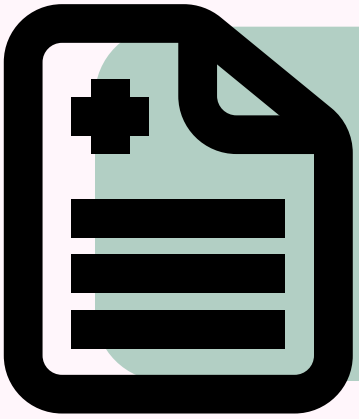
CIRRHOSIS IS PREVENTABLE!
SCREENING FOR STEATOTIC LIVER DISEASE (SLD) IN INDIAN HEALTH SERVICE (IHS) PRIMARY CARE SETTINGS

01.

Know the new terminology

In 2023 the liver societies changed the preferred nomenclature to be more patient-centered. Gone are NAFLD/NASH, etc and now we use the terms MASLD, Met-ALD and ALD to describe the spectrum of metabolic risk factors and alcohol consumption contributing to chronic liver disease. MASLD, Met-ALD and ALD are all types of SLD (steatotic liver disease).



Make the diagnosis

To make a diagnosis of MASLD you need 2 things:

- **Imaging** that confirms steatosis. This can be a CT, FibroScan (liver elastography), or RUQ Ultrasound
- 1 or more **metabolic risk factors** (see list)

**be sure to screen for alcohol use to ensure that you haven't missed Met-ALD or ALD, consider PEth testing

02.

03.

Risk Stratify - how bad is their SLD?

How can we know which patients with MASLD/Met-ALD/ALD we should be most worried about? If they have fibrosis (liver scaring) they are at higher risk of progression and complications. Tests like FibroScan tell us how much scaring they have.
If age <65 → FIB-4 > 1.3 → FibroScan
If age >65 → FIB-4 >2.0 → FibroScan

Pearl about how to start

There are many categories of patients we should be screening for advanced fibrosis (F3/F4 liver fibrosis), but if you want to start with just one: think about all of your patients with Type 2 Diabetes! Start to add a FIB-4 calculation assessment to your DM checklist (UACR, statin, ACEi/ARB, etc. and FIB-4!). Locate a clinic/hospital nearby that performs FibroScans, and start referring!

04.