

| Reference                  | Year | Number of patients | Sex           | Body Mass Index (BMI) (kg/m <sup>2</sup> ) ± SD | Age ± SD   | Findings   |
|----------------------------|------|--------------------|---------------|---|------------|--|
| Mickley et al. [1]         | 1996 | 879                | F and M (13)  | 20 ± 2.9  | 22.51 ± 7  | Elevation of transaminases in 4% of anorectic (as well as anorectic and bulimic) patients.   |
| Miller et al. [2]          | 2005 | 214                | F             | 16.8 ± 1.4                                      | 25 ± 6.4   | Elevation of ALT in 12% of patients.   |
| Montagnese et al. [3]      | 2007 | 97                 | F             | 15.6 ± 1.4                                      | 23.3 ± 5.5 | Elevation of transaminases in 20% of patients with BMI ≤ 16 kg/m <sup>2</sup> .  |
| Fong et al. [4]            | 2008 | 53                 | F             | 18 ± 1.6  | 18.5 ± 2.9 | Elevation of ALT in 26% and AST in 19% of patients.  |
| Rautou et al. [5]          | 2008 | 12                 | F and M (2)   | 11.3 ± 1.1                                      | 25.7 ± 7.7 | Examination of liver biopsies from patients. The study neither found signs of hepatocyte necrosis nor apoptosis, instead autophagosomes and glycogen depletion were observed. Transaminases elevation in all patients. |
| Tsukamoto et al. [6]       | 2008 | 25                 | F             | 15.2 ± NR                                       | 27 ± 9     | Elevation of transaminases in 52% of patients.   |
| Gaudiani et al. [7]        | 2012 | 25                 | F and M (3)   | 13.1 ± 2.1                                      | 26 ± 7     | Mild elevation of transaminases (up to three times of the normal values) in 32% of patients, severe elevation (values greater than three times of the normal) in 44% of patients.                                      |
| Hanachi et al. [8]         | 2013 | 126                | F and M ( )   | 12 ± 1.8  | 30 ± 10.8  | Elevation of transaminases in 43% of patients.   |
| Nagata et al. [9]          | 2015 | 356                | F and M (39)  | 15.9 ± 1.9                                      | 16.1 ± 2.4 | Elevation of ALT was observed in 41.1% of patients. Male sex and low BMI led to increased odds of ALT elevations, while age and duration of illness did not affect odds.   |
| Rosen et al. [10]          | 2016 | 181                | F and M (19)  | 12.8 ± 1.8                                      | 27 ± 5     | Mild elevation of transaminases (up to three times of the normal values) in 27% of patients, severe elevation (values greater than three times than normal) in 35% of patients.  |
| Fanin et al. [11]          | 2020 | 34                 | F             | 15.6 ± 2.1                                      | 25 ± 6.3   | Elevation of ALT in 29% of patients. Ultrasonography indicated mild steatosis in 47% of patients.  |
| Cuntz et Vorderholzer [12] | 2022 | 3755               | F and M (157) | 11.5 ± NR                                       | 31.5 ± NR  | Elevation of transaminases in >50% of patients.  |

| Case studies reporting starvation-induced liver damage in AN |      |                    |     |  |     |   |
|--|------|--------------------|-----|--|-----|---|
| Reference  | Year | Number of patients | Sex | Body Mass Index (BMI) (kg/m <sup>2</sup> ) | Age | Findings  |
| Yaryura-Tobias et al. [13]                                   | 2000 | 1                  | F   | 14.2                                       | 23  | Patient with diabetic ketoacidosis. Signs of hepatic steatosis could be observed in computed tomography scans.  |
| De Caprio et al. [14]  | 2006 | 2                  | F   | 14.1                                       | 18  | Patient with acute liver failure and signs of moderate steatosis in sonography.   |
|  |      |                    |     | 13.2                                       | 30  | Patient with signs of acute liver failure, normalizing after weight gain.   |
| Sakada et al. [15]   | 2006 | 1                  | F   | 7.6  | 20  | Patient presenting with signs of mild hepatic steatosis and liver atrophy in CT scans. Transaminase elevations were observed. While the patient's nutritional condition improved, the patient developed a fatal hepatic failure. Autopsy findings confirmed the presence of hepatic steatosis and reported pericellular fibrosis. |
| Harris et al. [16]   | 2012 | 1                  | F   | 10.7                                       | 34  | Patient with severe transaminase elevation. A liver biopsy showed mild cell swelling, mild fibrosis and mild macro-vesicular steatosis.   |
| Restellini et al. [17]                                       | 2013 | 1                  | F   | 14   | 24  | Patient with elevated transaminases, liver biopsy with signs of autophagy.  |
| Ramsoekh et al. [18]   | 2014 | 1                  | F   | 12.4                                       | 43  | Patient with elevated transaminases. Liver biopsy with several apoptotic hepatocytes and iron deposition.   |
| Takata et al. [19]   | 2021 | 1                  | F   | 14   | 36  | Patient with ascites, gastroesophageal varices and elevation of transaminase values. Liver biopsy with mild steatosis, mild chronic inflammation, fibrosis and benign nodular lesions.  |
| Su et al. [20]   | 2021 | 1                  | F   | 14.2                                       | 45  | Patient with elevated transaminases. Liver biopsy showed mild depletion of glycogen and scattered atrophy of hepatocytes.   |
| Faragalla et al. [21]  | 2022 | 1                  | F   | 12.7                                       | 19  | Patient with elevation of transaminase values. Liver biopsy with glycogen depletion, iron deposition and hyperplastic Kupffer cells.  |
| Sakata et al. [22]   | 2022 | 1                  | F   | 11.2                                       | 34  | Patient with hypoglycemic coma and elevated transaminase values.  |
| Wallace et al. [23]  | 2023 | 1                  | F   | 10.3                                       | 30  | Patient with hypoglycemia, elevation of transaminases, which decreased when enteral feeding was initiated.  |

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