## THE SILENT EPIDEMIC: THE NEED FOR GREATER FOCUS ON MAFLD

Dear Editor,

I am writing to draw attention to the growing concern of Metabolic Dysfunction-Associated Fatty Liver Disease (MAFLD), a new term for an old multisystem disorder, a term that replaced NAFLD in early 2020 (1). The global prevalence of MAFLD is estimated to be around 25- 32% of the adult population (2). This makes it one of the most common chronic liver diseases worldwide. The most common cause of MAFLD is primary NAFLD, a condition where excess fat accumulates in the liver without alcohol consumption, associated with insulin resistance and its manifestations: obesity, visceral adiposity, type 2 diabetes mellitus, hypertriglyceridemia, and arterial hypertension. Thus, up to 95% of obese persons and 75% of patients with type 2 diabetes mellitus are likely to have NAFLD. NAFLD is one of the major causes of chronic liver disease that starts with steatosis, the development of fibrosis, and progress to cirrhosis and hepatocellular carcinoma. NAFLD among patients with T2DM is 2-3-fold higher than that in the general population, or between 60-70% (3). The diagnostic criteria of MAFLD have been defined as: 1. the presence of hepatic steatosis diagnosed by ultrasound AND either a 2a. diagnosis of obesity, 2b. a diagnosis of diabetes mellitus, or 2c. metabolic dysfunction, which may include one or more of the following criteria: waist circumference greater than 102 cm (cm) in males and 88 cm in females, blood pressure greater than 130/85 mmHg or under medication, triglyceride content above 150 mg/dL or with treatment, HDL-C content less than 40 mg/dL in males and less than 50 mg/dL in females, prediabetes or diabetes mellitus, insulin resistance scores (HOMA-IR) more significant or equal to 2.5, or C-Reactive Protein levels above 2 mg/L (4). The shift to MAFLD highlights the importance of addressing metabolic risk factors in treating liver disease, emphasizing lifestyle changes, weight management, and managing comorbid conditions like diabetes and hypertension. The prevalence of MAFLD is increasing in pediatrics, also. The estimated prevalence of MAFLD in the general pediatric population is between 5% and 11%. However, this rate increases to 30% to 50% in children and adolescents who are obese (5), so it is imperative to facilitate better and improve the liver health and management of pediatric patients with obesity.

The cornerstone of managing MAFLD is weight loss, as even a 5-10% reduction in body weight can significantly reduce liver fat and inflammation (6). Currently, there are no FDA-approved medications specifically for MAFLD, but drugs used to manage related conditions can help manage the disease. Efforts to address the underlying metabolic dysfunction, promote healthier lifestyles, and improve early detection and management are crucial to curbing the prevalence and impact of MAFLD.

Detailed studies on MAFLD are essential to advancing our knowledge of the disease and improving both individual patient outcomes and public health strategies. From improving early diagnosis to developing effective treatments and preventive measures, comprehensive research will pave the way for better management of MAFLD and its related complications. It also provides an opportunity to address the growing global burden of metabolic and liver diseases, ultimately leading to more personalized and practical approaches to tackling this increasingly prevalent condition.

Thank you for considering this important issue.

Sincerely,
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## References


1. Eslam M, Newsome PN, Sarin SK, et al. A new definition for metabolic dysfunction-associated fatty liver disease: an international expert consensus statement. J Hepatol. 2020;73(1):202-209. https://doi.org/10.1016/j.jhep.2020.03.039
2. Riazi K, Azhari H, Charette JH, et al. The prevalence and incidence of NAFLD worldwide: a systematic review and meta-analysis. Lancet Gastroenterol Hepatol. 2022;7(9):851-861. https://doi.org/10.1016/S2468-1253(22)00165-0
3. Ajmera, Veeral et al. A prospective study on the prevalence of NAFLD, advanced fibrosis, cirrhosis and hepatocellular carcinoma in people with type 2 diabetes. Journal of Hepatology, 2023;78(3): 471 – 78. http://doi.org/10.1016/j.jhep.2022.11.010
4. Lin S, Huang J, Wang M, et al. Comparison of MAFLD and NAFLD diagnostic criteria in real world. Liver Int. Off. J. Int. Assoc. 2020; 40(9):2082–9. https://doi.org/10.1111/liv.14548
5. Jennifer Panganiban, Mohit Kehar, Samar H. Ibrahim, Phillip Hartmann, Marisa Censani, et.al. Metabolic Dysfunction-Associated Steatotic Liver Disease (MASLD) in Children with Obesity: An Obesity Medicine Association (OMA) and Expert Joint Perspective 2025, Obesity Pillars, 2025, 100164, ISSN 2667-3681, https://doi.org/10.1016/j.obpill.2025.100164
6. Beygi M, Ahi S, Zolghadri S, Stanek A. Management of Metabolic-Associated Fatty Liver Disease/Metabolic Dysfunction-Associated Steatotic Liver Disease: From Medication Therapy to Nutritional Interventions. Nutrients. 2024;16(14):2220. Published 2024 Jul 11. https://doi.org/10.3390/nu16142220