

What Are MASLD and MASH?

MASLD (Metabolic

Dysfunction-Associated Steatotic Liver Disease):

A condition where excess fat accumulates in the liver due to metabolic risk factors like obesity, diabetes, or insulin resistance. It's not caused by alcohol or viral infections.

MASH (Metabolic

Dysfunction-Associated Steatohepatitis):

A more severe form of MASLD where fat buildup leads to liver inflammation, damage to liver cells, and scarring (fibrosis), potentially progressing to cirrhosis or liver cancer.

Risk factors



Obesity:

Excess fat can strain the liver, leading to fat buildup and inflammation

Metabolic Syndrome:

Includes a combination of obesity, high blood sugar levels, high cholesterol, and high blood pressure.



Type 2 Diabetes (T2DM):

Poor blood sugar control increases liver fat and damages liver cells.



Unhealthy Lifestyle Choices:

- Diets high in sugar, processed foods, and unhealthy fats.
- Sedentary habits and lack of physical activity.





MASLD affects 25% of adults worldwide, making it one of the most common liver diseases globally.

~20% of MASLD patients develop MASH, which increases the risk of liver failure and liver cancer.

Comorbidities



Cardiovascular Disease (CVD):

Heart attacks and strokes are 1.6x more likely in affected individuals.



Chronic Kidney Disease (CKD):

A 1.45x higher chance of kidney damage.



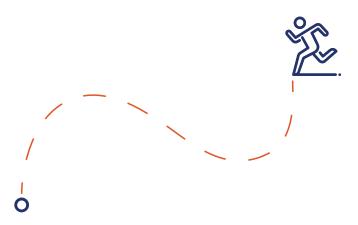
Liver Cancer (HCC):

MASH is a leading cause of liver cancer in non-drinkers.





Screening and Diagnosis



MASLD is often silent with no symptoms until late stages. Screening is critical for at-risk groups.

Non-Invasive Tests:

- FIB4: Estimates the likelihood of fibrosis using blood tests.
- NAFLD Fibrosis Score (NFS):
 Predicts fibrosis using a combination of clinical and lab data.
- Imaging: Techniques like MRI or elastography can assess liver fatand fibrosis.

Who Should Be Screened?

• Individuals with obesity, Type 2 Diabetes Mellitus, or metabolic syndrome.



Management and Treatment



1. Lifestyle Changes:

Weight Loss:

Losing ≥10% of body weight can significantly improve liver inflammation and fibrosis.

Exercise:

Regular activity reduces liver fat and improves insulin sensitivity.

Diet:

Adopting a Mediterranean diet (rich in vegetables, fruits, whole grains, and healthy fats) and reducing sugar and processed food intake.



Emerging Drugs:

GLP-1 receptor agonists (e.g., semaglutide), Vitamin E, and PPAR modulators are showing promise.

Current Options (Off-label):

Pioglitazone has shown some benefits for patients with severe fibrosis.



3. Surgical Options:

Bariatric Surgery:

Helps severely obese patients by reducing liver fat, improving inflammation, and reversing fibrosis in some cases.

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