1. Non-alcoholic fatty liver disease (NAFLD) is the accumulation of more than 5% fat in the liver that is not due to alcohol or drugs.

2. The global prevalence of NAFLD has been estimated at around 24%.

3. NAFLD is commonly associated with metabolic syndrome.

4. NAFLD only occurs in obese patients.

5. NAFLD encompasses a clinical spectrum ranging from simple steatosis, also known as non-alcoholic fatty liver (NAFL), to non-alcoholic steatohepatitis (NASH).

6. All NAFLD patients will progress to liver cirrhosis and liver cancer.

7. The most important predictor of long-term outcome in NAFLD patients is the stage of liver fibrosis.

8. Patients with NASH tend to develop fibrosis at a faster rate than patients with NAFL.

9. Abdominal ultrasonography is the first-line screening tool for NAFLD in clinical practice.

10. Abdominal ultrasonography can differentiate patients with NAFL from those with NASH.

11. Patients with NASH can have normal transaminase levels.

12. Noninvasive tests such as fibrosis scoring systems or transient elastography (FibroScan®) can be used as a screening tool to identify high-risk NAFLD patients.

13. Lifestyle modifications involving weight loss, diet restriction and increased physical activity are the cornerstone of first-line treatment in NAFLD patients.

14. Overweight patients with NAFLD should aim for between 5% and 10% weight loss to treat NAFLD.

15. Relative to normal table sugar, sweeteners containing fructose (particularly high-fructose corn syrup) are beneficial for NAFLD patients.

16. Coffee (without sugar) can be used as an adjuvant in NAFLD treatment.

17. Optimising concurrent metabolic risk factors is beneficial for NAFLD.

18. No medication has shown consistent effectiveness and benefits in the treatment of NAFLD.

19. High-dose vitamin E supplementation has been shown to improve NAFLD but potential side-effect profiles need to be considered.

20. Pharmacological treatment of NAFLD should ideally be reserved for patients with biopsy-proven NASH.