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Summary

Metabolic syndrome

Helena Cortez-Pinto

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Digestive Oncology | Pancreas | Mechanisms & Personalised Medicine

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Metabolic dysfunction-associated steatotic liver disease (MASLD) is the hepatic manifestation of metabolic syndrome and should be managed by assessing fibrosis severity, treating cardiometabolic risk factors, and selecting targeted pharmacotherapy based on patient phenotype.

KEY POINTS

- The speaker stated that MASLD is now considered the most common chronic liver disease worldwide, with cardiac-specific mortality the leading cause of death, followed by extrahepatic cancer and then liver-specific causes.
- Fibrosis assessment using non-invasive tests such as FIB-4 at primary care level is recommended to stratify patients; those with moderate fibrosis (stated as 10-15 kilopascals) require targeted pharmacotherapy.
- Semaglutide and resmetirom have been approved by FDA and EMA for adults with NASH and significant fibrosis, according to the speaker.
- The speaker recommends prioritizing semaglutide (a GLP-1 receptor agonist) for patients with type 2 diabetes, overweight/obesity, and cardiovascular or kidney disease, while resmetirom (a thyroid receptor beta agonist) is preferred for normal-weight patients, those already on GLP-1 agonists, or those at high risk of sarcopenia.
- Treatment decisions in clinical practice depend on patient preference, administration route, treatment costs, and local reimbursement availability, as stated by the speaker.
- In the Q&A, the speaker stated that statins should be used for dyslipidemia in MASLD patients and that resmetirom has no effect on thyroid function despite its mechanism.

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