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## INTRODUCTION

Obesity has been associated with upper gastrointestinal disorders, such as gastroesophageal reflux disease (GERD), functional dyspepsia (FD) and non-alcoholic fatty liver disease (NAFLD). NAFLD may be linked to GERD, as both diseases are frequently associated with metabolic syndrome and evidently obesity evaluated by the BMI is closely related to the severity of GERD in NAFLD patients. Clinical features of NAFLD along with obesity include intensity of disease course with a predominance of dyspeptic syndrome, therefore, it is essential to determine the link between obesity and dyspepsia in NAFLD patients

## METHODS

We performed a retrospective study including 186 patients diagnosed with NAFLD at the LUHS KC Department of Gastroenterology in 2020. Inclusion criteria were diagnosis of NAFLD and measured body mass index (BMI). The cause of dyspepsia was confirmed by upper digestive endoscopic and histological findings. Diagnosis of HP infection was based on the results of serum anti-HP IgG antibody test and histology. Statistical analysis was performed using IBM SPSS 28.0 Statistics software. Pearson's Chi-square and Fisher's exact tests were used to analyze data between groups. Data differences were considered statistically significant at  $p < 0.05$ .

## CONCLUSIONS

Almost 70% of patients with NAFLD are obese and nearly half of them suffer from dyspepsia. Hypersthenic body type and higher BMI is associated with dyspepsia in NAFLD patients. Higher BMI is also associated with GERD in NAFLD patients.

## AIM

The aim of this study was to determine the association between dyspepsia and obesity in patients with NAFLD.

## RESULTS

Out of 186 patients with NAFLD 77 (41,4%) were men and 109 (58,6%) were women. Mean age was 52,7 years (SD 13,1). Patients were grouped according to BMI. In total, 168 patients with NAFLD had hypersthenic body type (90,3%) and the average BMI was  $32.6 \pm 6.2 \text{ kg/m}^2$ . 88 patients experienced dyspepsia. The prevalence of dyspepsia in NAFLD patients with hypersthenic body type was statistically significant ( $p=0,025$ ). BMI also differed significantly among patients with dyspepsia ( $p=0,005$ ). Among BMI classes and the cause of dyspepsia, only the prevalence of GERD varied significantly between BMI groups ( $p=0,004$ ).

Patients grouped according to BMI

