It’s High Time NAFLD Was Renamed, Experts Say

Instead of non-alcoholic fatty liver disease, they suggest calling it metabolic-associated fatty liver disease.

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An expert panel has called for renaming non-alcoholic fatty liver disease (NAFLD), preferring the name metabolic-associated fatty liver disease (MAFLD) to better reflect the drivers of the disease and to improve efforts to prevent and treat it.

Publishing their conclusions in the journal Gastroenterology, the scientists noted that one quarter of the global population has fatty liver disease.

MAFLD, to use the suggested new terminology, refers to the buildup of fat in the liver associated with metabolic dysfunction. This can give rise to inflammation, which over time can lead to fibrosis, cirrhosis and liver cancer. The more severe form of the condition is traditionally known as non-alcoholic steatohepatitis (NASH).

There is no approved therapy for MAFLD, and management relies on lifestyle changes such as weight loss and exercise.

Updating the disease’s name to MAFLD would better reflect researchers’ understanding of the condition.

“Since it was first described in 1980, we haven’t revisited the appropriateness of the name or the criteria used to diagnose fatty liver disease,” Mohammed Eslam, co–lead author of the paper and an associate professor at The Westmead Institute for Medical Research in New South Wales, Australia, said in a press release. “By updating terminology and definitions, we can shift towards more precise and personalized treatment pathways, trial design and drug development.”

“Initially, the disease was defined as fatty liver in the absence of significant alcohol intake,” said Jacob George, co–lead author of the paper and a professor at The Westmead Institute. “This definition was problematic and has resulted in a ‘one-size-fits-all’ approach to treatment, despite the significant variation we see in people affected by the disease. The proposed name and definition recognizes that the disease we are looking at is associated with metabolic dysfunction. It also acknowledges that there are multiple overlapping causes and drivers of the disease.”

“Ultimately, we hope that by strengthening the diagnostic criteria and language surrounding MAFLD, we can help reduce the progression of the disease and reduce the number of people affected worldwide,” George concluded.

Scientists are currently conducting studies that would break down MAFLD into subtypes. This could help investigators better design studies to treat the condition and develop best practices for clinicians to follow in treating people with MAFLD.

To read a press release about the study, click here.

To read the journal article abstract, click here.

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