TABLE 3. Non-pharmacological and lifestyle interventions for the treatment and reversal of the early stages of NAFLD

Food	Type of Study	Main conclusion
Weight loss	Observational studies	Weight loss improves hepatic histology.[71,72] According to the EASL,[39] NICE (https://www.nice.org.uk/guidance/ng49), and AASLD[40] guidelines, a 7%-10% weight loss is the target of most lifestyle interventions. Very low-calorie diets should be avoided as they are considered unsustainable and may pose a challenge to the patient[62]
Bariatric surgery	A cohort study with 1-year follow-up	Bariatric surgery (with more than 30% weight lose) cleared NASH in 85% of patients and improved fibrosis in 34%[73]
Coffee	Meta-analysis	Increased coffee consumption may substantially reduce the risk of cirrhosis. Coffee is rich in cafestol, a natural ligand for FxR[74]
Ethanolic extract of *Prunus mume* (Japanesse Apricot)	Interventional trial in 58 patients with liver disorders of different cause	The Japanese apricot extract reduced the AST, ALT and gamma-glutamyl transferase levels in 12 weeks after treatment initiation[75]
	A randomized, double-blind, placebo-controlled study	Beneficial and statistically significant effects of the extract were reported on liver function, with decreases in ALT, AST, γ-GT and glycemia. Increase in HDL cholesterol and a decrease in LDL/HDL ratio and triglycerides[76]