



Practical Tips for the Interprofessional Management of MASLD

Author:

*Anastasia Ntikoudi^{1,2}

1. WHO Athens Office Quality of Care and Patient Safety, Greece

2. University of West Attica, Aigaleo, Greece

*Correspondence to antikoudi@uniwa.gr

Disclosure:

The author has declared no conflicts of interest.

Keywords:

Cardiometabolic disease, exercise, hepatocellular carcinoma, lifestyle intervention, MASLD, multidisciplinary care, pharmacological therapy, psychological health, weight loss.

Citation:

EMJ Hepatol. 2026;14[1]:43-45.

<https://doi.org/10.33590/emjhepatol/41MM19B0>



MASLD IS now recognised as the most common chronic liver disease worldwide and a major contributor to liver-related morbidity and mortality. Importantly, MASLD should not be viewed solely as a liver disease; it is a multisystem metabolic disorder associated with increased risks of cardiovascular disease, Type 2 diabetes, chronic kidney disease, hepatocellular carcinoma, and premature death.¹ Consequently, effective management requires collaboration between hepatologists, primary care physicians, endocrinologists, obesity specialists, dietitians, exercise physiologists, psychologists, and specialist nurses.^{2,3}

A key challenge for clinicians is communicating risk effectively to patients. Many individuals perceive MASLD as a relatively benign condition because they are often asymptomatic.¹ However, helping patients understand the broader cardiometabolic implications of MASLD may improve engagement with treatment and support long-term behavioural change.^{1,2} Explaining that liver disease progression is only one component of the overall risk profile can help patients appreciate the importance of sustained lifestyle modification.^{2,3}

Lifestyle intervention remains the cornerstone of MASLD management, despite the emergence of new pharmacological therapies.³⁻⁵ Weight loss remains the most effective treatment strategy, with evidence showing that reductions in body weight can improve

hepatic steatosis, resolve steatohepatitis in some patients, and reduce fibrosis progression.^{1,3,6} Rather than focusing on individual nutrients, clinicians should encourage sustainable dietary patterns that create a long-term energy deficit and improve overall diet quality.^{6,7} Practical approaches include reducing consumption of ultra-processed foods and sugar-sweetened beverages, increasing intake of minimally processed foods, and tailoring recommendations to individual cultural preferences and socioeconomic circumstances.^{6,7}



Explaining that liver disease progression is only one component of the overall risk profile can help patients appreciate the importance of sustained lifestyle modification



“Long-term success depends on maintaining behavioural changes that support weight management and overall metabolic health”



Physical activity should be promoted as a therapeutic intervention in its own right. Exercise improves insulin sensitivity, reduces liver fat, and enhances cardiometabolic health, even in the absence of substantial weight loss.^{6,7} Helping patients identify enjoyable and achievable forms of activity may be more effective than prescribing rigid exercise programmes. Current recommendations continue to support regular moderate-intensity aerobic activity combined with resistance training where feasible.^{1,3,6}

The growing role of weight-lowering medications, particularly glucagon-like peptide-1 receptor agonists and related incretin-based therapies, represents one of the most significant developments in MASLD management.⁵⁻⁹ These agents can produce clinically meaningful weight loss and may improve liver-related outcomes in selected patients.⁸⁻¹⁰ Nevertheless, experts increasingly emphasise that pharmacological treatment should complement rather than replace lifestyle intervention.¹⁰ Long-term success depends on maintaining behavioural changes that support weight management and overall metabolic health.^{3,8}

An often underappreciated aspect of MASLD management is the impact of mental health. Anxiety, depression, stress, and other psychological conditions are common among individuals living with obesity and metabolic disease, and may significantly influence adherence to dietary

and physical activity recommendations.^{6,7} Identifying and addressing psychological barriers is therefore critical. Behavioural support, motivational interviewing, and integration of mental health professionals into multidisciplinary care pathways may improve patient engagement and long-term outcomes.⁸

The European Association for the Study of the Liver (EASL) 2026 forum reinforces the ongoing shift from a liver-centric model of care towards a comprehensive cardiometabolic approach. As new therapies become available, successful management of MASLD will increasingly depend on interprofessional collaboration that combines evidence-based lifestyle intervention, appropriate use of pharmacotherapy, and attention to the psychological and social factors that influence behavioural change.^{1,6-10}



References

1. Tilg H et al. Metabolic dysfunction-associated steatotic liver disease in adults: a review. *JAMA*. 2026;335(2):163-174.
2. Sheikh MY et al. Diet and lifestyle interventions in metabolic dysfunction-associated fatty liver disease: a comprehensive review. *Int J Mol Sci*. 2025;26(19):9625.
3. Chew NWS et al. Cardiovascular-liver-metabolic health: recommendations in screening, diagnosis, and management of metabolic dysfunction-associated steatotic liver disease in cardiovascular disease via modified Delphi approach. *Circulation*. 2025;151(1):98-119.
4. Ali SMJ, Lai M. Metabolic dysfunction-associated steatotic liver disease. *Ann Intern Med*. 2025;178(1):ITC1-ITC16.
5. Vettor R et al. Obesity management in individuals with MASLD. Available at: https://iris.unito.it/bitstream/2318/2123650/1/Vettor_JHEPAT-D-25-02766_R1.pdf. Last accessed: 22 June 2026.
6. Schattenberg JM, George J. The weight of choices: prioritizing lifestyle over GLP-1 receptor agonist therapy in managing MASLD. *JHEP Rep*. 2025;7(7):101401.
7. Rajewski P et al. Dietary interventions and physical activity as crucial factors in the prevention and treatment of metabolic dysfunction-associated steatotic liver disease. *Biomedicines*. 2025;13(1):217.
8. Bril F. Metabolic liver disease: a summary of major guidelines and identifying opportunities to improve future guidelines. *Diabetes Obes Metab*. 2026;28(Suppl 2):63-80.
9. Rinella ME, Sookoian S. Therapeutic targets for metabolic dysfunction-associated steatohepatitis: a personalized approach to disease management. *Nat Rev Gastroenterol Hepatol*. 2026;23(6):460-74.
10. Knorr JP et al. Metabolic dysfunction-associated steatotic liver disease (MASLD): integrating metabolic and hepatic management into pharmacy practice. *Am J Health Syst Pharm*. 2026:zxag095. [Online ahead of print].