

Liver in the Balance: Tackling Fatty Liver Disease in Primary Care

Dr Mang Ma

Key Messages:

- Metabolic dysfunction-associated steatotic liver disease (MASLD) and Metabolic Dysfunction-Associated Steatohepatitis (MASH) are very common
- Principal drivers of MASLD/MASH pathogenesis are metabolic stresses in association with an increase in visceral adipose tissue (obesity)
- Prevalence is associated with physiological (genetic predisposition, metabolic disorders), behavioral, social and government policy determinants
- Advance liver fibrosis is associated with high liver events and overall mortality (cardiovascular disease, cirrhosis, liver cancer, GI, breast and gynecological cancer)
- Early identification of MASH with significant fibrosis is important and provides an opportunity to improve health outcomes
- Utilization of Alberta NAFLD/MASLD pathway can guide assessment and referral for further management
- Goals of treatment are to improve liver outcome, metabolic status, overall mortality and cancer risk by using a tailored approach to maximize benefits and minimize adverse effects.

Diagnosis of MASLD

- A liver biopsy
- Rule out other liver diseases

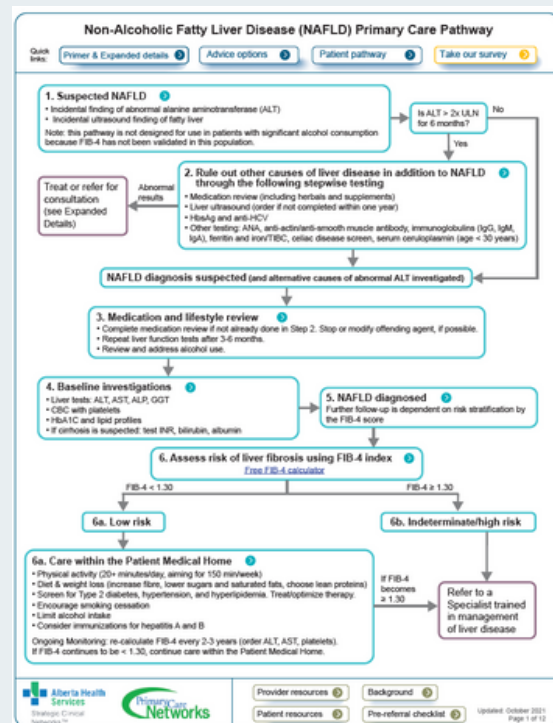
Risk Stratification

- Calculate Fib 4 first
- Follow-up with a VCTE Fibroscan

Fib 4 First Pathway

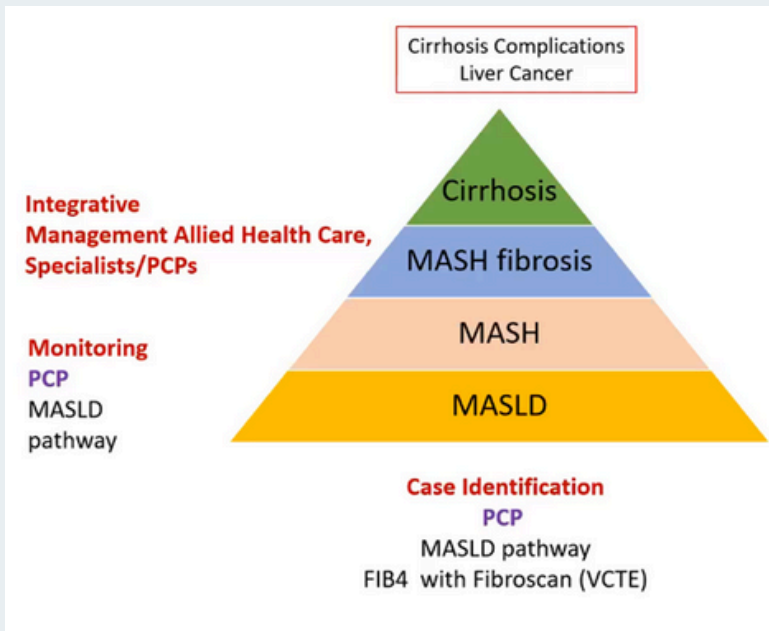


The AHS [Enhanced Primary Care Pathway on NAFLD](#) describes a similar workup process of launching a comprehensive panel of test when ALT elevation is <2x ULN for 6+ months.



Liver in the Balance: Tackling Fatty Liver Disease in Primary Care

Dr Mang Ma



Management of MASLD

- Diet, Lifestyle, Exercise

Management of MASH with F2-F3 fibrosis

Weight/Metabolic status/MASH Management

- Diet - Nutrition
- Lifestyle program
- Optimize medical management DM/DLD
- Statin/Fibrates
- TZD/GLP-1/SGLT2 Inhibitor/Insulin/Metformin
- Bariatric Surgery

Cirrhosis Management

- Reversal of early cirrhosis
- Improve liver outcomes
- HCC Monitoring
- Improve cardiovascular risk
- Improve quality of life

Weight Improvement and MASLD

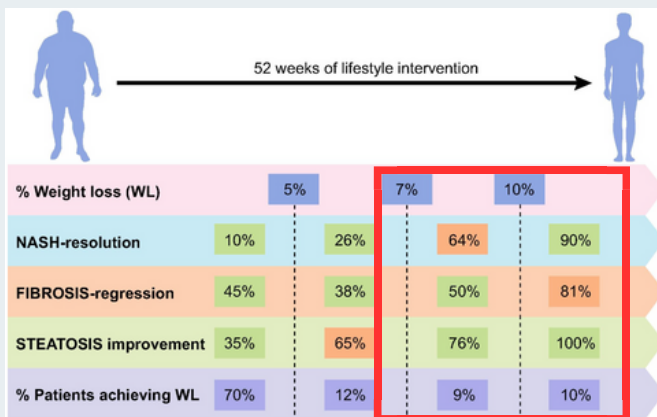
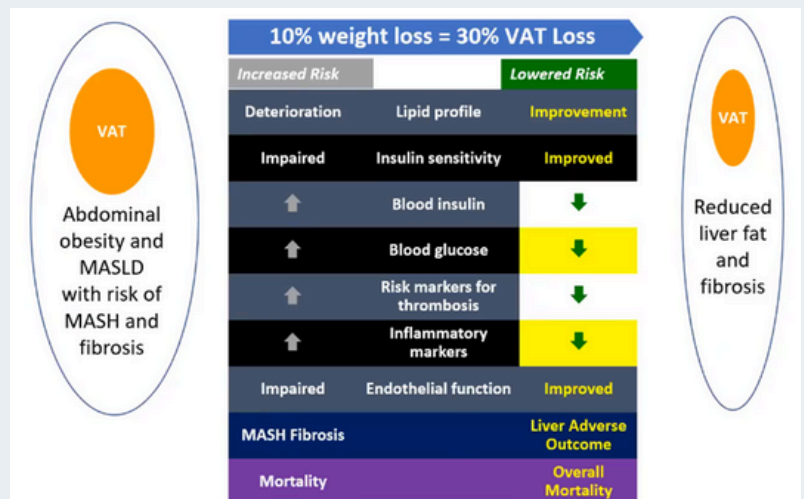


Fig. 3 Probability of reaching NASH resolution, fibrosis regression (at least one stage) and steatosis improvement in patients with NASH under lifestyle intervention according to percentage of weight loss (modified from Vilar-Gomez et al.12).

Manuel Romero-Gomez, et al. Treatment of NAFLD with diet, physical activity and exercise. Journal of Hepatology 2017;67:829-45. doi: [10.1016/j.jhep.2017.05.016](https://doi.org/10.1016/j.jhep.2017.05.016).

Why is modest weight loss beneficial?



Després, JP. Treatment of obesity: need to focus on high risk abdominally obese patients. BMJ 2001;322: 716. doi: [10.1136/bmj.322.7288.716](https://doi.org/10.1136/bmj.322.7288.716)



Consider using [MyL3Plan](#), a free online tool developed by the Office of Lifelong Learning (L3) that can be used to meet and support the 3 activities/action plans required by the PPIP-CPSA and earn up to 36 Mainpro+ certified credits. by completing the following cycles:

- Practice-driven quality improvement using objective data (CQI)
- Personal Development (PD)
- Standards of Practice Quality Improvement (SOP).

[Learn more here!](#)