

# Estimation of Protein Intake using 7 Day dietary Recall in Patients with NAFL

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**Abstract**—We are living in a world where hepatic mortality has become common with non-alcoholic fatty liver disease (NAFLD). It has emerged as one of the most common cause of hepatic mortality with a prevalence rate of 20-30% in western adults and 15% in Asians. In fatty liver condition, fat largely triglyceride exceeds 5% of liver weight. The failure of normal hepatic fat metabolism, either due to a defect within the hepatocyte or to transport excess fat, fatty acid or carbohydrate beyond the secretory capacity for lipid of liver cell is the major cause. Non alcoholic fatty liver is due to fat deposition in the absence of excessive alcohol intake (<20g/day) and is associated with clinical conditions including obesity, hypertension, diabetes and dyslipidemia. Protein intake is essential for the regeneration of hepatocytes and supplies crucial amino acids that prevent excessive fat accumulation within hepatocytes. Previous clinical trials showed that protein intake has a beneficial impact on NAFLD patients with a fair increase in protein intake (15.4% of total calorie intake) combined with low-GI diet. The requirement of protein in hepatic steatosis is estimated minimally at 0.8 to 1.0 g/kg/day [American Physiological Society]. So the present study has been undertaken to determine whether 7 day dietary recall is sufficient to estimate protein intake of patients with non-alcoholic fatty liver. It has been found that in few patients it has been found to be a good marker of protein estimation however in some in addition to the 7 day dietary recall some other protein tests could also be considered.

**Keywords:** non-alcoholic fatty liver disease, protein intake, hepatic steatosis.