



MAFLD: Highlighting Fatty Liver Disease

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Commentary

For decades the term non-alcoholic fatty liver disease (NAFLD) has been used to describe the accumulation of fat in the liver in the absence of other causes, specifically excess alcohol intake [1]. In 2019, the worldwide incidence of NAFLD was 29.8% [2]; last year (2022), the reported worldwide incidence was 32.4% [3]. The increase in the global prevalence of NAFLD accompanied by changes in the lifestyle of people around the world has brought to light the need to find a new concept that encompasses the complexity of the disease and does not rely exclusively on the absence of other causes [1].

In 2020, a consensus of NAFLD, with the purpose of recognizing and highlighting the complexity and the heterogeneity of this disease. The new term proposed is metabolic dysfunction-associated fatty liver disease (MAFLD), this new concept frames the disease as the hepatic manifestation of a major metabolic disorder [4]. According to the American Association for the Study of Liver Diseases (AASLD), the diagnosis of NAFLD is currently based on the absence of significant alcohol intake, which is subjective and difficult to evaluate in clinical practice [5]. The change in terminology to MAFLD is accompanied by a set of positive diagnostic criteria that complement and justify the use of this new term, including: overweight or obesity, type 2 diabetes, or evidence of metabolic dysfunction [4].

Nevertheless, three years have already passed since MAFLD has been proposed as a redefinition of NAFLD. The acceptance and use of the term MAFLD has been endorsed by stakeholders from different medical disciplines and fields of health sciences from more than 134 countries around the world [6]. This has raised the interest in fatty liver disease and with it the MAFLD vs. NAFLD debate has also gained prominence among experts, there remain a significant number of challenges to be faced in order for this term to be globally accepted [7].

The first challenge is to achieve an international consensus that is inclusive in taking into account experts and members of the academic and clinical community, transparent in the construction process and objective in the decisions to be made, in order to achieve a universal definition and lead to the creation of new guidelines to direct patient care [7].

The second challenge is the process of adapting the term MAFLD to day-to-day clinical practice, which will differ depending on the region and the predominant health care system in each part of the world. Fatty liver disease has been considered an underdiagnosed disease, mainly due to the use of exclusion criteria for its diagnosis. The process of discarding the coexistence of other diseases before a diagnosis of NAFLD can be made, generates dilemmas among physicians as well as barriers in clinical practice. [8] The implementation of the simple and positive diagnostic criteria for MAFLD aims to combat these dilemmas and facilitate clinical practice [4].

Recently, it has been seen that using the term MAFLD in everyday life has brought attention not only from stakeholders, but also from patients, clinicians, health care systems, etc., which has resulted in an increase in the number of publications on this topic, in just two years publications on MAFLD have caught up with those on NAFLD in the last 15 years. This shows the acceptance of MAFLD implementation by the academic community. It is expected that in the next two years this acceptance will be increasing [6].

The change in the terminology of fatty liver disease was not intended to create debate among the medical community, it was made with the purpose of improving patient care [9]. There is a growing concern about stigmatizing patients by using terms such as "fatty" in the definitions of fatty liver disease. Nevertheless, in a survey of patients, it was found that more than 50% prefer not to use the word "alcohol" in the description of the disease. On the other side, the word fatty is considered to be non-stigmatizing for more than 80% of the patients [10]. Although the stigma around diseases will always exist. It is necessary to use a term that balances disease stigma, that is easy for anyone to understand and that highlights the complexity of the disease.

The terminology we use today has not remained the same. Through the years, modifications have arisen, supported by evidence and knowledge. Technology has allowed us to understand complex pathophysiological processes and to understand the course of diseases over time. [11]. In recent years the pathophysiological mechanisms of fatty liver disease have become clearer and the preference for the use of the term MAFLD seems to be the most appropriate. Nonetheless, there is still a long way to go. The necessity to create an

international consensus that consolidates all the evidence, knowledge and opinions is increasing day by day.

Therefore, we consider that renaming NAFLD to MAFLD is the appropriate approach to adopt. It not only translates years of study of fatty liver disease into day-to-day clinical practice. It also recognizes that it is not an isolated disease and that many factors are involved in its development. Although there are still many challenges to be addressed, adopting the use of MAFLD is just the starting point for improving the care of patients with fatty liver disease.

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