



Clinical Trial Details (PDF Generation Date :- Mon, 15 Nov 2021 13:26:11 GMT)

CTRI Number	CTRI/2018/04/013179 [Registered on: 11/04/2018] - Trial Registered Prospectively	
Last Modified On	06/08/2021	
Post Graduate Thesis	No	
Type of Trial	Interventional	
Type of Study	Behavioral	
Study Design	Randomized, Parallel Group Trial	
Public Title of Study	Intensive dietary counseling in non alcoholic fatty liver disease	
Scientific Title of Study	Efficacy of intensive dietary counseling on metabolic, anthropometric and ultrasound parameters among adult Indian Non alcoholic fatty liver disease (NAFLD) patients: A Randomized control trial	
Secondary IDs if Any	Secondary ID	Identifier
	NIL	NIL
Details of Principal Investigator or overall Trial Coordinator (multi-center study)	Details of Principal Investigator	
	Name	Dr Piyush Ranjan
	Designation	Associate Professor
	Affiliation	AIIMS, New Delhi
	Address	Department of Medicine All India Institute of Medical Sciences New Delhi South West DELHI 110029 India
	Phone	9268714198
	Fax	
	Email	drpiyushaiims@gmail.com
Details Contact Person (Scientific Query)	Details Contact Person (Scientific Query)	
	Name	Dr Piyush Ranjan
	Designation	Associate Professor
	Affiliation	AIIMS, New Delhi
	Address	Department of Medicine All India Institute of Medical Sciences New Delhi South West DELHI 110029 India
	Phone	9268714198
	Fax	
	Email	drpiyushaiims@gmail.com
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	Address	Department of Medicine All India Institute of Medical Sciences New Delhi South West DELHI 110029 India
	Phone	9268714198



	Fax	
	Email	drpiyushaiims@gmail.com
Source of Monetary or Material Support	Source of Monetary or Material Support	
	> Facilities provided by AIIMS, New Delhi	
Primary Sponsor	Primary Sponsor Details	
	Name	NONE
	Address	NA
	Type of Sponsor	Other [NO FINANCIAL SUPPORT IS REQUIRED]
Details of Secondary Sponsor	Name	Address
	NIL	NIL
Countries of Recruitment	List of Countries	
	India	
Sites of Study	Name of Principal Investigator	Name of Site
	Dr Piyush Ranjan	All India Institute of medical sciences
		Site Address
		Department of Medicine All India Institute of Medical Sciences New Delhi South West DELHI
		Phone/Fax/Email
		9268714198 drpiyushaiims@gmail.com
Details of Ethics Committee	Name of Committee	Approval Status
	INSTITUTE ETHICS COMMITTEE AIIMS NEW DELHI	Approved
		Date of Approval
		25/08/2017
		Is Independent Ethics Committee?
		Yes
Regulatory Clearance Status from DCGI	Status	Date
	Not Applicable	No Date Specified
Health Condition / Problems Studied	Health Type	Condition
	Patients	Clinically stable patients with Non Alcoholic Fatty Liver Disease
Intervention / Comparator Agent	Type	Name
	Intervention	Intensive dietary counseling along with standard care
		Details
		5 face to face and 4 telephonic dietary counseling sessions by a trained dietitian
	Comparator Agent	Standard therapy
		NAFLD patients receiving standard therapy
Inclusion Criteria	Inclusion Criteria	
	Age From	18.00 Year(s)
	Age To	60.00 Year(s)
	Gender	Both
	Details	1. Patients diagnosed with NAFLD in the age group of 18- 60 years attending the OPD 2. Willing to give written consent for participation in the study 3. Patients with BMI between 25-29.9kg/m2
Exclusion Criteria	Exclusion Criteria	
	Details	1. Alcohol intake >30gm/day in males or 20gm/day in females 2. Inability to attend follow-up session 3. Pregnant, lactating women or pregnancy anticipated during study 4. Diagnosed cases of Diabetes 5. Thyroid disease not controlled by medication



	<p>6. Already participating in a formal weight loss program or on medication to promote weight loss</p> <p>7. Significant changes in diet and exercise habits in previous 3 months resulting in weight loss >5% of body weight.</p> <p>8. Known cases of endocrine disorders including Cushing's syndrome or history of long term steroid intake or any other secondary causes of fatty liver.</p> <p>9. Known case of psychiatric illness</p>					
Method of Generating Random Sequence	Computer generated randomization					
Method of Concealment	Sequentially numbered, sealed, opaque envelopes					
Blinding/Masking	Outcome Assessor Blinded					
Primary Outcome	<table border="1"> <thead> <tr> <th>Outcome</th> <th>Timepoints</th> </tr> </thead> <tbody> <tr> <td>1) Change in CAP score in fibroscan after 6 months 2) Reduction of liver enzymes 3) Reduction in grade of steatosis through abdominal ultrasound 4) Reduction in 5% of the body weight among patients of NAFLD with normal liver enzymes and 10% of body weight among patients of NAFLD with raised liver enzymes 5) Reduction in waist circumference 6) Reduction in fat percentage through body composition analysis 7) Change in HOMA IR</td> <td>3 and 6 months</td> </tr> </tbody> </table>	Outcome	Timepoints	1) Change in CAP score in fibroscan after 6 months 2) Reduction of liver enzymes 3) Reduction in grade of steatosis through abdominal ultrasound 4) Reduction in 5% of the body weight among patients of NAFLD with normal liver enzymes and 10% of body weight among patients of NAFLD with raised liver enzymes 5) Reduction in waist circumference 6) Reduction in fat percentage through body composition analysis 7) Change in HOMA IR	3 and 6 months	
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Secondary Outcome	<table border="1"> <thead> <tr> <th>Outcome</th> <th>Timepoints</th> </tr> </thead> <tbody> <tr> <td>none</td> <td>none</td> </tr> </tbody> </table>	Outcome	Timepoints	none	none	
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none	none					
Target Sample Size	<p>Total Sample Size=140 Sample Size from India=140 Final Enrollment numbers achieved (Total)=140 Final Enrollment numbers achieved (India)=140</p>					
Phase of Trial	N/A					
Date of First Enrollment (India)	01/05/2018					
Date of First Enrollment (Global)	No Date Specified					
Estimated Duration of Trial	<p>Years=2 Months=0 Days=0</p>					
Recruitment Status of Trial (Global)	Not Applicable					
Recruitment Status of Trial (India)	Completed					
Publication Details	none					
Brief Summary	<p>NAFLD is a rapidly emerging chronic liver disorder that is set to become a critical global health problem. Diet is an important pathogenic factor in the progression of this disease (Eslamparast et al, 2015).</p> <p>Lifestyle management is the first line treatment of NAFLD. But, NAFLD</p>					



being an asymptomatic disease, adherence to treatment and lifestyle modification advice is poor. Despite the integral role of nutrition counseling in the holistic management of NAFLD, more than 50% of patients do not readily accept its importance nor do they follow the dietary advice (Yasutake et al, 2014). Weight reduction is typically recommended as an initial step in the management of NAFLD, but efficacy data are lacking (Promrat et al, 2010). Traditional dietary counseling methods have failed to bring about desired changes. Merely telling the patient about the potential disease progression, prescribing medications and suggesting lifestyle modification by the physician is not enough. Interventions should be aimed at modifying dietary behaviour to reduce the risk of disease progression. Dietary prescriptions need to be reinforced through multiple sessions to have positive patient outcomes (Schiller MR et al, 1998). The role of intensive nutrition counseling has been well documented in many diseases such as diabetes (Lazo et al, 2010), Cardiovascular disease (American Diabetes foundation, 2005) etc. An American pilot study in the year 2005 has also shown that intensive nutrition counselling can be beneficial in improving histology in NASH patients (Huang et al, 2005). Another Randomized controlled trial from Hong Kong has shown that community based lifestyle modification program is effective in reducing and normalizing liver fat in NAFLD patients (Sun Wong et al, 2013).

NAFLD patients should receive intensive counseling for adherence to a low carbohydrate and low saturated fat diet, avoidance of fructose-enriched soft drinks and increased consumption of fruits and vegetables (Bugianesi et al, 2005). Regular follow up with a dietitian should be an integral part of the treatment protocol. This will help the patients to overcome the barriers that come in the way of adherence to the prescribed diet. Periodic reinforcement of dietary advice, assistance in the form of ready to refer diet education material, easy to prepare healthy recipes, dietitian led support groups to increase motivation to follow the diet regime, are some ways to improve the dietary compliance in these patients.

Prior studies related to the effects of nutrition counseling on weight reduction in NAFLD have been uncontrolled, have used poorly defined patient populations, and non standardized weight loss interventions, and lacked a well-accepted primary outcome for NASH (Clark et al, 2006).



Also, the efficacy of dietary counseling in NAFLD has not been clearly defined in the Indian context, as there have been no randomized, controlled trials of intensive dietary therapy in outpatients with NAFLD. Rigorously conducted, randomized controlled trials are needed in this area.

Hence, this pilot study aims to compare the efficacy of intensive dietary counseling along with standard care versus standard care alone in improving the metabolic, ultrasound and anthropometric parameters in patients with NAFLD.

Hypothesis

Intensive dietary counseling along with standard care may be superior to standard care alone in improving metabolic, ultrasound and anthropometric parameters in patients with NAFLD.

Objectives

Primary objective

1. To design and develop an intensive dietary intervention program for adult NAFLD patients.
2. [To assess the efficacy of intensive dietary counseling along with standard care in comparison to standard care alone in improving](#) treatment outcomes in adults diagnosed with NAFLD.

Secondary objectives

1. To assess the anthropometric, biochemical, clinical and dietary profile of patients with NAFLD.

