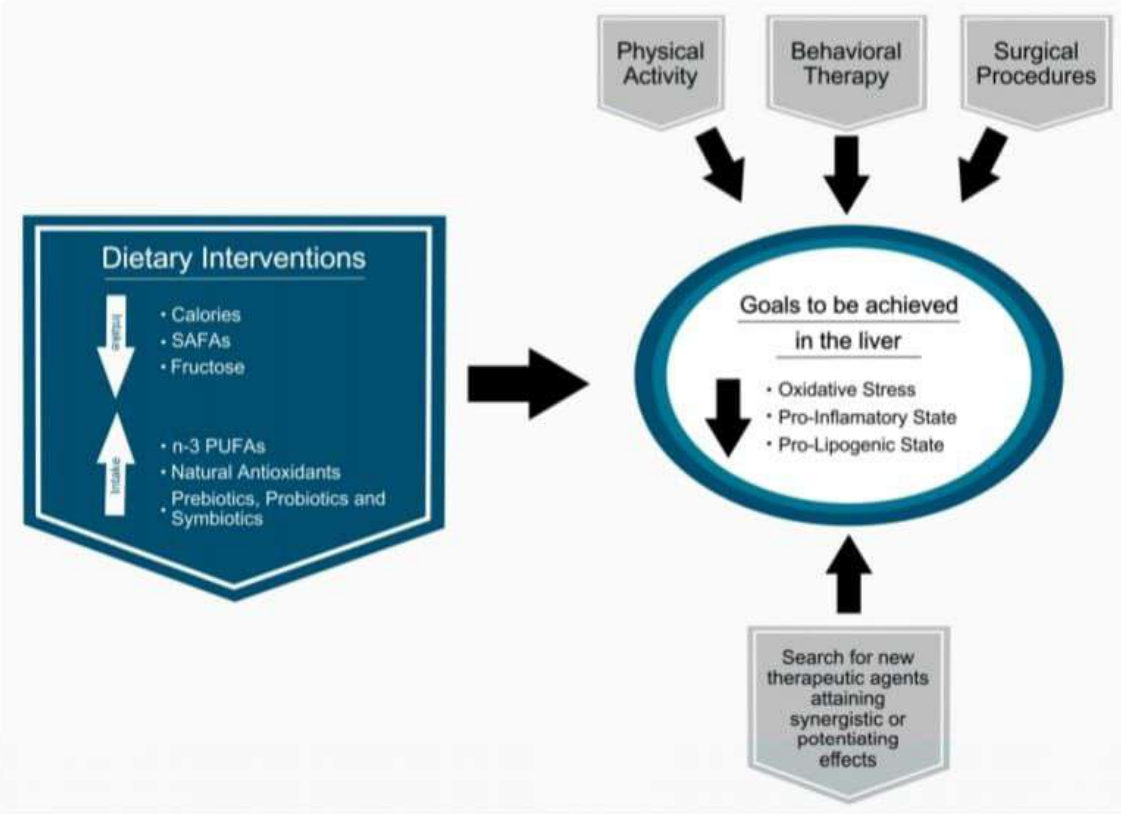

Figure 1. Interventions for the prevention and treatment of non-alcoholic fatty liver disease (NAFLD). *Abbreviations*: n-3 PUFAs, n-3 polyunsaturated fatty acids; SAFAs, saturated fatty acids.

Table 2. Studies on dietary interventions in non-alcoholic fatty liver disease (NAFLD)

Intervention	Model	Conclusions	R
Diets restricted in calories and carbohydrates with soy protein addition	Human	Intervention can have beneficial effects on serum levels of liver enzymes, malonaldehyde and fibrinogen in patients with NAFLD	
Low calorie diet rich in proteins	Human	A protein diet is associated with improved lipid profile, glucose homeostasis, and improved liver enzymes in NAFLD, independently of decreases in body mass index (BMI) or in body fat mass	
High protein diet	Animal	The high-protein diet prevents and reverses the steatosis, regardless of fat and carbohydrate intake, and is more efficient than a 20% reduction in energy intake	
Soft drinks with fructose compared to glucose sodas	Human	Reducing fructose improves several important factors to cardiovascular disease, despite the lack of appreciable improvement in hepatic steatosis in overweight adolescents	
Mediterranean diet	Human	The Mediterranean diet reduces hepatic steatosis and improves insulin sensitivity in insulin-resistant people with NAFLD compared to current dietary recommendations, even in the absence of weight loss	

Table 1. Studies on lifestyle interventions in non-alcoholic fatty liver disease (NAFLD

Intervention	Findings	R
Weight loss ≥5% of initial body weight	Significant reduction in systolic blood pressure, total cholesterol, low-density lipoprotein cholesterol, triglycerides, alanine aminotransferase (ALT), aspartate aminotransferase, and γ-glutamyl transferase in the adherent group (weight loss ≥5% of initial body weight)	
Weight loss (≥7%)	Weight loss is safe and improves liver histology and cardiometabolic profile, but it is only achieved in <50% of patients	
Increasing or maintaining the level of physical activity in 150 min/week or more	Greater improvement in levels of liver enzymes, independently of changes in weight	
Complete a regular exercise program	ALT normalization	
Training exercises for 4 weeks	Reduction in liver lipids in obese patients even in the absence of changes in body weight	
Intensive lifestyle interventions	Intensive lifestyle interventions were more effective than the prescription of dietary standard, both in weight loss and in liver enzymes	
Review of the current management of pediatric NAFLD	Lifestyle interventions should be the first line treatment for pediatric NAFLD. Vitamin E could be considered for those with non-alcoholic steatohepatitis (NASH) demonstrated by biopsy or those at risk for NASH where the first line therapy has failed. Other therapies require large RCTs in pediatric population	

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