MyCardioAdvocate™

MASH & Fatty Liver Disease

Barking up the wrong tree — when liver enzymes get blamed on statins but the real culprit is metabolic disease

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Why This Matters

Metabolic-associated fatty liver disease (MASLD, formerly NAFLD) and its inflammatory variant MASH are epidemic. What many patients and clinicians miss: **cardiovascular disease is the #1 cause of death in MASLD patients**—not liver failure. MASLD is both a consequence of metabolic disease and a marker of cardiometabolic risk. It is a core component of **CKM syndrome** and frequently coexists with insulin resistance, obesity, dyslipidemia, and hypertension.

Why MASLD Flies Under the Radar

- **Statin blame:** Mildly elevated ALT/AST are routinely attributed to statins, leading clinicians to discontinue them. In reality, MASLD is far more common.
- **Diagnostic gap:** Liver biopsy—the only way to distinguish simple steatosis from MASH—is rarely performed. Many patients never know they have progressive fibrosis.
- **CV risk underestimated:** MASLD is treated as a liver problem, not a cardiometabolic one.
- **Metabolic links ignored:** MASLD reflects insulin resistance and dyslipidemia; treating only the liver misses the bigger picture.

What Changed in 2026

The FDA approved **resmetirom (Rezdiffra)**, the first dedicated therapy for MASH. This marks a watershed moment: we now have a disease-modifying agent that improves liver histology. Semaglutide (GLP-1 RA) is emerging as a powerful tool for both weight loss and MASH reversal in metabolic disease. These advances reinforce the metabolic roots of MASLD and the centrality of cardiometabolic risk reduction.

MyCardioAdvocate™ Checklist: MASLD

1. Don't Blame Statins for Mild ALT Elevation

Elevated ALT/AST in a patient on statins is more likely MASLD than statin-induced hepatitis. Discuss with your doctor before stopping a cardioprotective agent.

2. Understand Your Liver Status

Ask: Do I have simple fatty liver (steatosis) or MASH? Ultrasound is a start, but elastography or biopsy may be needed to stage fibrosis. Know your risk level.

3. Address the Metabolic Root Cause

Weight loss, insulin resistance treatment, and cardiometabolic risk reduction are foundational. Discuss GLP-1 RA, SGLT2i, or other agents with your doctor.

4. Discuss Resmetirom if You Have MASH

If you have biopsy-proven MASH, resmetirom is an option. Ask your hepatologist or cardiometabolic specialist about candidacy.

5. Don't Forget CV Screening

MASLD is a cardiometabolic disease. Ensure your BP, lipids, glucose, and overall CV risk are optimized.

On the Horizon

Liraglutide & Semaglutide in MASH

GLP-1 RAs are being studied as metabolic modifiers for MASH. Early data suggest weight loss and inflammation reduction translate to histologic improvement. These may become first-line adjuncts to lifestyle.

Future Lp(a)-Lowering Therapies

New antisense oligonucleotides (ASOs) targeting Lp(a) are in late trials. If Lp(a) contributes to CV risk in MASLD, these may add another tool to our armamentarium.

Key Takeaways

- MASLD is epidemic and metabolic in origin—CV disease, not liver failure, is the primary threat.
- Don't blame statins for mild ALT elevation; MASLD is far more common.
- Resmetirom is the first FDA-approved MASH therapy; GLP-1 RA shows promise for metabolic reversal.
- Treat the whole picture: weight, glucose, lipids, BP, and CV risk—not just the liver enzymes.

Next Steps & Related Content

- Request clarification on your liver status: simple steatosis or MASH?
- If on a statin, discuss continuing it despite mild ALT elevation—ask about MASLD as a cause.
- Review related briefs: **CKM Syndrome**, **Visceral Adiposopathy**, **GLP-1 RA Overview**.

Disclaimer: This brief is educational and does not replace professional medical advice. Always consult your healthcare provider before making changes to statin use, liver management, or metabolic treatment.