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Summary

Integrating metabolic age into risk stratification and treatment decisions

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Biological age, measured using clinical biomarkers, shows stronger association with liver fibrosis than chronological age in patients with steatotic liver disease and may improve risk stratification beyond current tools.

KEY POINTS

- The speaker presented data from a population-based cohort of 2899 participants showing that biological age (measured using the KDM method with metabolic markers, lipids, HbA1c, weight, and blood pressure) was more closely associated with liver stiffness measurement than chronological age.
- Biological age was particularly associated with liver stiffness in alcohol-heavy subgroups within metabolic dysfunction-associated steatotic liver disease and alcohol-related liver disease.
- Unpublished data presented by the speaker showed that combining biological age with FIB-4 improved discrimination for fibrosis in patients with type 2 diabetes and/or obesity (FIB-4 alone AUC 0.6) and in those with alcohol use above ten drinks per week.
- The speaker stated that biological age could help identify fast progressors and individual vulnerability, though the challenge is demonstrating clinical value beyond existing risk assessment tools.
- The speaker noted that no data currently exists on how biological age responds to interventions, and that biological ageing is not static but may change with treatment.

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