

Targeted Weight-Loss Program Is Effective for People with MASLD

More people who participated in a specialized program lost weight compared with those who received standard care.

November 24, 2023 By [Sukanya Charuchandra](#)

A dedicated weight loss program helped more people with metabolic dysfunction-associated steatotic liver disease (MASLD) lose weight than standard care in a hepatology clinic, according to study findings [presented at The AASLD Liver Meeting](#).

MASLD, [the new name](#) for non-alcoholic fatty liver disease (NAFLD), and its more severe form, metabolic dysfunction-associated steatohepatitis (MASH, formerly known as non-alcoholic steatohepatitis, or NASH), are responsible for a growing proportion of advanced liver disease worldwide, in conjunction with a global rise in overweight and obesity. The buildup of fat in the liver can lead to inflammation, fibrosis, [cirrhosis](#) and even [liver cancer](#). With no effective approved medical therapies, disease management is dependent on lifestyle changes such as weight loss and exercise.

Research has shown that losing 5% of total body weight can help reverse liver fat accumulation, while 10% weight loss can reduce fibrosis. Clinical trials of lifestyle-based weight loss interventions for people with MASH have shown that about 30% and 10%, respectively, reach these weight loss targets. It is not clear whether standard hepatology care is enough to attain these benefits or whether a more dedicated intervention is needed.

In 2018, researchers at Rush University Medical Center developed a dedicated program called Weight Intervention in Liver Disease (WILD), a weight-loss program run by the university's hepatology clinic. Led by a hepatologist board certified in obesity medicine, the program was conducted by three advanced practice providers (APPs) with obesity certification. The participants' progress is assessed monthly as they receive nutrition and exercise interventions, behavior modification and weight-loss drugs.

For the study, the researchers looked at people with MASLD who had a body mass index over 30 (indicating obesity) or over 27 with a comorbidity. They retrospectively compared percent weight change among people in the dedicated program and those in a standard care program. The study included 71 people in the WILD program from October 2018 through March 2023 and 30 people who received standard hepatology care from January 2018 through December 2020.

The analysis included WILD participants who persisted in the program for at least six months, with at least two visits, and those who lost at least 10% of their body weight during the first six months.

Presenter Sarah Repking, NP, reported that 78% of people in the WILD program lost weight, with an average total body weight loss of 7.3%. In comparison, 40% of people receiving care lost weight, losing an average of 5.2% of their initial body weight. Among those who lost weight on the dedicated program, 44% achieved at least 5% total body weight loss, and 23% lost at least 10%. Among those who received standard care, 17% lost at least 5% and 7% lost at least 10% of their initial weight. Overall, the average weight loss was 4.8% among WILD participants versus 0.4% among standard care patients.

“A dedicated, intensive APP-directed weight intervention pathway embedded within a standard hepatology practice was more successful in helping patients achieve meaningful weight loss than standard hepatology APP-based care and published clinical trials for MASH,” the researchers concluded. “This data supports the development of APP-driven weight loss interventions in GI and hepatology specialties to most effectively manage the massive clinical burden of MASH.”

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