A growing body of literature indicates a strong relationship between the presence of insulin resistance and NAFLD. There is also growing awareness that the prevalence of insulin resistance and its associated conditions are not only high in the West but are also increasing in other parts of the world. An example of this includes the growing prevalence of diabetes in Asia. From a biological point of view, this may be related to genetic and metabolic factors, diet, exercise behavior and other exogenous factors. These are, in turn, likely to be linked to globalization and its impact on the social, economic and political milieu of different parts of the world. Specifically, they may be linked to changes in diet pattern in the new middle class of the subcontinent where traditional high-fiber diets have been replaced by increasing consumption of refined sugars and meats with a high saturated fat content. These factors are further coupled with changes in lifestyle, especially in the young, where the Internet and computer-based entertainment have replaced traditional physical activities associated with childhood and youth. Finally, there may be specific psychological, social and economic factors that determine who adapts a lifestyle most prone to insulin resistance and also who is most, as well as least, likely to alter their behavior pattern to correct insulin resistance. If NAFLD is to be stopped in the bud, these issues must be addressed not only at a scientific level but also in a multi-disciplinary manner involving local government.

In summary, the paper by Agarwal et al has now set the stage for an explosion of studies related to NAFLD specifically focused on issues germane to this condition in India and the Asian subcontinent. A large number of questions are now faced by the medical and public health community in India and it is hoped that this editorial will lead to greater debate and research on this condition, which may finally lead to its control.

Reference:


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