

MASLD and MetALD: The new nomenclature and the combination with moderate alcohol intake

Elisabetta Bugianesi

UEG Postgraduate Teaching Programme Vienna 2024

Presentation

Education & Training

Hepatobiliary

Primary Care

October 12, 2024

The speaker presented the new steatotic liver disease nomenclature, developed through a consensus of 56 countries and over 200 experts, which replaces NAFLD with an affirmative metabolic-based diagnostic framework and introduces MetALD to capture combined metabolic and alcohol-related injury.

KEY POINTS

- Metabolic dysfunction-associated steatotic liver disease (MASLD) is diagnosed by hepatic steatosis plus at least one of five cardiometabolic criteria: high BMI, high serum glucose, high blood pressure, high plasma triglycerides, or low HDL cholesterol.
- MetALD defines patients with both metabolic disease and alcohol consumption between MASLD and ALD thresholds (20-30g to 50-60g per day average intake).
- The speaker reported that in a general population study, 7.6% had significant fibrosis, with risk increasing stepwise from MASLD to MetALD to ALD; nearly one-third with 4-5 cardiometabolic risk factors and MetALD-level drinking had significant fibrosis.
- Even moderate alcohol consumption can increase fibrosis risk in a dose-dependent interaction with cardiometabolic risk factors, according to the speaker.
- General population screening for steatotic liver disease is not advised per the new European guidelines, but patients presenting with fatty liver should be evaluated for underlying causes.
- The speaker stated that GLP-1 receptor agonists can lead to steatohepatitis resolution in up to 60% of treated patients, with phase 3 semaglutide results expected in November.

VIEW THIS CONTENT ON GUTFLIX

<https://gutflix.eu/search/d/6af7af90-9130-11ef-82d3-0242ac140004>



AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.