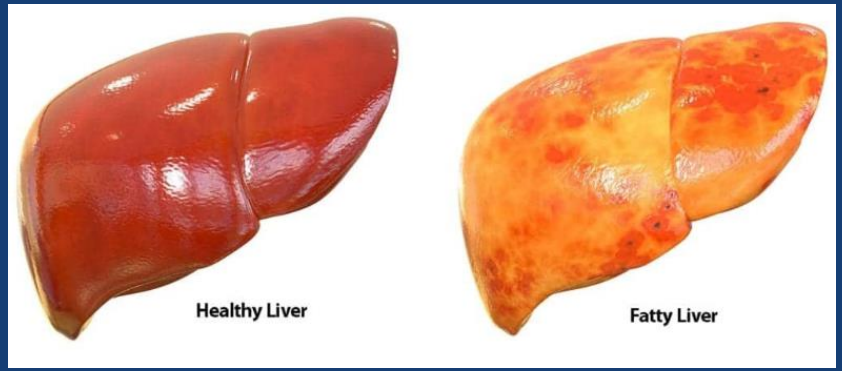
Les maladies stéatosiques hépatiques: Nouvelle nomenclature



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Clinical Practice Guidelines

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EASL–EASD–EASO Clinical Practice Guidelines on the management of metabolic dysfunction-associated steatotic liver disease (MASLD)☆

European Association for the Study of the Liver (EASL)*, European Association for the Study of Diabetes (EASD), European Association for the Study of Obesity (EASO)

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- Définitions
- Prévention
- Dépistage
- Diagnostique
- Traitement

Steatotic Liver Disease : SLD

Nouvelle nomenclature!

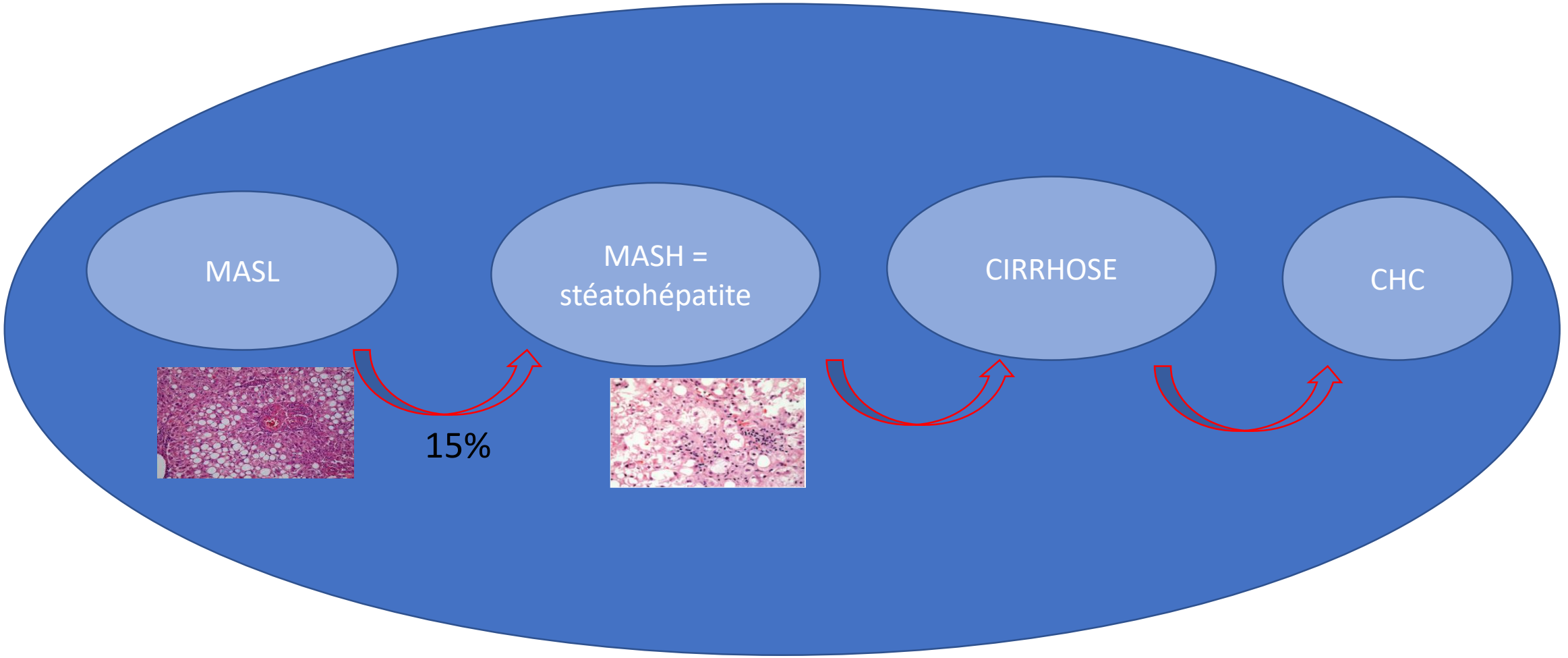
~~NAFLD = Nonalcoholic Fatty Liver Disease~~
~~=>Stéatose hépatique non alcoolique~~

~~NASH = Nonalcoholic Steatohepatitis~~
~~=> Stéatohépatite non alcoolique~~

- MASLD = Metabolic dysfunction Associated Steatotic Liver Disease
- Prévalence mondiale = 30%

- MASH= Metabolic dysfunction – Associated Steatohepatitis
- Prévalence Américaine = 2 à 6 %

MASLD : Metabolic dysfunction Associated Steatotic Liver Disease



Flow-chart for SLD and its sub-categories

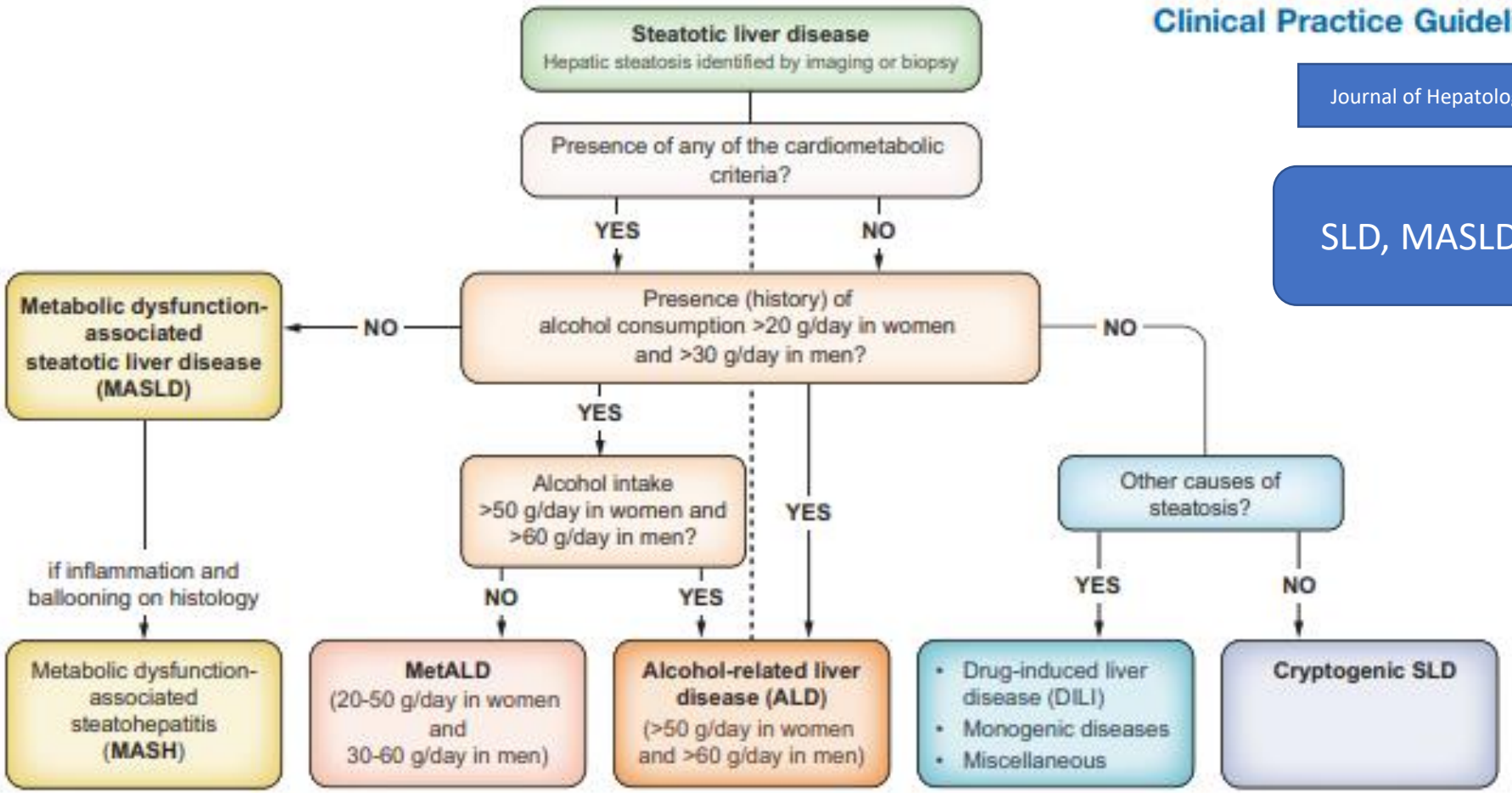


Fig. 1. Flow-chart for SLD and its sub-categories.[2] SLD, diagnosed histologically or by imaging, has many potential aetiologies. MASLD is defined as the presence of hepatic steatosis in conjunction with (at least) one cardiometabolic risk factor and no other discernible cause. The quantity of alcohol intake, the drinking pattern, and the type of alcohol consumed should be assessed in all individuals with SLD using detailed medical history, psychometric instruments and/or validated biomarkers. ALD, alcohol-related liver disease; DILI, drug-induced liver disease; MASH, metabolic dysfunction-associated steatohepatitis; MASLD, metabolic dysfunction-associated steatotic liver disease; MetALD, MASLD with moderate (increased) alcohol consumption; SLD, steatotic liver disease.

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SLD, MASLD,MASH, MetALD, ALD

Cardiometabolic risk factors in the definition of MASLD

Table 3. Cardiometabolic risk factors in the definition of MASLD.[2]

Metabolic risk factor	Adult criteria
Overweight or Obesity	Body mass index ≥25 kg/m^2 (≥23 kg/m^2 in people of Asian ethnicity) Waist circumference • ≥94 cm in men and ≥80 cm in women (Europeans) • ≥90 cm in men and ≥80 cm in women (South Asians and Chinese) • ≥85 cm in men and ≥90 cm in women (Japanese)
Dysglycaemia or type 2 diabetes	Prediabetes: HbA_{1c} 39-47 mmol/mol (5.7-6.4%) or fasting plasma glucose 5.6-6.9 mmol/L (100-125 mg/dl) or 2-h plasma glucose during OGTT 7.8-11 mmol/L (140-199 mg/dl) *or* Type 2 diabetes: HbA_{1c} ≥48 mmol/mol (≥6.5%) or fasting plasma glucose ≥7.0 mmol/L (≥126 mg/dl) or 2-h plasma glucose during OGTT ≥11.1 mmol/L (≥200 mg/dl) *or* Treatment for type 2 diabetes
	dl) *or* lipid-lowering treatment
	l) in men and ≤1.3 mmol/L (≤50 mg/dl) in women *or* lipid-lowering treatment
	tment for hypertension

, oral glucose tolerance test.

Statements

- Type 2 diabetes and obesity (particularly abdominal obesity) are the metabolic diseases with the strongest impact on the natural history of MASLD, including progression to MASLD/MASH-related advanced fibrosis, cirrhosis and hepatocellular carcinoma (**LoE 2, strong consensus**).
- Males aged >50 years, postmenopausal women, and individuals with multiple cardiometabolic risk factors are at increased risk of progressive fibrosis and the development of cirrhosis and its complications (**LoE 2, strong consensus**).

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Lifestyle management: EASL-EASD-EASO

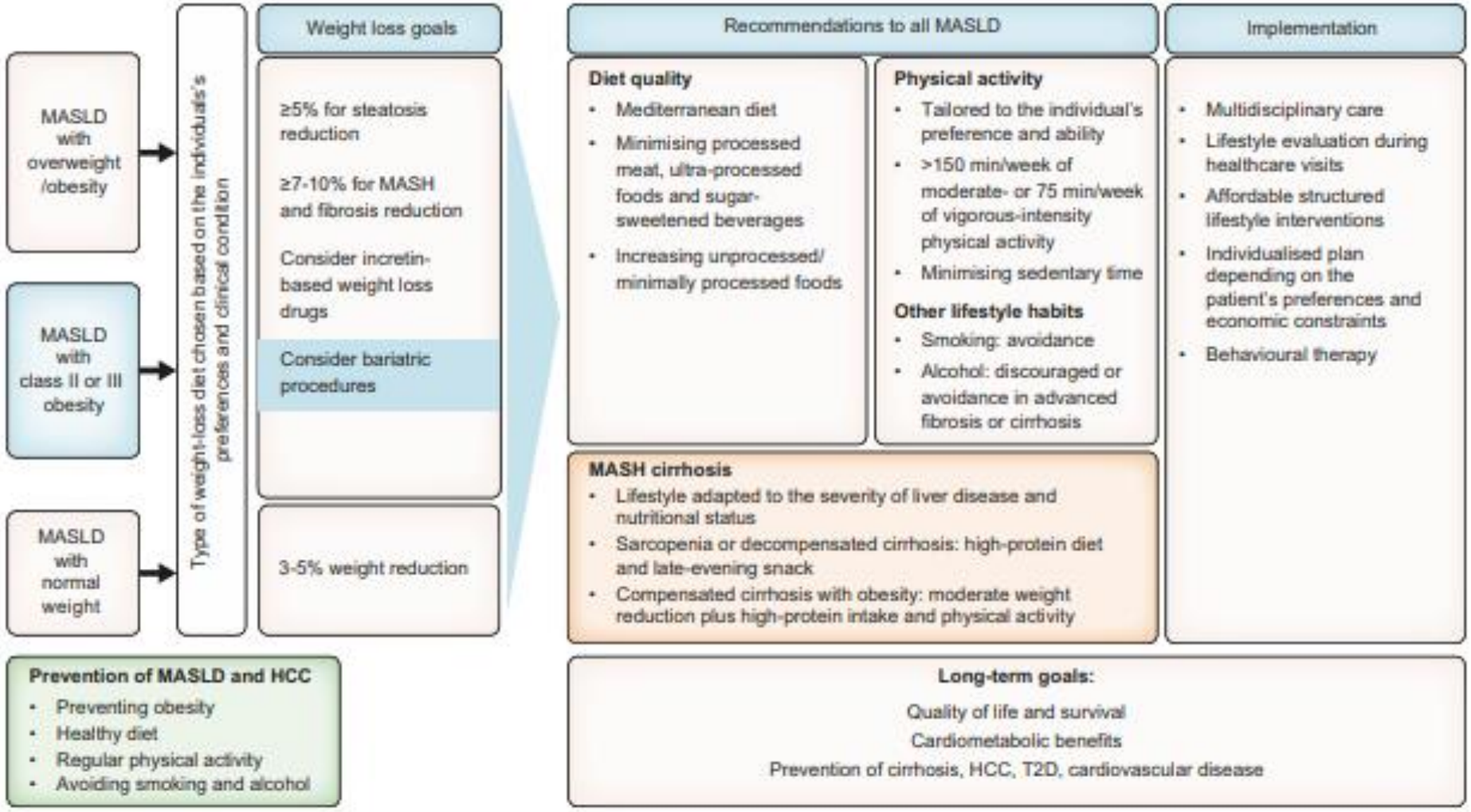

Fig. 3. Lifestyle management algorithm for MASLD. Note: Behavioural therapy includes: self-monitoring, clinicians providing affected individuals with self-efficacy and motivation, setting realistic negotiable goals, and overcoming barriers. Examples of unprocessed/minimally processed foods: vegetables, fruits (not juice), low-fat dairy, nuts, olive oil, legumes, unprocessed fish and poultry. Overweight/obesity: Overweight: BMI of 25–29.9 kg/m^2 (non-Asian) or 23–24.9 (Asian), Obesity: ≥30 kg/m^2 (non-Asian) ≥25 kg/m^2 (Asian). Class II obesity: BMI ≥35 kg/m^2 (non-Asian) or BMI ≥30 kg/m^2 (Asian). Normal weight: BMI<25 kg/m^2 (non-Asian) or <23 kg/m^2 (Asian). BMI, body-mass index; HCC, hepatocellular carcinoma; MASH, metabolic dysfunction-associated steatohepatitis; MASLD, metabolic dysfunction-associated stea-

MASLD: Compléments alimentaires et café ?

In adults with MASLD, are nutraceuticals (food supplements, herbal products, gut microbiota-modifying agents) effective to reduce histologically/non-invasively assessed liver damage/fibrosis and liver-related outcomes compared with no intervention?

Recommendation

- In adults with MASLD, nutraceuticals cannot be recommended since there is insufficient evidence of their effectiveness in reducing histologically/non-invasively assessed liver damage/fibrosis and liver-related outcomes in MASLD, nor of their safety (**LoE 2, open recommendation, strong consensus**).

Statement

- In adults with MASLD, coffee consumption has been associated with improvements in liver damage and reduced liver-related clinical outcomes in observational studies (**LoE 4, strong consensus**).

- Compléments alimentaires (à base de plantes/pro-prébiotiques):
  ⇒ Pas recommandés
- Café : peut améliorer les lésions hépatiques: facteur protecteur de HCC (conseil: 3 tasses/jour)

Treatment recommandations beyond lifestyle modification

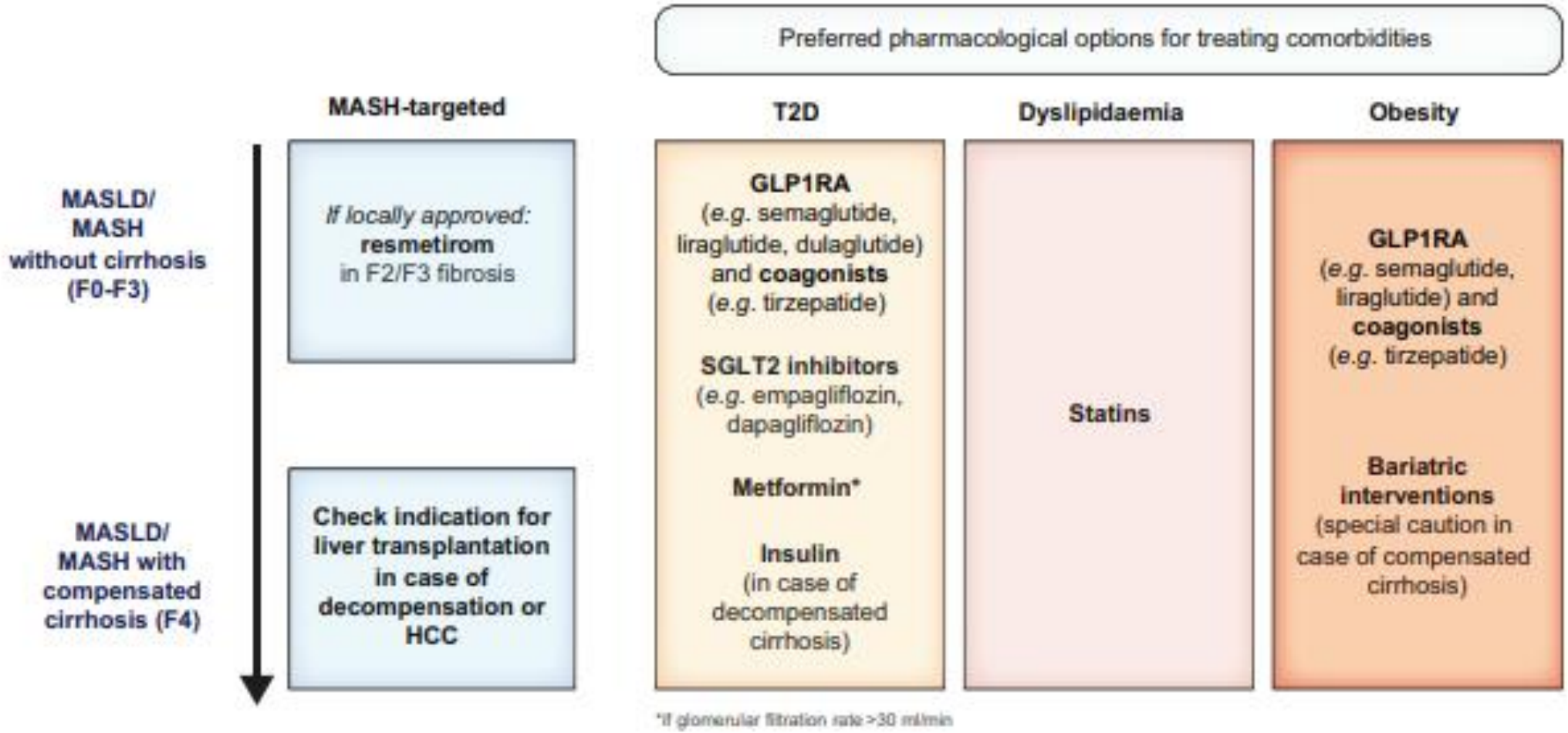

Fig. 4. Treatment recommendations beyond lifestyle modification in MASLD/MASH. The recommended choice of pharmacological treatment options in individuals with MASLD/MASH is dependent on comorbidities and stage of disease. GLP1RA, glucagon-like peptide 1 receptor agonist; HCC, hepatocellular carcinoma; MASH, metabolic dysfunction-associated steatohepatitis; MASLD, metabolic dysfunction-associated steatotic liver disease; SGLT2, sodium-glucose cotransporter 2; T2D, type 2 diabetes.

Merci pour votre attention!