

SPECIAL COMMUNICATION

PAKISTAN SOCIETY OF HEPATOLOGY (PSH) POSITION STATEMENT: RENAMING NON-ALCOHOLIC FATTY LIVER DISEASE (NAFLD) TO STEATOTIC LIVER DISEASE (SLD), ENDORSEMENT OF NEW MULTI- SOCIETY NOMENCLATURE

Zeeshan Ali¹, Mariam Riaz¹, Altaf Alam², Javed Iqbal Farooqi³

¹Department of Medicine, Jinnah Postgraduate Medical Center, Karachi-Pakistan

²Evercare Hospital Lahore-Pakistan

³Al-Hayat Clinic Peshawar-Pakistan

INTRODUCTION

The Nomenclature of diseases intends to have a system whereby diagnosis can be suitably catalogued without ambiguity or confusion. Therefore, the nomenclature of nonalcoholic fatty liver disease (NAFLD) and nonalcoholic steatohepatitis (NASH), is ambiguous owing to perplexity in terms of aetiology and possible stigmatizing language. To address these concerns, there is an apparent need for change in the current nomenclature.

Why a Name Change?

The dilemmas of NAFLD and NASH nomenclature include the fact that NAFLD pathophysiology involves the buildup of fatty acid in hepatocytes (steatosis), liver injury & inflammation which leads to fibrosis.¹⁻³ Many of these patients have associated obesity and cardiometabolic risk factors like dyslipidaemia, hypertension & type 2 diabetes mellitus.^{4,5} While the term “nonalcoholic” does not truly describe the aetiology. Another certainty is that individuals who consume alcohol above the threshold defined for the nonalcoholic nature of the disease are not incorporated by the current nomenclature of NAFLD. Hence, there emerges a need for a nomenclature which not only encompasses the various pathophysiological processes of hepatic steatosis but also accommodates alcohol intake and its association with liver fat accumulation.

Secondly, as we know nomenclature is a systematic means of identifying the disease process but on the other hand if it creates or exacerbates stigma that can contribute to health inequalities then it becomes difficult for patients to accept it & the community to address it. NAFLD is the term in which the words “fatty” as well as “non-alcoholic” are considered stigmatizing in most of our society. This is claimed to be adversely affecting patients’ social rights by developing stereotypes and ignominy.⁶ Therefore such stigmatizing terms should be avoided in the best possible way.

This fact of change in nomenclature was also previously intimated in a few publications which propose the need to change NAFLD to metabolic

dysfunction associated fatty liver disease (MAFLD)^{7,8} as this will better encompass different etiological aspects of the disease.⁹ But this again continues to use the word “fatty” which does not dispel the stigmatizing term.

Recommendations:

We recommended using terminology which is non-stigmatizing, positive and pervasively encompasses the various pathophysiological factors of hepatic steatosis. This purpose is served by using the broad term Steatotic Liver Disease, which will include all causes of hepatic fat accumulation and uses Metabolic Dysfunction Associated Steatotic Liver Disease (MASLD) to replace NAFLD. It not only banishes the stigma but also justifies the majority of the pathophysiological aspects of the disease including alcohol and other causes.^{10,11} The European Association of the Study of Liver (EASL) & American Association of Study of Liver Diseases (AASLD) along with many other societies of different disciplines including but not limited to the American Association of Clinical Endocrinologists (AACE) & American Diabetes Association (ADA) have proposed the new nomenclature.

We are adopting the new terminology. The new nomenclature implements the following:

- Steatotic liver disease (SLD) is a broad term which incorporates hepatic steatosis seen on any imaging study of the liver regardless of cause.
- Any SLD based on any imaging may be positively diagnosed MASLD if any of the five cardiometabolic risk factors mentioned in Table 1.
- The term NASH will be replaced by Metabolic Dysfunction-associated Steatohepatitis (MASH).
- Those patients who have MASLD and consume alcohol which is above the threshold range (Figure-1) will now be categorized as metabolic dysfunction-associated alcoholic liver disease (MetALD) or Alcoholic Liver Disease (ALD) with metabolic risk factors.
- Those SLD patients with no identified metabolic parameters will be labelled as having single aetiology or cryptogenic.

Table-1

Metabolic Criteria	
Obesity	BMI>25kg/m ² or WC >90cm (M), 80cm (F)
Diabetes or Prediabetes	FBS >100mg/dl or PPG >140mg/dl or A1c > 5.7
Hypertension	>130/80mmHg or Taking anti-HTN medications
Triglyceride	>150mg/dl or lipid lowering medications
HDL	<40mg/dl (Male) or <50mg/dl (Female) or Lipid lowering medications

CONCLUSION

For better patient vantage we should embrace a terminology which is positive, non-stigmatizing, and pervasively encompasses the various

pathophysiological causes of hepatic steatosis. The disease aetiology is heterogeneous, including steatosis with at least one of the cardiometabolic risk factors. The Pakistan Society of Hepatology (PSH) have given a positive appraisal to the new nomenclature of NAFLD to SLD.

Our incentive is to classify steatotic liver disease in WHO Non-Communicable Disease (NCD) class and include it in sustainable development goals (SGD), so more funds may be diverted for steatotic liver disease (SLD) research and patient care on a priority basis. We also invite all prestigious societies' leadership to come forward and join hands to endorse this new terminology to work together for the patient's well-being.

Figure-1

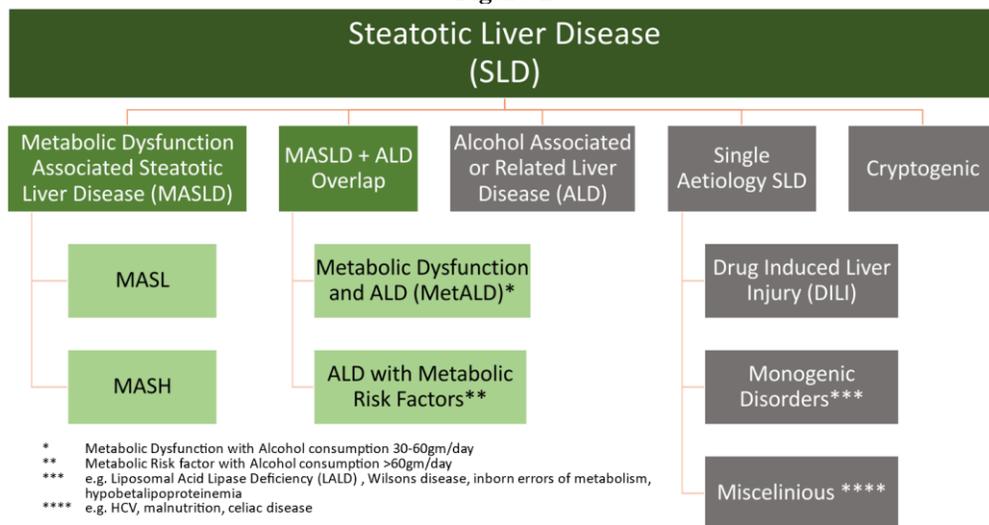
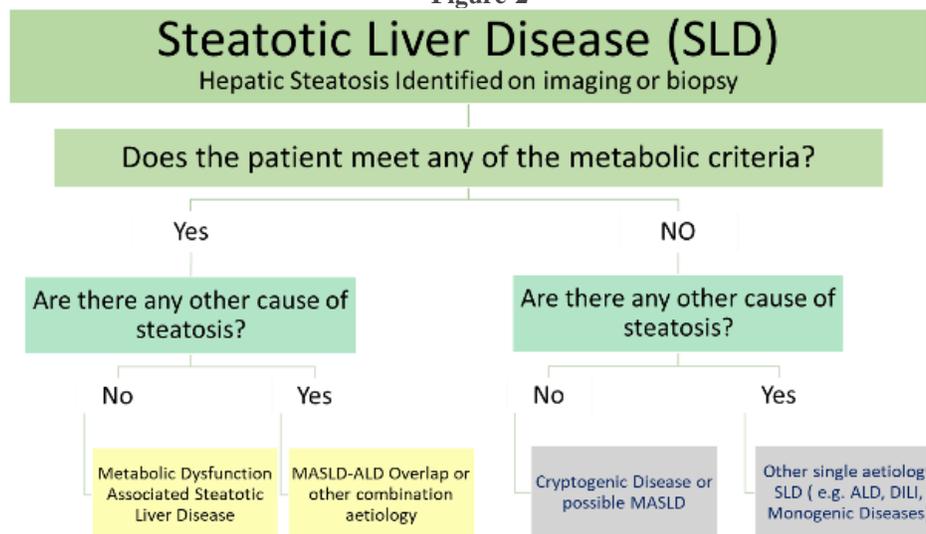


Figure-2



AUTHORS CONTRIBUTION

ZA conceived, designed, and did a literature review & editing of the manuscript, and is responsible for the integrity of the research. MR did the manuscript writing. AA & JIF did review and final approval of the manuscript.

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PSH will be paying all charges related to material & Extra prints for distribution during our upcoming annual conference if approved.

Pakistan Society of Hepatology (PSH) Position Statement:

Renaming Non-Alcoholic Fatty Liver Disease (NAFLD) to Steatotic Liver Disease (SLD)-, Endorsement of New Multi-Society Nomenclature.

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Address for Correspondence

Dr. Zeeshan Ali, FCPS. Associate Professor, Head of Medical Unit-IV. Jinnah Postgraduate Medical Centre Rafiqui Shaheed Road, Karachi-Pakistan

Cell: +92 321 1000393

Email: dr.zeeshan.j@gmail.com