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Summary

A road to a multidisciplinary management of MASLD: The new EASL/EASD/EASO CPG

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Education & Training | Hepatobiliary | Primary Care

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The first multidisciplinary guideline on metabolic dysfunction-associated liver disease (MASLD) recommends a stepwise approach using the FIB-4 blood test followed by elastography to identify patients at risk for advanced fibrosis who need specialized care.

KEY POINTS

- The speaker stated case finding should target individuals with type 2 diabetes, abdominal obesity plus another risk factor, or persistently abnormal liver enzymes, using FIB-4 scores below 1.3 for low-risk reassessment every 1-3 years and above 2.67 for hepatology referral
- The speaker reported that more than 10% persistent weight loss reduces liver fibrosis, achieved through dietary and behavioral measures, avoiding ultra-processed foods and sugar-sweetened beverages, discouraging alcohol, and physical activity
- The speaker stated that resmetirom, a thyroid hormone receptor beta agonist approved in the US, achieved NASH resolution and fibrosis improvement in phase 3 trials and should be used as targeted therapy in F2-F3 fibrosis where locally approved
- The speaker reported that GLP-1 agonists and SGLT-2 inhibitors are preferred treatments for comorbid type 2 diabetes and obesity within their approved indications, but phase 3 data on sustained fibrosis benefit is currently lacking
- The speaker stated bariatric surgery should be considered when indicated for obesity, based on trial data showing histological improvement and long-term reduction in liver-related outcomes, though requiring particular care in cirrhosis
- The speaker acknowledged that the FIB-4 cutoff of 1.3 may miss approximately 10% of advanced fibrosis cases, identifying improved performance data in primary care settings as a key research need

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