



**PROFESSOR
JIAN-GAO FAN**
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PUTTING MAFLD INTO PERSPECTIVE – LIVER-DIRECTED HEPATOPROTECTIVE TREATMENT OPTIONS

Presentation key points

- As NAFLD is closely associated with features of MetS such as insulin resistance, hyperglycemia, obesity and dyslipidemia, the term MAFLD has been introduced:
 - Because advanced fibrosis is associated with liver-related events, metabolic abnormalities could predict poorer long-term prognosis in concerned patients
- Combining the new diagnostic tool, MetDis (reduced HDL-C and raised fasting glucose) with the current test, FIB-4, may provide an accurate, non-invasive method for diagnosis of advanced fibrosis
- In patients with NAFLD, the presence of MetS is associated with a greater severity of steatohepatitis and liver fibrosis
- Patients' insulin resistance status may predict the progression of liver fibrosis and NASH
- Lifestyle changes are recommended as medications to decrease insulin resistance, to improve glucose/lipid metabolism and to use hepatoprotective agents

MAIN TAKEAWAY

Metabolic disorders should be considered when screening for liver fibrosis; insulin resistance plays a key role in the progression of NAFLD and NASH. Guidelines recommend lifestyle modifications as first-line treatment for NAFLD, followed by pharmacotherapy and hepatoprotective agents

FIB-4, Fibrosis-4 index; HDL-C, high-density lipoprotein cholesterol; MetDis, metabolic disorders; MAFLD, metabolic-associated fatty liver disease; MetS, metabolic syndrome; NASH, non-alcoholic steatohepatitis.