

# Nashとアクトスの効果 uptodateより

We do not use [pioglitazone](#) for patients with NASH but without diabetes mellitus because of its potential adverse effects as discussed below, although society guidelines state that pioglitazone may be used for these patients [24].

Uptodateの著者は糖尿病の合併が無い場合はアクトスを  
投与しないとしています。

あるガイドラインでは推奨しているようだがとコメントしていま  
す。

**Patients with NASH and diabetes** — For patients with diabetes mellitus, the presence of NASH can inform the choice of glucose lowering therapy in some cases. Although initial therapy for type 2 diabetes mellitus is typically with [metformin](#), which does not improve liver histology [24.35.36], the beneficial impact on liver histology with certain other insulin-sensitizing agents could be a consideration when choosing a second-line agent for patients with NASH who cannot take metformin or need additional glucose-lowering therapy. In this setting, [pioglitazone](#) and [liraglutide](#) are reasonable options.

In patients with diabetes mellitus and biopsy-proven NASH, [pioglitazone](#) improves fibrosis as well as inflammation and steatosis. Although less well studied, [liraglutide](#) also appears to improve liver biopsy evidence of NASH. The potential

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benefits of these drugs must be balanced with their associated adverse effects. For example, use of pioglitazone is limited because it is associated with increased risk of weight gain, heart failure, and fractures. (See "[Management of](#)

糖尿病を合併している場合は、先ずメトグルコが第一選択ですがメトグルコそのものは肝組織の改善には繋がらない。

第二選択としてはアクトスが挙げられる。肝生検でNASHが確定されていればアクトスは肝組織の炎症を抑制し肝線維化の進展も改善する。

- [Pioglitazone](#) – Thiazolidinediones, and specifically pioglitazone, improve liver biochemical and histologic parameters in patients with NASH [[25.27.37-42](#)]. The effect of thiazolidinediones on histologic parameters in NASH was examined in a meta-analysis of four trials that compared thiazolidinediones with placebo in 334 patients with NASH [[43](#)]. The analysis found that compared with placebo, thiazolidinediones were more likely to improve hepatic histologic parameters such as ballooning degeneration (OR 2.1, 95% CI 1.3-3.4), lobular inflammation (OR 2.6, 95% CI 1.7-4.0), and steatosis (OR 3.4, 95% CI 2.2-5.3). Improvement in fibrosis was not seen when all thiazolidinediones were examined, but when the analysis was limited to three studies that used pioglitazone, there was a significant improvement in fibrosis among patients treated with pioglitazone compared with placebo (OR 1.7, 95% CI 1.0-2.8).

It is likely that long-term treatment is required to achieve a clinically important benefit because the improvements seen with [pioglitazone](#) may reverse if the drug is stopped [[37](#)].

アクトスは肝生検でNASHと確定していれば組織学的にも改善の効果がある。肝細胞のバルーン変性、小葉の炎症、脂肪変性等の改善を認めている。

但しアクトスを中断するとその組織学的改善も元に戻ってしまう可能性があり長期予後の研究が今後必要である。