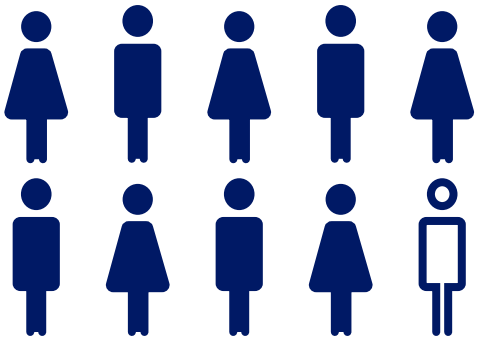
Metabolic dysfunction associated steatohepatitis (MASH)

A ‘silent disease’ linked to obesity, diabetes, and cardiovascular risk



MASH is a **chronic, progressive,** at times **asymptomatic liver condition affecting millions** – yet **9 out of 10*** cases are **never diagnosed**[1-3]

More than 1 in 3 people with obesity already have MASH[4]

The prevalence of MASH is high in people with cardiometabolic conditions and risk factors, such as overweight and obesity[4,5]

MASH is linked to reduced quality of life, including higher rates of depression, anxiety, and stress[6]

More than 1 in 3 people with obesity experience asymptomatic MASH, as well as a **2.5X higher risk of CVD**[3,7]

As **cardiometabolic factors drive both MASH and CVD**, prioritising interventions with **proven cardiovascular benefits offer potential dual-benefit management**[3,5,7]

IF IDENTIFIED EARLY, MASH PROGRESSION CAN BE STOPPED AND POTENTIALLY REVERSED[8]

Rethink Obesity®

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Managing MASH requires a multi-pathway approach – targeting weight, fibrosis, and inflammation

Global consensus
Guidelines from the **US, Europe,** and **Japan** recommend **weight loss as a foundational approach to managing MASH**[9–13]

Histological improvement
The **AASLD** recommends a **weight loss of ≥3–5%** to **improve steatosis** and a **≥10% weight loss** to **improve most histological features of MASH**[14]

Liver stabilisation
The **AGA** states that **≥5–10% weight loss** can **decrease hepatic steatosis and help stabilise MASH**[15]

A healthy diet, exercise and weight reduction can help improve MASH parameters[9]

Insulin sensitivity improves

Improved **glycaemic control** and **reduced insulin resistance,** supporting **long-term diabetes remission**[16]

Liver biomarkers improve, including:

- A **≥17 IU/L drop in ALT**[9]
- A **reduction in ELF**[9]
- **Reduction in liver stiffness (kPa)**[9]
- A comprehensive **improvement in tissue inflammation and fibrosis**[9]

Cardiovascular risk reduces

≥10% weight loss can significantly reduce CVD risk, driven by **improvements in blood pressure, lipids, and glycaemic control**[16,17]

SPEAK TO YOUR PATIENTS TO IMPROVE THE CHANCE OF DETECTING AND REVERSING MASH – SUPPORTING BETTER OUTCOMES.

The material is intended for healthcare professionals' educational purposes only.

*The referenced study cohort was based on a population study in Spain, France, Germany, Italy, and the United Kingdom in 2018.

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