



Letters to the editor

Impact of new fatty liver disease nomenclature on primary care— celebration of gastroenterologists in a regional tertiary care hospital



Dear Editor,

We read the study by Rinella *et al.* [1] with great interest, which is a significant advance in the liver disease research field. The authors proposed to use steatotic liver disease (SLD) recapitulating hepatic steatosis of various etiologies, metabolic dysfunction-associated steatotic liver disease (MASLD) replacing nonalcoholic fatty liver disease (NAFLD), and MetALD distinguishing MASLD patients who intake more alcohol (140 to 350 g/week and 210 to 420 g/week for females and males respectively). It will help hepatologists, clinicians, and patients better understand, manage, and treat diseases. Here, we pondered the impact of new fatty liver disease nomenclature on primary care /community health care.

First, long-term surveillance management of any chronic disease will fall to community health care. With the promotion of ultrasound in primary care, community clinicians can better identify MASLD and establish health records for residents. Adding “metabolic dysfunction” to disease nomenclature can make clinicians calmer when explaining the condition to patients and convince patients when doing health education to patients. For example, for nonalcoholic steatohepatitis (NASH) patients with a high risk of advanced fibrosis, guidelines recommend using pioglitazone, a thiazolidinedione, or vitamin E to improve liver pathology and cardiovascular metabolism[2,3]. Previously, clinicians had to explain to patients the rules and reasons for using such drugs, and this process was much easier after renaming. Before renaming, clinicians faced with NAFLD patients with alcohol consumption needed to make seemingly contradictory diagnoses of “NAFLD” and “alcohol-related liver disease (ALD).” At the same time, the newly added MetALD avoided this embarrassment.

Second, replacing the exclusive, stigmatized terms “nonalcoholic” and “fatty” with the positive, descriptive “metabolic dysfunction” and “steatosis” makes it more acceptable for patients, especially adolescent pediatric patients. More importantly, it is easier for patients to understand and accept health education about MASLD and work with clinicians to manage it.

However, it is arduous for a new name for a disease to be accepted by the public overnight, which requires community clinicians to study at top medical institutions in the region from time to time and pay real-time attention to the latest advances in medical knowledge. Due to habits, ongoing clinical trials, published document literature, and others, it may still take 5-10 years for MASLD to replace NAFLD completely.

Funding

This research received no specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

<https://doi.org/10.1016/j.aohep.2024.101486>

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Declaration of interests

None.

Author contributions

Xingcen Chen: Writing – original draft, Writing – review & editing. Deliang Liu: Writing – original draft, Writing – review & editing. Rong Li: Writing – original draft, Writing – review & editing.

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Prevalence and mortality prognosis of steatotic liver disease phenotypes



To the editor,

We read the new nomenclature for steatotic liver disease (SLD) with great interest [1]. Given the existence of phenotypic heterogeneity of fatty liver, the extent to which these innovative SLD phenotypes (i.e., metabolic dysfunction-associated steatotic liver disease [MASLD], alcohol-related liver disease [ALD], and an overlap of the 2 [MetALD]) were associated with adverse events remains unclear.

We utilized data from the Third National Health and Nutrition Examination Survey (NHANES III), which comprised data on ultrasonography-measured steatosis [2]. The ethical review board of the National Center for Health Statistics approved the implementation of