AASLD and its members are proud to have been one of the leading multinational liver societies that developed and finalized the new nomenclature for liver disease, which was announced in June 2023.

What to know about the new nomenclature:
- Steatotic liver disease (SLD) was chosen as an overarching term to encompass the various aetiologies of steatosis.
- The term steatohepatitis was felt to be an important pathophysiological concept that should be retained.
- Nonalcoholic fatty liver disease (NAFLD) will now be metabolic dysfunction-associated steatotic liver disease (MASLD). MASLD encompasses patients who have hepatic steatosis and have at least one of five cardiometabolic risk factors.
- A new category, outside pure MASLD, termed MetALD (pronunciation: Met A-L-D) was selected to describe those with MASLD who consume greater amounts of alcohol per week (140 g/week and 210 g/week for females and males respectively).
- Metabolic dysfunction-associated steatohepatitis (MASH) is the replacement term for NASH.
- Those with no metabolic parameters and no known cause have cryptogenic SLD.

No More NAFLD
The nomenclature is changing.

See inside for AASLD's MASLD Decision Tree
About Steatotic Liver Disease (SLD)

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AASLD's MASLD Decision Tree

Explanations At A Glance

START HERE
- Does the patient have elevated liver enzymes?
  - ALT > 33 males
  - ALT > 25 females

- Have you ruled out Hepatitis B, C or other causes of chronic liver disease?
  - Check Hepatitis C Ab with Reflex to PCR
  - Hepatitis BsAg, sAb, cAb
  - Ceruloplasmin
  - Immunoglobulins
  - ANA, ASMA, AMA
  - Iron Studies
  - Celiac Antibodies
  - Alpha-1-AT levels
  - OR
  - Rule out other underlying etiologies of liver diseases

- Does the patient have hepatic steatosis?
  - As identified by...
    - Imaging
    - Biopsy

- Does the patient have features suggestive of cirrhosis?
- The patient has steatotic liver disease.
- Does the adult patient meet any one of the cardiometabolic criteria?
- Blood pressure ≥ 130/85 mmHg
- OR specific antihypertensive drug treatment
- Plasma triglycerides ≥ 1.70 mmol/L [150 mg/dL]
- OR lipid lowering treatment
- Plasma HDL-cholesterol ≤ 1.0 mmol/L [40 mg/dL]
  - (M) and ≤ 1.3 mmol/L [50 mg/dL] (F)
  - OR lipid lowering treatment

- Adult Criteria
  - At least 1 out of 5:
    - BMI ≥ 25 kg/m² [23 Asia] OR WC > 94 cm (M)
      - 80 cm (F) OR ethnicity adjusted
    - Fasting serum glucose ≥ 5.6 mmol/L [100 mg/dL]
      - OR 2-hour post-load glucose levels ≥ 7.8 mmol/L
      - [≥ 140 mg/dL] OR HbA1c ≥ 5.7% [39 mmol/L] OR type 2 diabetes OR treatment for type 2 diabetes
    - Blood pressure ≥ 130/85 mmHg
      - OR specific antihypertensive drug treatment
    - Plasma triglycerides ≥ 1.70 mmol/L [150 mg/dL]
      - OR lipid lowering treatment
    - Plasma HDL-cholesterol ≤ 1.0 mmol/L [40 mg/dL]
      - (M) and ≤ 1.3 mmol/L [50 mg/dL] (F)
      - OR lipid lowering treatment

- Are there any other causes of steatosis, such as ALD, Drug-Induced Liver Injury (DILI), Monogenic diseases or Miscellaneous (see SLD Classifications)?

- Your patient has primarily ALD.
- Your patient has Met-ALD.
- Your patient has MASLD.
- Your patient may have Metabolic Dysfunction Associated Steatotic Liver Disease cirrhosis.
  - *We also encourage you check for other discernable causes.

- Does the patient regularly drink alcohol (140-350 g/week (20-50 g/day) for females or 210-420 g/week (30-60 g/day) for males)?

- Does your patient regularly drink >50 g/day for females or >60 g/day for males?

- Your patient may have Met-ALD.
  - *Multiple etiologies may coexist in a patient, thus exclude other causes of liver disease as appropriate.

- Your patient has MASLD.
  - *Multiple etiologies may coexist in a patient, thus exclude other causes of liver disease as appropriate.

- Your patient may have cryptogenic SLD or possible MASLD.

- See Practice Guideline

No, it is likely not Metabolic Dysfunction Associated Steatotic Liver Disease.

Yes

You should investigate for other underlying liver etiologies

Yes

Your patient has Met-ALD.

*Multiple etiologies may coexist in a patient, thus exclude other causes of liver disease as appropriate.

No

Does the patient have hepatitis steatosis?

Does the patient have hepatic steatosis?

No

The patient has steatotic liver disease.

No

Does the patient have features suggestive of cirrhosis?

Yes

Your patient may have Metabolic Dysfunction Associated Steatotic Liver Disease cirrhosis.

*We also encourage you check for other discernable causes.

Yes

Your patient has MASLD.

*Multiple etiologies may coexist in a patient, thus exclude other causes of liver disease as appropriate.

No

Your patient has primarily ALD.

Are there any other causes of steatosis, such as ALD, Drug-Induced Liver Injury (DILI), Monogenic diseases or Miscellaneous (see SLD Classifications)?
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Get familiar with new names and classifications, including SLD, MASLD, MASH and MetALD, in our joint publication.

To get resources at your fingertips, visit aasld.org/new-naflld-nomenclature.