

## The American Diabetes Association's FIRST dedicated guidelines for

### The management of Metabolic LIVER disease in Persons with Diabetes

The **American Diabetes Association (ADA)** officially began focusing on **MASLD (metabolic dysfunction-associated steatotic liver disease)** in **2023**, when it updated its nomenclature—replacing the terms “NAFLD” (non-alcoholic fatty liver disease) and “NASH” (non-alcoholic steatohepatitis) with **MASLD** and **MASH**, respectively. Before this, the liver was not prominently prioritized in the same way that heart, kidneys, eyes, nerves and blood vessels were, yet a growing number of persons (at least 70%) with type 2 diabetes have MASLD.

In January, the ADA 2025 Standards of Medical Care in Diabetes fully integrated the MASLD terminology and provided formal recommendations for screening and management. In May of this year, the ADA published a separate consensus report that *includes a comprehensive clinical framework with strategies for screening, referral, and treatment specifically for persons with diabetes.*

Sections of this report include:

- [Section 1. Clinical Definitions and Nomenclature Change From NAFLD to MASLD](#)
  - [Section 2. Epidemiology: Magnitude of the Problem](#)
  - [Section 3. Diagnosis](#)
  - [Section 4. Treatment](#)
  - [Section 5. The Need to Develop Interprofessional Teams](#)
  - [Section 6. Diabetes Management in Cirrhosis](#)
  - [Section 7. Diabetes and HCC](#)
  - [Section 8. Alcohol Intake and Liver Health](#)
- NOTE: It's worth it to take a look at the supplementary tables too!
- And, at the bottom of this document, find a SMARTPHRASE you can use

Summary of NEW recommendations: **TO be incorporated in with EYE, KIDNEY & FOOT screening!**

#### **Step 1: SCREEN**

- a. Order AST, ALT, Platelets annually
- b. Auto-calculate FIB-4 (Age, AST, ALT, Platelets)

#### **Step 2: INTERPRET FIB-4**

FIB-4 Range	Interpretation	Next Step
< 1.3	Low Risk	Manage in clinic with lifestyle and treatment of comorbidities. Repeat Annually
1.3 – 2.67	Intermediate Risk: Need further Risk stratification	Order a second test for risk stratification such as the liver stiffness measurement (LSF), with transient elastography (VCTE). <ul style="list-style-type: none"><li>• If LSF &lt; 8 kPa, continue to follow and repeat in 1 -2 years</li><li>• If LSF &gt; 8 kPa, REFER to Gastroenterology or Hepatology</li></ul> If not VCTE) available, consider Enhanced Liver Fibrosis Test (ELF)
≥ 2.67	HIGH RISK	REFER to Gastroenterology or Hepatology

### Step 3: Management – Non-Drug: Comprehensive Risk Reduction:

WEIGHT LOSS	NUTRITION	PHYSICAL ACTIVITY	ALCOHOL	BEHAVIORAL HEALTH
<ul style="list-style-type: none"> <li>~ 5% reduction reduces steatosis</li> <li>~ 7-10% can REVERSE steatohepatitis and liver fibrosis</li> <li>Calorie deficit WITH coaching</li> </ul>	<ul style="list-style-type: none"> <li>High Fiber</li> <li>Whole foods</li> <li>Low saturated fat</li> <li>No added sugar</li> <li>WATER is best</li> </ul> Avoid ultra processed foods	<ul style="list-style-type: none"> <li>150 min/week of moderate-intensity aerobic activity</li> <li>2 -3 days with resistance</li> <li>Flexibility</li> </ul>	<ul style="list-style-type: none"> <li>Assess</li> <li>Minimize or abstain</li> </ul>	<ul style="list-style-type: none"> <li>Stress Reduction</li> <li>SCREEN for depression/anxiety annually and REFER</li> <li>Adequate sleep</li> <li>Smoking cessation</li> </ul>

DSMES – Diabetes Self-Management and Education Support	<ul style="list-style-type: none"> <li>REFER to a DSMES program to support behavior change and help persons make and meet goals</li> <li>Include other team members to enhance care</li> </ul>
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### Step 3: Management: Drug Therapy Choices

Drugs that can improve MASLD:	GLP1-RA OR Dual GIP/GLP1-RA	SGLT2-I ("flozins")	Pioglitazone	Resmetirom
Use for:	<ul style="list-style-type: none"> <li>Most data to support potential beneficial effects in MASLD and MASH*</li> <li>Larger weight loss</li> <li>Reduce cv risk</li> <li>Renal protection</li> </ul> *semaglutide FDA approved MASH and moderate-to-advanced fibrosis	<ul style="list-style-type: none"> <li>Data to support potential benefit in hepatic steatosis</li> <li>Weight loss</li> <li>Reduce cv risk</li> <li>Renal protection</li> </ul>	<ul style="list-style-type: none"> <li>Data to support potential beneficial effects in MASLD and MASH*</li> <li>Better in combo with GLP1-RA or SGLT2-i</li> <li>Generic, once-daily oral tab</li> </ul>	FDA approved for noncirrhotic MASH with moderate to advanced liver fibrosis
Pre-cautions:	<ul style="list-style-type: none"> <li>Contraindicated in persons with chronic pancreatitis, thyroid cancer, pregnancy, severe GI disease</li> </ul>	<ul style="list-style-type: none"> <li>Avoid in persons with risk of DKA, frequent UTIs</li> </ul>	Dose-dependent weight gain AVOID in persons at risk for heart failure	Selective thyroid hormone receptor beta agonist: to be used by specialists only

#### Reference:

Kenneth Cusi, Manal F. Abdelmalek, Caroline M. Apovian, Kirthikaa Balapattabi, Raveendhara R. Bannuru, Diana Barb, Joan K. Bardsley, Elizabeth A. Beverly, Karen D. Corbin, Nuha A. ElSayed, Scott Isaacs, Fasiha Kanwal, Elizabeth J. Pekas, Caroline R. Richardson, Michael Roden, Arun J. Sanyal, Jay H. Shubrook, Zobair M. Younossi, Mandeep Bajaj; Metabolic Dysfunction–Associated Steatotic Liver Disease (MASLD) in People With Diabetes: The Need for Screening and Early Intervention. A Consensus Report of the American Diabetes Association. *Diabetes Care* 20 June 2025; 48 (7): 1057–1082. <https://doi.org/10.2337/dci24-0094>

<https://diabetesjournals.org/care/article/48/7/1057/160536/Metabolic-Dysfunction-Associated-Steatotic-Liver>

SMARTPHRASE:

.MASLD

\*\*MASLD (Metabolic dysfunction-associated steatotic liver disease) Screening & Management\*\*

FIB-4 calculated: \*\*\*[auto-insert FIB-4 result]\*\*\*

INTERPRETATION:

- <1.3 = Low risk → repeat annually in diabetes clinic.
- 1.3–2.67 = Intermediate risk → order VCTE (FibroScan).
  - If <8.0 kPa → continue in clinic, repeat annually.
  - If ≥8.0 kPa → refer hepatology.
  - If VCTE unavailable → order ELF.
    - <9.8 = low risk, repeat annually.
    - ≥9.8 = refer hepatology.
- ≥2.67 = High risk → direct hepatology referral.

MANAGEMENT:

- Lifestyle: encourage 7–10% weight loss; Mediterranean diet; ≥150 min/wk exercise.
- Medications with MASLD benefit: GLP-1 RA / dual GIP-GLP-1 RA, SGLT2 inhibitor, consider pioglitazone if appropriate.
- Avoid Vitamin E in diabetes.
- Resmetirom (Rezdiffra): hepatology referral for F2–F3 fibrosis (non-cirrhotic).
- Cardiometabolic care: optimize BP, lipids, smoking cessation; statins safe and indicated.
- Vaccinate: Hep A & B.

FOLLOW-UP:

- Low risk → repeat FIB-4 annually.
- Intermediate/high risk → follow hepatology recommendations.