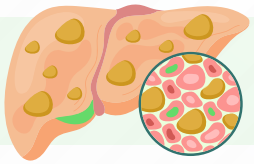
WILEY Funded Educational Content

Stepwise Risk Stratification and Holistic Care in MASLD

This infographic is intended for researchers and healthcare professionals and reflects the content of the following article:

Chen, L., Horn, P., & Tacke, F. (2026). Providing holistic care for patients with metabolic dysfunction-associated steatotic liver disease/metabolic dysfunction-associated steatohepatitis: Key aspects of clinical assessment and how to develop individualised care plans for surveillance and interventions. *Diabetes, Obesity and Metabolism.* https://doi.org/10.1111/dom.70545



Metabolic dysfunction-associated steatotic liver disease (MASLD) is a chronic condition characterised by the accumulation of excess fat in the liver cells and metabolic dysfunction

Currently, the Diagnosis of MASLD Accounts for:

Hepatic steatosis +

Low alcohol consumption (< 20 g/day for women and < 30 g/day for men) +

Any one cardiometabolic risk factor:

- Obesity
- Dysglycaemia
- Type-2 diabetes (T2D)
- Dyslipidaemia
- Hypertension

Over 30% of the world's adult population has MASLD

MASLD Progression

Simple steatosis → Metabolic dysfunction-associated steatohepatitis (MASH) → Fibrosis → Cirrhosis → Hepatocellular carcinoma (HCC)

Why Individualised Care Is Essential?

MASLD shows substantial heterogeneity among the affected population, driven by a range of factors

Sex | Genetic susceptibility | Cardiometabolic risk profile | Lifestyle factors | Socio-economic factors

Most patients with non-cirrhotic MASLD die from:

Cardiovascular disease (CVD) | Extrahepatic cancer

→ **Effective MASLD care requires a holistic approach** ←

Case-Finding and Risk Stratification

Most individuals with MASLD remain asymptomatic

"At-risk" populations for MASLD include:

- Individuals with T2D
- Individuals with obesity and additional cardiometabolic risk factors/metabolic syndrome
- Individuals with persistently elevated liver enzymes or imaging-confirmed hepatic steatosis

Stepwise assessment approach

Step 1: fibrosis-4

↓ > 1.3 (≤ 65 years) > 2.0 (> 65 years)

Step 2: vibration-controlled transient elastography or serum fibrosis marker assessment (enhanced liver fibrosis test)

↓ Indeterminate results

Step 3: liver biopsy in complex or ambiguous cases

Visit 10.1111/dom.70545 for additional resources

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Distinct Risk Profiles

Normal-weight MASLD: potentially higher risk of mortality and liver-related events

Overweight/obese MASLD: higher risks of HCC, extrahepatic cancer, and CVD

MetALD (metabolic dysfunction + moderate alcohol intake): higher risk of liver-related events and HCC compared to MASLD

Holistic Evaluation in MASLD Includes Assessment of:

Cardiometabolic risk
- Hypertension
- Dyslipidaemia
- T2D

Renal risk
- Chronic kidney disease

Cancer risk
- Colorectal cancer
- Breast cancer
- Uterine cancer
- Prostate cancer
- Lung cancer
- Kidney cancer
- HCC

Treatment of MASLD

Lifestyle modification

- Weight loss (≥ 10% for fibrosis regression)
- Mediterranean-style diet
- Reduced alcohol/sugar intake
- Regular physical activity

Addressing socio-economic constraints is important to ensure adherence

Pharmacologic treatments

Drugs approved for treating MASH with moderate-to-advanced fibrosis
- Resmetirom
- Semaglutide

Experimental drugs showing significant promise
- Tirzepatide
- Survodutide
- SGLT2 inhibitors (e.g., dapagliflozin)
- FGF21 analogues (e.g., efruxifermin)

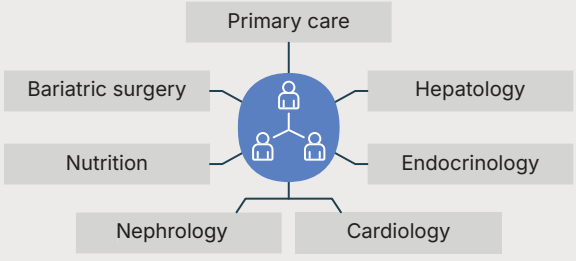
Phenotype-guided therapy may improve outcomes

Metabolic and bariatric surgery

Reserved for patients with BMI ≥ 40 kg/m² or ≥ 35 kg/m² with metabolic complications

Advantages of Integrated and Multiprofessional Care

Effective MASLD management requires a coordinated approach involving:



Escalation based on the severity of fibrosis

Specialised care from tertiary centres
- Advanced cirrhosis
- HCC
- Transplant needs

BMI: body mass index; SGLT2: sodium-glucose cotransporter 2; FGF21: fibroblast growth factor 21

Key message

MASLD management requires stepwise risk stratification with personalised care integrating multiple domains to promote quality of life

Reference

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