HbA1c of more than 8% as compared to group A with HbA1c of between 6.5-8%. Over all, 81 (41.11%) patients suffering from T2DM had elevated serum alanine aminotransferase level. This figure is significantly lower than 61.2% published by Shiful Islam from Bangladesh<sup>15</sup>. The probable reason being that our population looks to be different from people of Bangladesh in many respects. But exactly a similar figure of 41.05% has been reported by a local study about two years ago from same area<sup>16</sup>. On further observations, we found that serum alanine aminotransferase was elevated in only 17 (27.86%) of patients in Group A, in which the HbA1c was between 6.5-8%, but serum alanine aminotransferase was raised in 64 (47.05%) in patients of Group B with HbA1c of more than 8%. The figure in Group B is almost double as compared to the figure of Group A. This means that in patients suffering from T2DM and NAFLD, worsening of diabetic status is associated with elevation of serum alanine aminotransferase level. In other words serum level of alanine aminotransferase in patients suffering from both T2DM and NAFLD is positively correlated with blood glucose level. Serum alanine aminotransferase is considered as the surrogate marker of NAFLD. Up to 30% of patients with NAFLD have the evidence of metabolic syndrome and insulin resistance i.e. T2DM<sup>1</sup>. A number of studies have been published in which the Serum level of Alanine Aminotransferase has been correlated in patients suffering from NAFLD and T2DM with insulin resistance. The insulin resistance is the major cause of T2DM. Tough some studies have shown that serum level of alanine aminotransferase may be normal in patients suffering from NAFLD and T2DM, but a number of studies have confirmed that serum level of aminotransferase gets elevated with worsening of glycemic status and higher serum level of alanine aminotransferase is associated with insulin resistance for example JangSuk Yoo et al and Rui Wang<sup>17,18,19</sup>.

## CONCLUSION

Diabetic control was positively correlated with serum Alanine aminotransferase level in our patients with Non Alcoholic Fatty Liver Disease and Type 2 Diabetes Mellitus.

## REFERENCES

1. Bayard M., Holt J, Boroughs E. Nonalcoholic fatty liver disease. *American Family Physician* 2006;73:1961-68.
2. Iran JP Waamethee G, Walker MK, Thomson AG, Whincupph. Prospective study of risk factors for development of noninsulin dependent diabetes in middle aged British men: *Br Med J* 1995; 310:560-64.
3. Leiden HAV, Jacqueline M. Annetted, Nijpels G, Heiner J. Blood pressure lipids and obesity are associated with retinopathy. *Diabetes Care* 2002; 25: 1320-5.
4. Anne M, Conaway WMR, Crowther JQ, Hazen KY, Naderlji, Oneida B, et al. Translating lifestyle intervention to practice in obese patients with type 2 diabetes. *Diabetes Care* 2004; 27: 1570-6.
5. Friedman IS. Nonalcoholic fatty liver disease, liver, biliary tract and pancreatic disorders. Maxine A Papadakis, Stephen J Mcphee, Michael W Rabow. *Current medical diagnosis & treatment, fifty sixth edition*, New York, Mc Grawhill, 2020; 59:715-7.
6. Bishore TM, Granger CB, Jackson KP, Patel MR. Coronary heart disease. Maxine A Papadakis, Stephen J Mcphee, Michael W Rabow. *Current medical diagnosis & treatment, fifty sixth edition*, New York, Mc Grawhill, 2020; 59:369-97.
7. Rinella ME. Nonalcoholic Fatty Liver Disease, a systemic review. *JAMA*. 2015 Jun 9;313(22):2263-73.
8. Lawrence S Friedman. Nonalcoholic Fatty Liver Disease, Liver, Biliary Tract and Pancreatic Disorders. Maxine A Papadakis, Stephen J Mcphee, Michael W Rabow. *Current Medical Diagnosis & Treatment, Fifty ninth edition*, New York, Mc Graw Hill, 2020; 59:693-5.
9. Kang H, Joll K, Jason T, Laura FW, Hari S. Metabolic syndrome is associated with greater histological severity, higher carbohydrate and lower fat diet in patients with non-alcoholic fatty liver disease. *Am J Gastroenterol* 2006; 101:2247-53.
10. Mcavoy NC, Ferguson JW, Campbell IW, Hayes PC. Non-alcoholic fatty liver disease: natural history, pathogenesis and treatment: *Br J Diabetes Vasc Dis* 2006; 6:251-60.
11. Rector RA, John PT, Yangzhong W, Ibdah JA. Non-alcoholic fatty liver disease and metabolic syndrome: an update. *World J Gastroenterol* 2008 Jan 14;14(2):185-92.
12. Qari FA, Ai Ghamdi A. Fatty liver in overweight and obese patients in Western part of Saudi Arabia: a study of sonological prevalence. *Pak J Med Sci* 2005;21:143-7.
13. Meo SA, Zia I, Bukhari IA, Arain SA. Type 2 diabetes mellitus in Pakistan: Current prevalence and future forecast.

*J Pak Med Assoc*.2016;66(12):1637-42.

14. Angulo P. GI Epidemiology: Non Alcoholic Fatty Liver Disease. *Aliment Pharmacol Ther* 2007; 25(8):883-9.
15. Islam S, Rahman S, Haque T, Summon AH, Ahmed AM, Ali N., Prevalence of Elevated Liver Enzymes and Its Association With Type 2 Diabetes: A Cross-Sectional Study in Bangladeshi Adults. *Endo Diabetes Metab*. 2020Feb12;13(2):e00116
16. Iqbal S, Khan S, Iqbal MD, Iman NU. Frequency of Non-Alcohol Fatty Liver Disease in General Medical Out patients. *J Med Sci*. July 2018;26(3):202-6.
17. Paola Portillo-Sanchez, Fernando Bril, Maryann et al. Higher Prevalence of Nonalcoholic Fatty Liver Disease in Patients with Type 2 Diabetes Mellitus and normal plasma Aminotransferase Level. *Journ of Clin Endocrin & Metab* 2005 June; 100(6):2231-8.
18. JangSuk Yoo, Seon Yeong Lee, KyuNam Kim, et al. Relationship between insulin resistance and serum alanine aminotransferases a surrogate of NAFLD (Nonalcoholic Fatty Liver Disease) in obese Korean Children. *Diabetes Res Clin Prac* 2008 Sep;81(3):321-6.
19. Rui Wang, Qiang Lu, Ji Feng et al. Coexistence of Non-Alcoholic Fatty Liver Disease with elevated Alanine Aminotransferase Is associated with Insulin Resistance in Young Han Males. *Endocrine* 2012 Feb; 41(1):70-5.

**CONFLICT OF INTEREST:** Authors declare no conflict of interest

**GRANT SUPPORT AND FINANCIAL DISCLOSURE:** NIL

### AUTHOR'S CONTRIBUTION

Following authors have made substantial contributions to the manuscript as under

- Iqbal S:** Concept, study design, discussion, manuscript writing, facilitation of the reagent and materials, critical review
- Khan HA:** Facilitation of the reagent and materials, critical review, interpretation.
- Khan MY:** Analysis, interpretation , manuscript writing, study conduction.
- Iqbal MD:** Analysis, interpretation , manuscript writing, study conduction
- Shah BM:** Critical review, study conduction.
- Iman NU:** Over all supervision

Authors agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.