MANIFESTO

STEATOTIC (FATTY) LIVER DISEASE (SLD)

CAN WE SAVE MORE LIVES?

Steatotic Liver Disease (SLD) is a new nomenclature which replaced the Non-alcoholic fatty liver disease and acts as an umbrella for a spectrum of liver diseases.

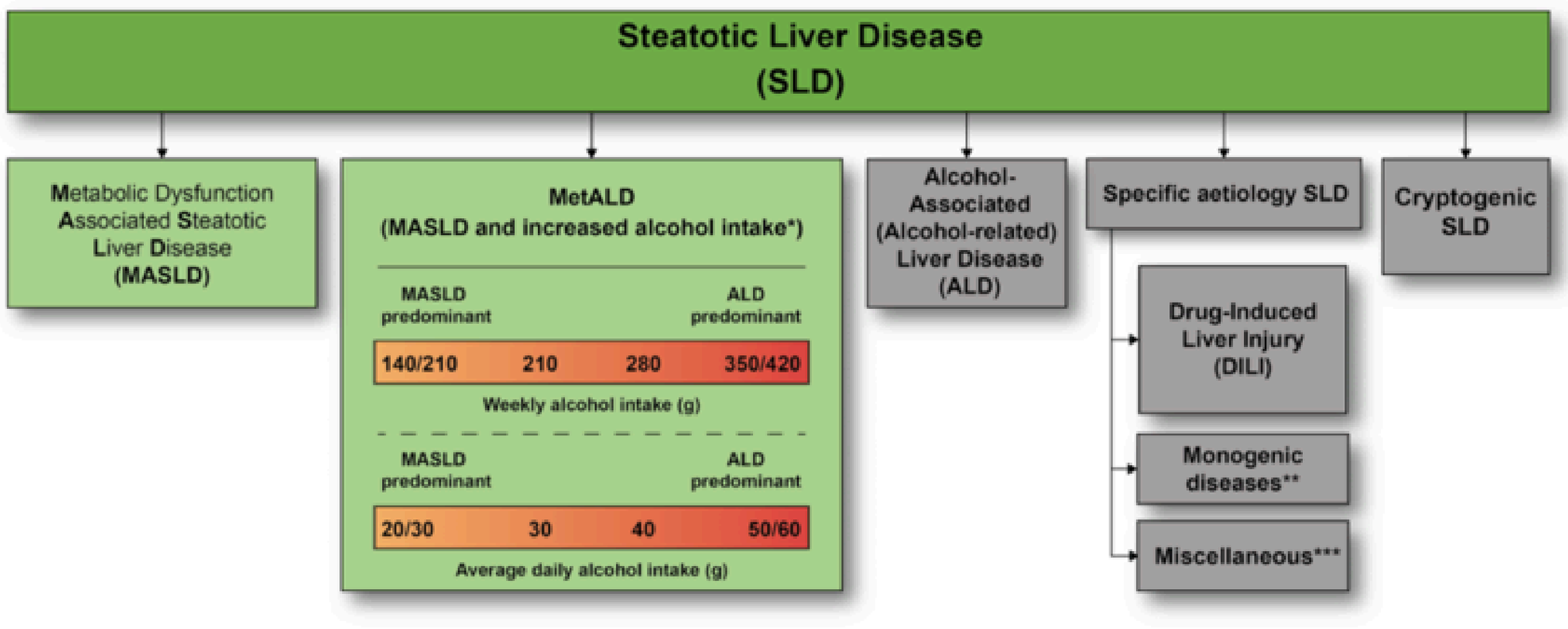
SLD includes several conditions associated with steatosis in your liver. “Steatosis” is a term healthcare providers use to describe fat buildup in your liver.

This change was necessary to reflect its causes more accurately but also to avoid language that’s potentially stigmatising toward people with SLD. We consider it will lead to a more precise and comprehensive understanding of the condition and save more lives.

SLD is the most common liver disease in the world and a leading cause of cirrhosis and liver cancer. Unlike other non-communicable diseases (NCDs) with which it is closely **associated** (such as **cardiovascular disease, type 2 diabetes and obesity**), it remains largely undiagnosed and unaddressed.

Healthcare providers classify Steatotic Liver Disease (SLD) based on its causes and the conditions associated with it.

Steatotic Liver Disease Sub-classification



*Weekly intake 140-350g female, 210-420g male (average daily 20-50g female, 30-60g male)
**e.g. Lysosomal Acid Lipase Deficiency (LALD), Wilson disease, hypobetalipoproteinemia, inborn errors of metabolism
***e.g. Hepatitis C virus (HCV), malnutrition, celiac disease

This depicts the schema for Steatotic Liver Disease (SLD) and its sub-categories. SLD, diagnosed histologically or by imaging, has many potential etiologies. MASLD, defined as the presence of hepatic steatosis in conjunction with one CMRF and no other discernible cause, ALD, and an overlap of the 2 (MetALD), comprise the most common causes of SLD. Within the MetALD group there exists a continuum across which the contribution of MASLD and ALD will vary. To align with current literature, limits have been set accordingly for weekly and daily consumption, understanding that the impact of varying levels of alcohol intake are evolving. Other causes of SLD need be considered separately, as is already done in clinical practice, given their distinct pathophysiology. Multiple etiologies of steatosis can coexist. If there is uncertainty and the clinician strongly suspects metabolic dysfunction despite the absence of CMRF then the term possible MASLD can be considered pending additional testing (e.g., HOMA-IR, OGTT). Those with no identifiable cause (cryptogenic SLD) may be recategorized in the future pending developments in our understanding of disease pathophysiology. Lastly, the ability to provide an affirmative diagnosis allows for the coexistence of other forms of liver disease with MASLD, e.g., MASLD + autoimmune hepatitis or viral hepatitis.

Citation : Rinella ME, Lazarus JV, Ratziu V, et al. A multi-society Delphi consensus statement on new fatty liver disease nomenclature. *Hepatology*. Published online June 24, 2023. doi:10.1097/HEP.0000000000000520

Preventing the disease

A healthy lifestyle significantly contributes to liver protection. This involves regular physical activity, balanced nutrition, sufficient sleep, and a positive mindset. Aim to meet at least 10,000 steps per day, minimise alcohol intake, drink plenty of water, avoid processed foods and sugary beverages, prioritize low-glycemic index foods, and ensure you consume plenty of fruits and vegetables. Getting enough sleep is also crucial.

Educational programs. for patients and their families, primary nurses and physicians.

Invest in children. Prevention programs in schools (Involvement of various organizations such as parent associations, teachers, gymnastics.

Take medications as prescribed if you have Type 2 diabetes or metabolic syndrome.

It is a public health threat that must be addressed. If we want to stop the progression of this disease there must be a collective approach to the issue from all parties involved and especially patients.

JOIN US!

WORKING GROUP
STEATOTIC LIVER DISEASE (SLD)

ELPA
European Liver Patients' Association

WHO WE ARE

ELPA's aim is to promote the interests of people with liver disease and, in particular, to highlight the size of the problem, to promote awareness and prevention to address the low profile of liver disease; to share the experience of successful initiatives; to work with professional bodies to ensure that treatment and care are harmonized across Europe to the highest standards. ELPA's vision is that all liver patients are diagnosed in time, are treated with respect, and have equal access to the best standard of medical care – regardless of origin, lifestyle, and type of liver disease.

MORE INFO
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