**Table 2.** Association between lower plasma NT-proBNP levels and presence of NASH.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Unadjusted Model** | | **Adjusted Model 1** | | **Adjusted Model 2** | |
|  | **OR (95%CI)** | ***P*-value** | **OR (95%CI)** | ***P*-value** | **OR (95%CI)** | ***P*-value** |
| Plasma NT-proBNP |  |  |  |  |  |  |
| Tertile 1 | *Ref.* | *Ref.* | *Ref.* | *Ref.* | *Ref.* | *Ref.* |
| Tertile 2 | 0.40 (0.24, 0.69) | <0.001 | 0.48 (0.28, 0.85) | 0.011 | 0.52 (0.29, 0.95) | 0.032 |
| Tertile 3 | 0.34 (0.20, 0.58) | <0.001 | 0.45 (0.25, 0.82) | 0.009 | 0.49 (0.26, 0.93) | 0.028 |

Sample size, n=351. Data are presented as odds ratio (OR) and 95% confidence intervals (95% CI) ) as tested by univariable and multivariable logistic regression analyses. Presence of NASH was included as the dependent variable in all logistic regression models. Ref., reference category. Tertile 1: NT-proBNP ≤ 16 pg/ml; Tertile 2: NT-proBNP 17-33 pg/ml; Tertile 3: NT-proBNP ≥ 34 pg/ml.

Regression Model 1: adjusted for age and sex.

Regression Model 2: adjusted for age, sex, BMI, HOMA-IR, hypertension, dyslipidemia, and diabetes.