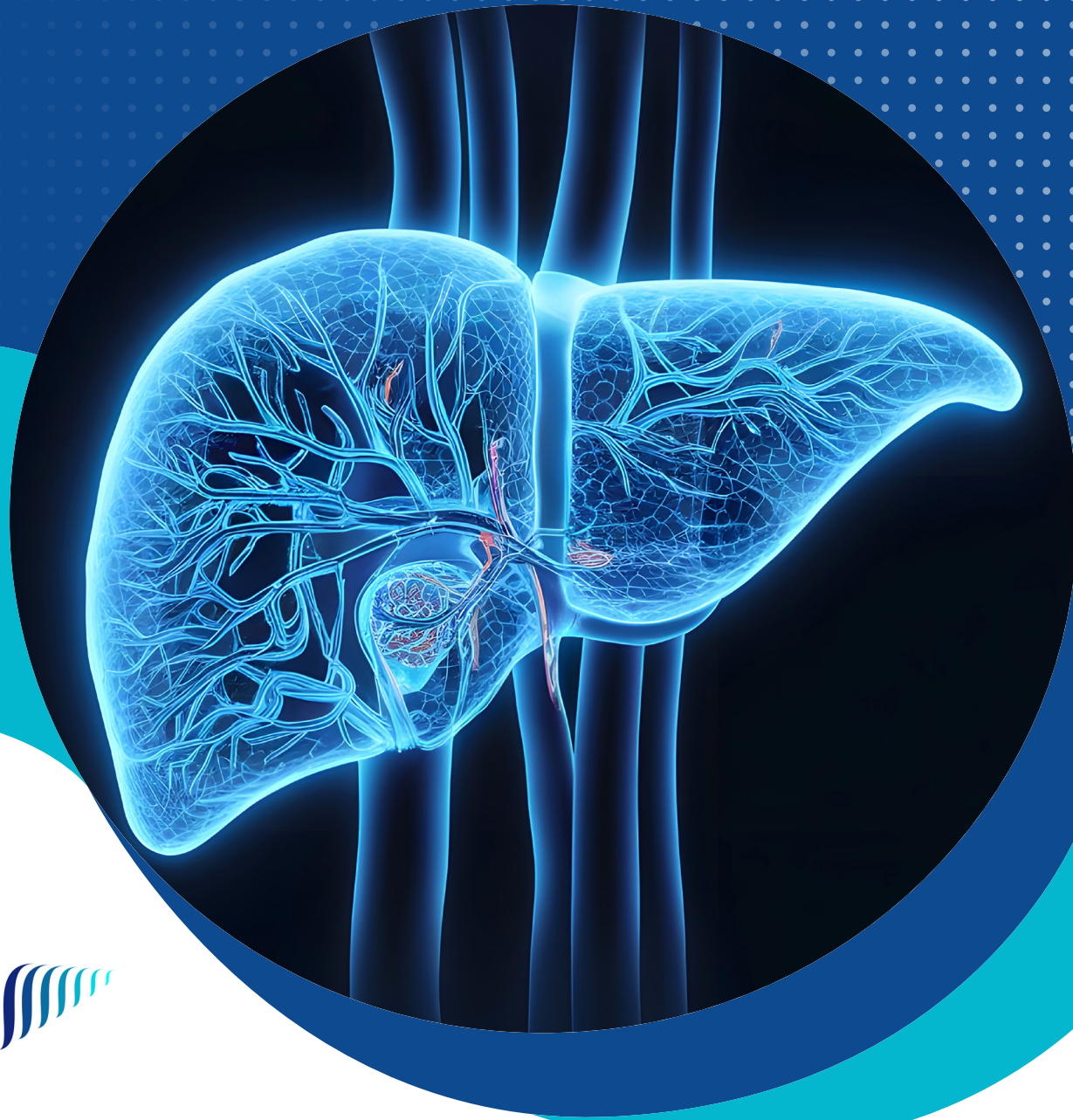


MASLD and Other Liver Conditions

What Everyone Needs to Know



LIVERWISE 
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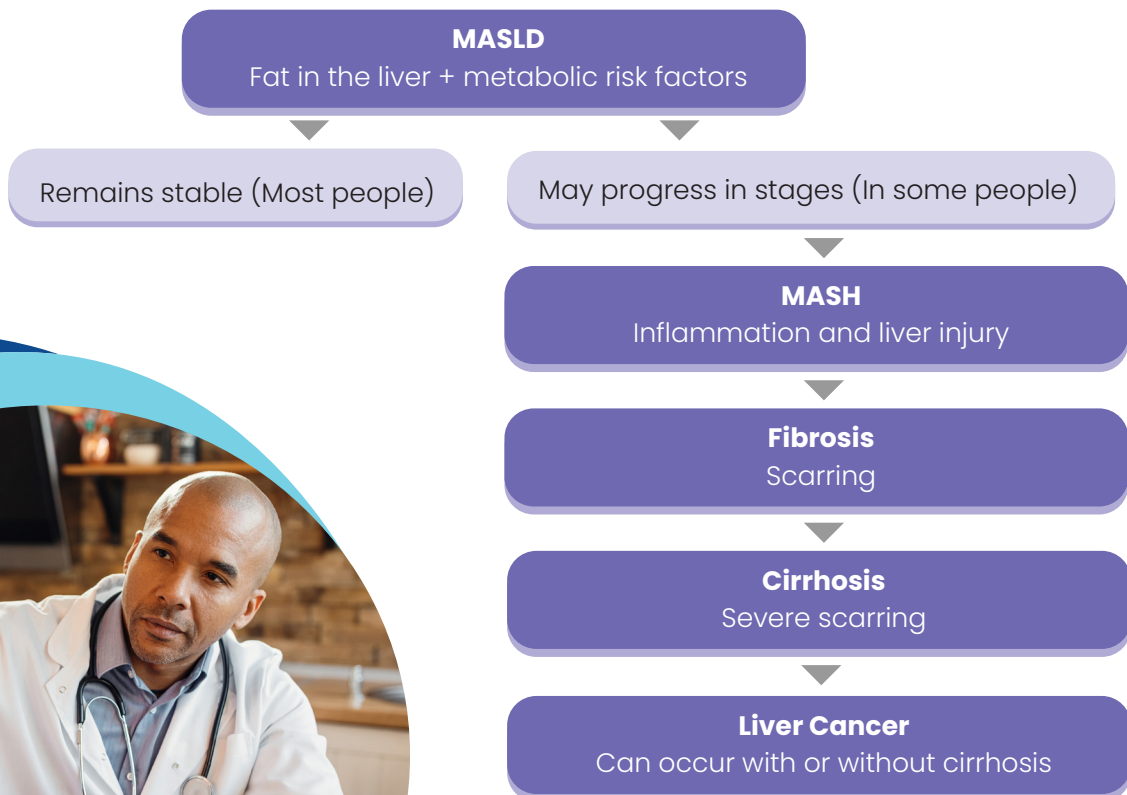
WHAT IS MASLD?

Metabolic dysfunction–associated steatotic liver disease (MASLD), formerly known as Non-Alcoholic Fatty Liver Disease (NAFLD), is a condition where **too much fat builds up in the liver in people who have one or more metabolic risk factors.**

- In MASLD, **“metabolic”** refers to health conditions like **high blood sugar, high blood pressure, unhealthy cholesterol levels, or excess body fat** that affect how the body processes and stores energy.
- **“Metabolic syndrome”** is present if you have **three or more of these conditions** at the same time. Together, this combination raises the risk of MASLD, along with heart disease and type 2 diabetes.
- **Most people with MASLD have no symptoms.** Symptoms usually occur only when liver damage becomes advanced. In these advanced stages, symptoms can include extreme fatigue and weakness, lack of appetite and unexpected weight loss, a swollen stomach and discomfort in the upper right abdomen.

Why Is Preventing MASLD Important?

MASLD can progress to **advanced liver disease.**





What are MASLD Risk Factors?¹



Metabolic Syndrome



Type 2 diabetes



Low sensitivity to insulin



Consuming excessive sugar, especially in beverages



Eating processed and ultra-processed food



Little or no physical activity



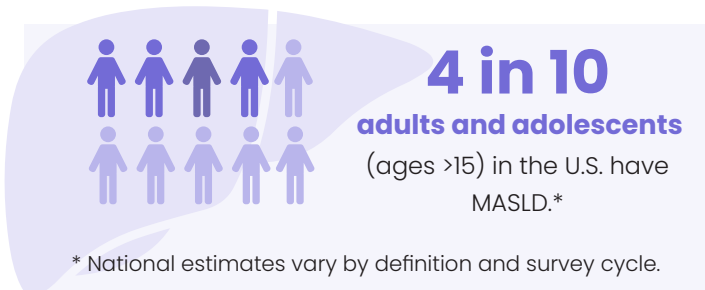
Inherited genetic factors

A person is considered to have MASLD if they have **excess liver fat** and **one or more of the following metabolic risk factors:**²

- Higher body weight or a larger waist
- High blood sugar or type 2 diabetes
- High blood pressure
- High cholesterol and high triglycerides
- Low HDL (“good” cholesterol)

How Common Is MASLD?³

MASLD is now the **most common liver disease in the United States.**



WHAT THIS MEANS:

MASLD affects millions of people and is common across all population groups, with higher prevalence in certain communities.

MASLD PREVALENCE IN THE U.S. BY RACE/ETHNICITY*

Hispanic:
47%

Non-Hispanic Asian:
39%

Non-Hispanic Black:
35%

Non-Hispanic White:
41%

* Survey-weighted NHANES prevalence estimates (ages >15 years)

¹ “Symptoms & Causes of NAFLD”, National Institute of Diabetes and Digestive and Kidney Diseases. Accessed Feb. 4, 2026. <https://www.niddk.nih.gov/health-information/liver-disease/naflid-nash/symptoms-causes>

² American Association for the Study of Liver Diseases (AASLD). Metabolic dysfunction-associated steatotic liver disease: Update and impact of new nomenclature on the American Association for the Study of Liver Diseases practice guidance on nonalcoholic fatty liver disease. https://journals.lww.com/hep/fulltext/2024/05000/metabolic_dysfunction_associated_steatotic_liver.23.aspx

³ Díaz, LA, et al. Disparities in steatosis prevalence in the United States by Race or Ethnicity according to the 2023 criteria. *Commun Med* 4, 219 (2024). <https://doi.org/10.1038/s43856-024-00649-x>

How Is MASLD Diagnosed?



MASLD is usually confirmed through one or more methods that do not require a biopsy. These methods include **blood tests, screening/imaging, and specialized procedures** to assess fat accumulation, liver inflammation, and fibrosis.

WHEN MASLD BECOMES MASH

Some people with MASLD develop **a serious condition called MASH** (metabolic dysfunction-associated steatohepatitis), formerly known as NASH (nonalcoholic steatohepatitis).

What Is MASH?

MASH is more serious than MASLD, and is the result of **severe liver inflammation, scarring and injury**. This condition develops slowly over years and in its early stage can have no obvious symptoms. MASH poses a high risk for progression to liver failure, liver cancer and liver transplantation.

How Is MASH Diagnosed?



While a liver biopsy can diagnose MASH (a procedure to take a small piece of liver tissue for examination), non-invasive **screening and imaging tests** may also be used.

How Common Is MASH and Who Is at Risk?

Overall,
1.3–4.8%
of U.S. adults
are estimated to have
MASH based on liver
imaging data.⁴

MASH is more common in people with **diabetes and metabolic conditions**.

about **32%**

of adults with type 2
diabetes have MASH.⁵

about **12%**

of U.S. adults with metabolic
syndrome have clinically significant
MASH based on liver imaging data.⁶

MASH PREVALENCE IN THE U.S. BY RACE/ETHNICITY*⁷

Hispanic Adults:

9.2%

Non-Hispanic Asian
Adults:

5.2%

Non-Hispanic Black
Adults:

3.8%

Non-Hispanic White
Adults:

5.8%

*Age-adjusted liver imaging estimates of clinically significant MASH

⁴ Fishman J, et al. Prevalence of Nonalcoholic Steatohepatitis and Associated Fibrosis Stages Among US Adults Using Imaging-Based vs Biomarker-Based Noninvasive Tests. *JHEOR*. 2024;11(1):32-43. <https://pubmed.ncbi.nlm.nih.gov/38370007/>

⁵ En Li Cho E, et al. Global prevalence of non-alcoholic fatty liver disease in type 2 diabetes mellitus: an updated systematic review and meta-analysis. *Gut*. 2023;72(11):2138-2148. <https://gut.bmj.com/content/72/11/2138>

⁶ Vilar-Gomez, E, et al. Prevalence of High-risk Nonalcoholic Steatohepatitis (NASH) in the United States: Results From NHANES 2017–2018. *Clinical Gastroenterology and Hepatology* 2023;21:115–124. <https://pubmed.ncbi.nlm.nih.gov/34958922/>

⁷ See reference 6.

FIBROSIS, CIRRHOSIS, AND LIVER CANCER



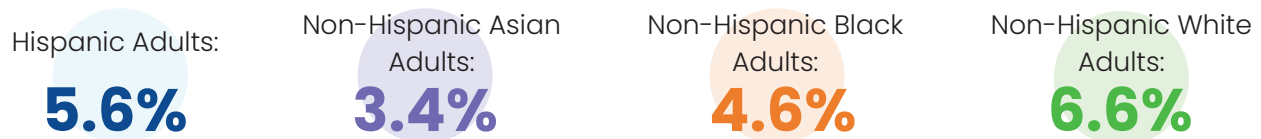
In some people, ongoing liver inflammation related to MASH can lead to **liver scarring and increase the risk of liver cancer**.⁸ The risk for these conditions increases as scarring damage builds over time.

Fibrosis (liver scarring)



- Fibrosis is scar tissue that forms in the liver after ongoing injury.
- Advanced fibrosis means more severe scarring that significantly **raises the risk of liver failure and liver cancer**.
- Advanced fibrosis is **more common in people with MASH, diabetes, and metabolic syndrome**.

ADVANCED FIBROSIS PREVALENCE BY RACE/ETHNICITY*⁹



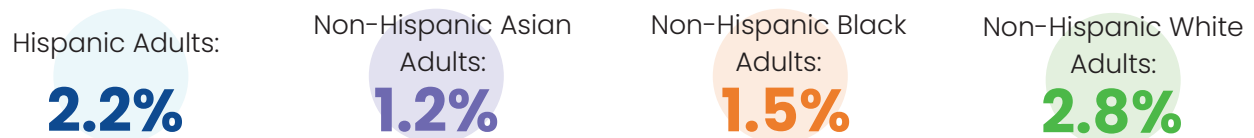
*From any cause; Screening-based estimates

Cirrhosis (severe liver scarring)



- Cirrhosis is the most advanced stage of liver scarring.
- Cirrhosis **can lead to liver failure** and other serious complications.
- Cirrhosis develops in a small amount of people with MASLD, but risk rises with advanced fibrosis and MASH.
- The most common causes of cirrhosis are **hepatitis B and C, alcohol-associated liver disease** (heavy alcohol use), **and metabolic liver disease, particularly MASH** (the inflammatory form of MASLD). It can take many years of chronic liver damage to result in cirrhosis.

CIRRHOSIS PREVALENCE BY RACE/ETHNICITY*¹⁰



*From any cause; Screening-based estimates

⁸ American Association of Clinical Endocrinology. AACE Patient Guide to MASLD and MASH. Accessed Mar 3, 2026. <https://www.aace.com/disease-and-conditions/masldmash/aace-patient-guide-masld-mash>

⁹ Brill F, et al. Noninvasive tests to identify liver fibrosis in metabolic dysfunction-associated steatotic liver disease are affected by race. Obesity (Silver Spring). 2024 Mar;32(3):612-622. Epub 2023 Dec 27. PMID: 38151987; PMCID: PMC10922543. <https://pubmed.ncbi.nlm.nih.gov/38151987/>

¹⁰ See reference 9.

Liver Cancer



- Liver cancer **most often develops** after cirrhosis.
- However, MASLD-related liver cancer can occur even without cirrhosis.

LIVER CANCER INCIDENCE BY RACE/ETHNICITY*¹¹



*From any cause; Age-adjusted per 100,000 people

OTHER TYPES OF LIVER DISEASE

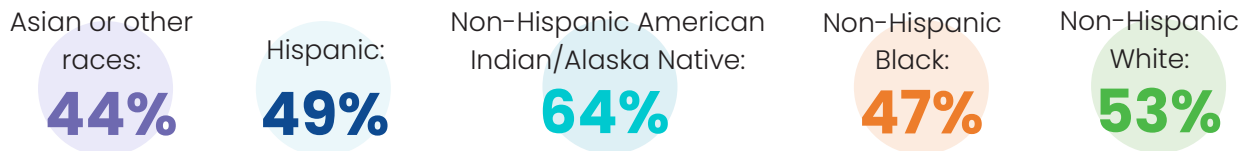
Alcohol-associated Liver Disease (ALD)¹²



- Alcohol-associated liver disease (ALD) is caused by **heavy or long-term alcohol use**, which damages liver cells and causes inflammation.
- ALD can **progress over time to alcohol-associated hepatitis, cirrhosis, liver failure or liver cancer** if heavy drinking continues.
- ALD may not cause symptoms at first, or they may be mild, which can lead to serious liver damage before a person has symptoms.
- If you have ALD it is essential to **stop drinking, see your health care provider, and seek treatment.**



ALCOHOL-RELATED CIRRHOSIS HOSPITALIZATIONS (%)¹³



¹¹ U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; <https://www.cdc.gov/cancer/dataviz/>, released in June 2025.

¹² U.S. Department of Veterans Affairs. Alcohol-Associated Liver Disease: A Guide for Patients. Accessed March 3, 2026. <https://www.hepatitis.va.gov/pdf/alcohol-assoc-liver-disease-patient.pdf>

¹³ Singal AK, et al. Racial and Health Disparities among Cirrhosis-related Hospitalizations in the USA. J Clin Transl Hepatol. 2022 Jun 28;10(3):398-404. <https://pmc.ncbi.nlm.nih.gov/articles/PMC9240250/>

Hepatitis



- Hepatitis means inflammation of the liver. It can be acute (short-term) or chronic (long-term), but **chronic hepatitis causes most liver damage and long-term health problems.**
- Chronic hepatitis refers to long-term liver inflammation lasting over six months. It is most commonly caused by the **hepatitis B or C virus.**
- Chronic hepatitis can damage the liver, leading to scarring, liver failure, or liver cancer if not treated.
- **There is a vaccine for hepatitis B** and treatments can control it.
- **There is no vaccine for hepatitis C, but it can be cured** with medication.

CHRONIC HEPATITIS B INCIDENCE BY RACE/ETHNICITY*¹⁴



*Age-adjusted rates per 100,000 people

CHRONIC HEPATITIS C INCIDENCE BY RACE/ETHNICITY*¹⁵



*Age-adjusted rates per 100,000 people

ABOUT LIVER TRANSPLANTS

- Liver transplantation is necessary when the **liver no longer functions well enough to keep a person alive.**
- Liver transplants can be **recommended due to hepatitis B and C, long-term alcohol abuse, MASH, or liver cancer.**
- Transplants have a **high success rate.** About 75% of people survive for at least five years.¹⁶ However, there are more people in need of transplants than there are available **liver donors; long wait lists are the norm.**
- A transplant **requires lifelong management and lifestyle changes.**

Transplant eligibility disparities:¹⁷

- Nonwhite racial and ethnic groups are often diagnosed with liver cancer at more advanced stages, limiting eligibility for transplantation.
- **Hispanics and non-Hispanic Blacks receive liver transplants at lower rates than other groups.**
- Women receive liver transplants at lower rates than men.

¹⁴ CDC, National Notifiable Diseases Surveillance System. 2023. <https://www.cdc.gov/hepatitis-surveillance-2023/hepatitis-b/table-2-6.html>

¹⁵ CDC, National Notifiable Diseases Surveillance System. 2023. <https://www.cdc.gov/hepatitis-surveillance-2023/hepatitis-c/table-3-6.html>

¹⁶ Mayo Clinic. Liver Transplant. Accessed Feb. 4, 2026. <https://www.mayoclinic.org/tests-procedures/liver-transplant/about/pac-20384842>

¹⁷ Victor DW, et. al. Disparities in liver transplantation for metabolic dysfunction-associated steatohepatitis-associated hepatocellular carcinoma. *World J Transplant* 2025; 15(3): 101997 DOI: 10.5500/wjt.v15.i3.101997] <https://pubmed.ncbi.nlm.nih.gov/40881754/>

WHAT CAN YOU DO TO PROTECT YOUR LIVER?

Many people with MASLD can **slow or prevent liver damage** by improving their health. Small changes can make a big difference.¹⁸



Limit alcohol.

- Alcohol **worsens liver damage**.
- Cut back or **avoid alcohol altogether**.



Do not smoke.

- **Tobacco use** can accelerate liver fibrosis.



Eat real, whole foods.

- Choose **whole foods** like vegetables, fruits, whole grains, beans, and lean proteins.
- Cut back on sugary drinks and foods with **added sugars**.
- Limit **highly-processed foods**, like chips, crackers, cookies, pizza and ice cream.



Manage health conditions.

- Keep **blood sugar, cholesterol, and blood pressure** under control.
- If you have **type 2 diabetes or metabolic syndrome**, take steps to bring them to healthier levels and keep them under control.



Stay physically active.

- Regular movement that increases your heart rate — like **walking, dancing, biking or other aerobic activities** — helps manage and maintain a healthy body weight and liver fat.
- You do not need intense workouts; **consistency matters**.



Limit acetaminophen (e.g. Tylenol, paracetamol) use.

- Acetaminophen is a drug used in certain products to **treat pain and inflammation** from headaches, muscle aches, and colds.
- Acetaminophen is often in **over-the-counter medicines** including Tylenol, Excedrin, Sudafed, DayQuil, NyQuil and Alka-Seltzer Plus.
- **Too much acetaminophen can lead to liver damage**.
- **Do not take more than the maximum daily dose** on the label. If you have liver disease, talk with a health provider before taking acetaminophen.



Talk with a health care provider.

- Ask your health care provider if **liver testing** is right for you.
- Some **diabetes and weight-management medicines** may improve liver health.

¹⁸ Mambrini SP, et al. Diet and physical exercise as key players to tackle MASLD through improvement of insulin resistance and metabolic flexibility. *Frontiers in Nutrition*, 11, 1426551 (2024). <https://doi.org/10.3389/fnut.2024.1426551>

For more information, contact _____ at _____.

Or, contact Su Familia: The National Hispanic Family Health Helpline at 1-866-783-2645 (a toll-free number) to receive confidential health information and referrals to local health providers in Spanish and English.