

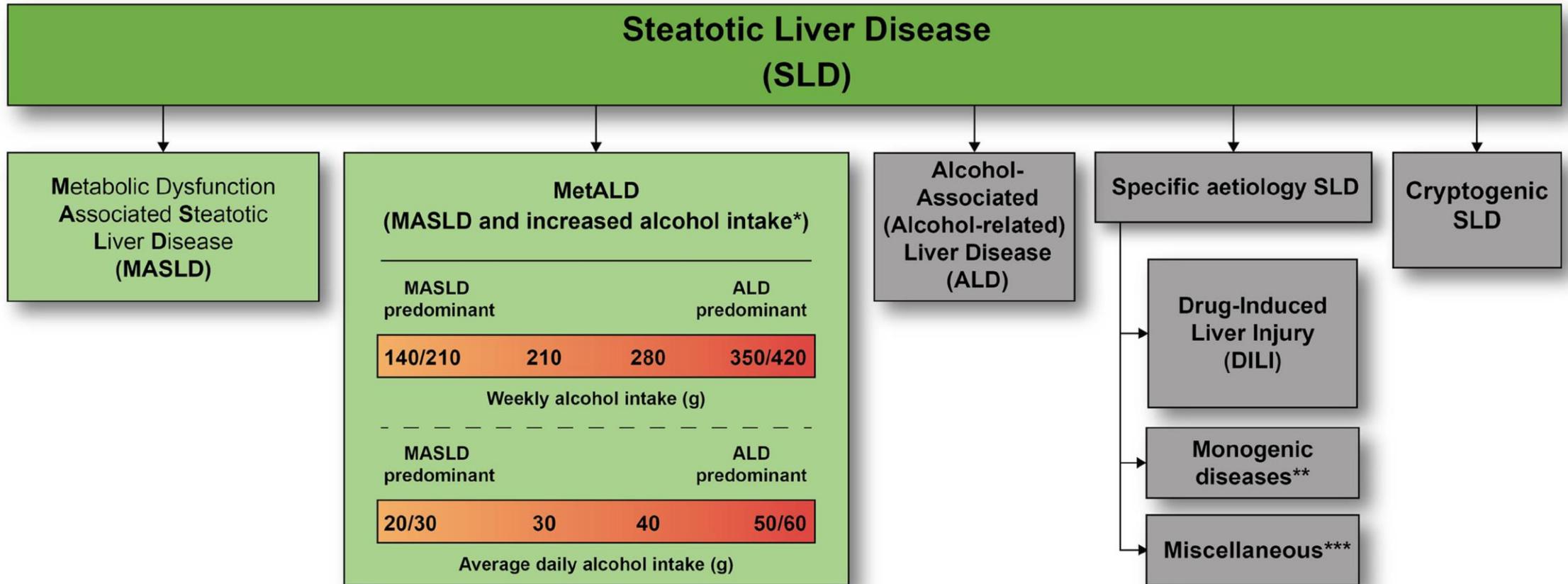
Debate Met ALD classification represents a major advancement in the field ? I say no

P Mathurin
Hôpital Claude Huriez
Lille



New Nomenclature

Metabolic dysfunction-associated steatotic liver disease (MASLD)



*Weekly intake 140-350g female, 210-420g male (average daily 20-50g female, 30-60g male)

**e.g. Lysosomal Acid Lipase Deficiency (LALD), Wilson disease, hypobetalipoproteinemia, inborn errors of metabolism

***e.g. Hepatitis C virus (HCV), malnutrition, celiac disease

New Nomenclature

Misclassification due to not recognized definition of metabolic syndrome

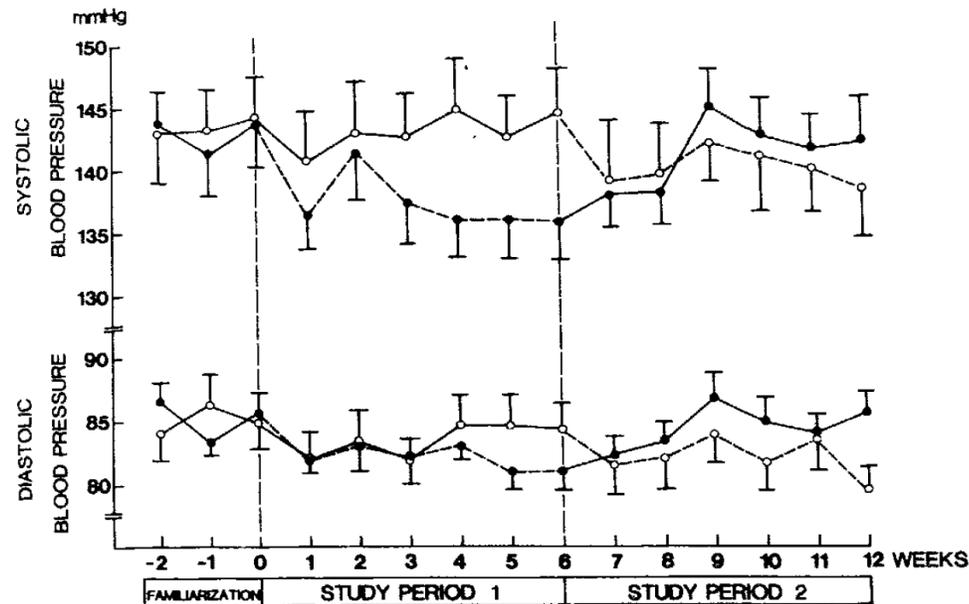
- Frequent Clinical Situation
 - Male or Female
 - Drinking 20-50 g/day or 30-60 g/day
 - Systolic Blood pressure 150 mmHg and Diastolic Blood Pressure 95 mmHg
 - No other criterion of metabolic syndrome
- ***Diagnosis MetALD according to the international definition***
 - Problem : No metabolic syndrome according to the international definition
 - Problem: Alcohol is the main cause of steatosis and high blood pressure

Regular alcohol use raises blood pressure

Demonstration of alcohol effect evidence from RCT

TABLE I—INITIAL CHARACTERISTICS OF SUBJECTS

	Group A (n = 22)	Group B (n = 22)
Age (yr)*	52.7 (2.4)	53.2 (2.4)
Body-mass index (kg/m ²)*	27.4 (0.8)	27.8 (1.0)
Alcohol consumption (ml/week)*	505 (56)	475 (45)

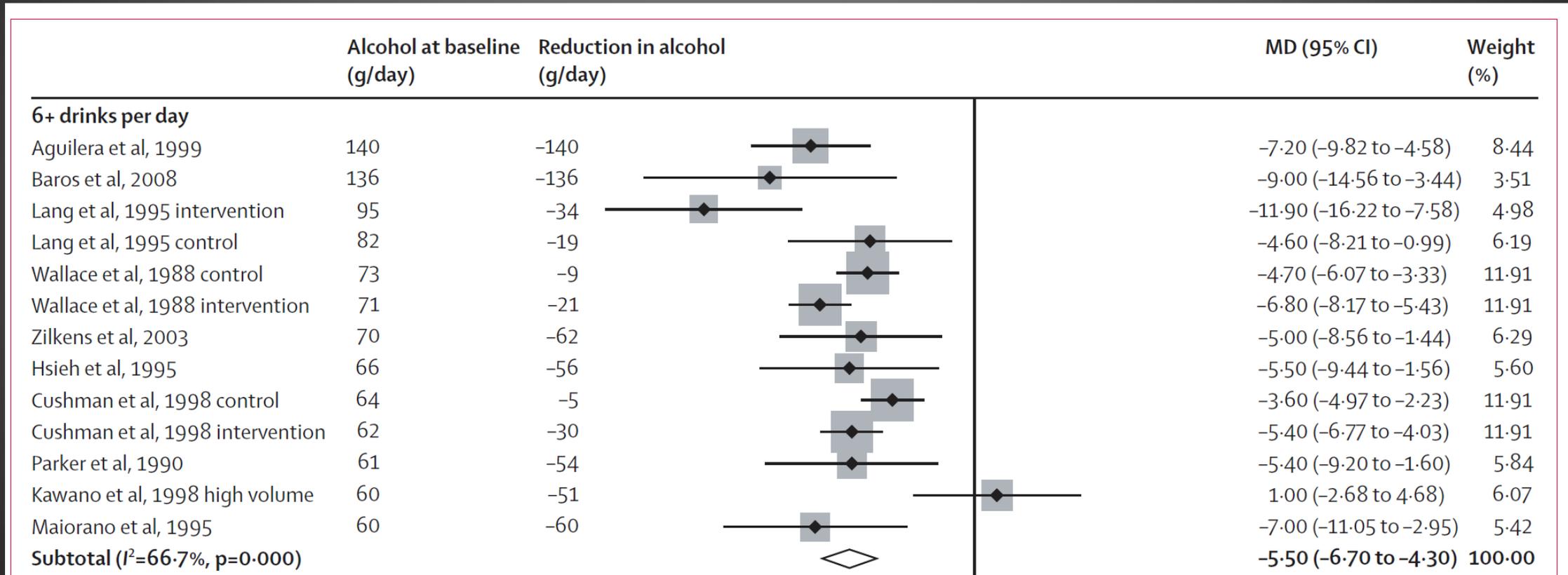


Group mean (and SEM) supine systolic and diastolic blood pressures.

● = group A; ○ = group B; - - - - = low alcohol period.

Effect of a reduction of alcohol consumption on blood pressure on

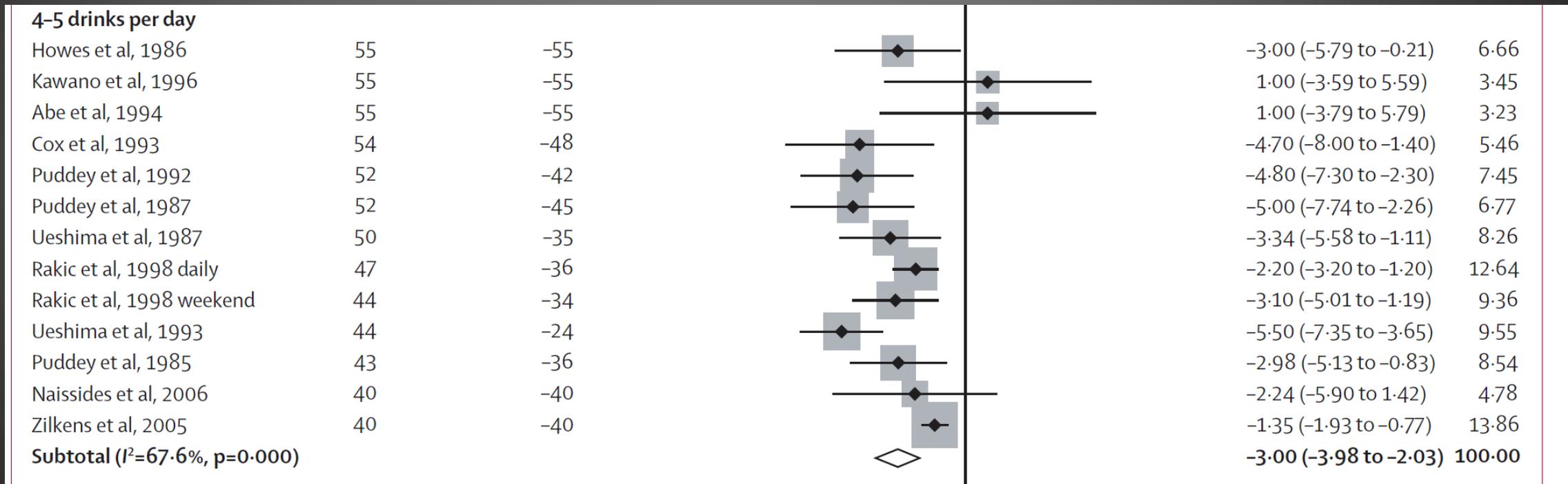
Evidence from meta-analysis RCT Heavy Drinking



Effect of a reduction of alcohol consumption on blood pressure on

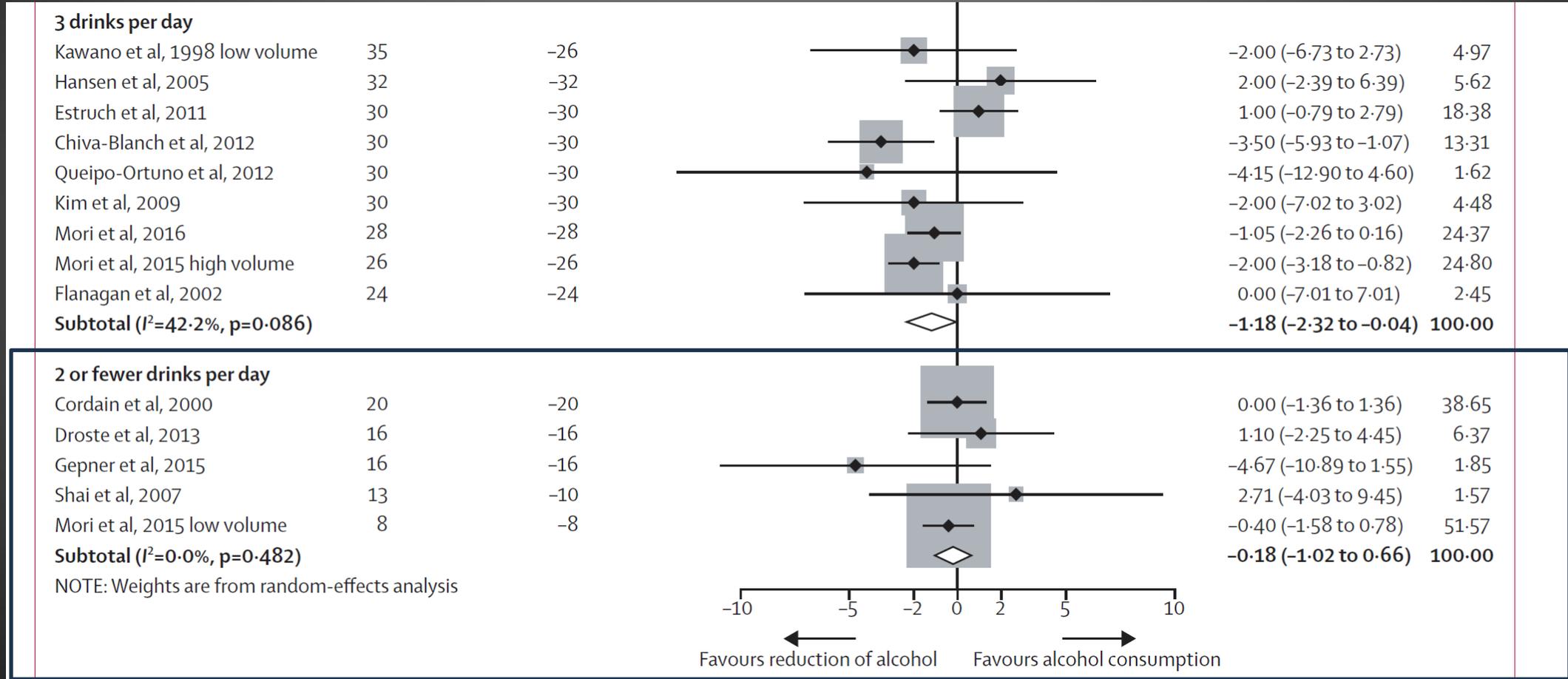
Evidence from meta-analysis RCT

Intermediate drinking



Effect of a reduction of alcohol consumption on blood pressure on

Evidence from meta-analysis RCT Moderate and low drinking



9 % Of High Blood Pressure are attributable to alcohol consumption



The image shows a screenshot of a French medical website. At the top left is the logo for 'Cardio-online SFC', featuring a red heart with a white '9' inside. To the right is a banner for 'L'essentiel de l'ESC.24 vu par...' with a purple speech bubble icon. Below the banner is a dark navigation bar with white text for 'VIDÉOS', 'ACTUS', 'CONGRÈS', 'WEBINAIRES', 'CAS CLINIQUES', 'DOSSIERS', and 'THÉMATIQUES', followed by a search icon. The main content area has a breadcrumb trail: 'ACCUEIL > ACTUS > DÉPÊCHES > LA CONSOMMATION EXCESSIVE D'ALCOOL IMPLIQUÉE DANS PRÈS DE 9% DES...'. The article title is 'La consommation excessive d'alcool impliquée dans près de 9% des cas d'HTA chez les hommes'. Below the title, it says 'Mis à jour le mercredi 26 juin 2024 dans Facteurs de risque Vasculaire'. There are social media icons for Facebook, Twitter, and LinkedIn. The article text states: 'La consommation excessive d'alcool, au-delà d'une moyenne de 10 verres par semaine, est responsable de 8,9% des cas d'hypertension artérielle (HTA) chez les hommes mais de seulement 0,6% des cas chez les femmes, soit 624.000 hommes et 31.000 femmes de 18 à 74 ans, selon une étude publiée mardi dans le Bulletin épidémiologique hebdomadaire (BEH)'. The 'apm news' logo is in the bottom right corner.

Cardio-online
SFC

Publicité

L'essentiel de l'ESC.24 vu par...

VIDÉOS ACTUS CONGRÈS WEBINAIRES CAS CLINIQUES DOSSIERS THÉMATIQUES

ACCUEIL > ACTUS > DÉPÊCHES > LA CONSOMMATION EXCESSIVE D'ALCOOL IMPLIQUÉE DANS PRÈS DE 9% DES...

La consommation excessive d'alcool impliquée dans près de 9% des cas d'HTA chez les hommes

Mis à jour le mercredi 26 juin 2024 dans Facteurs de risque Vasculaire

La consommation excessive d'alcool, au-delà d'une moyenne de 10 verres par semaine, est responsable de 8,9% des cas d'hypertension artérielle (HTA) chez les hommes mais de seulement 0,6% des cas chez les femmes, soit 624.000 hommes et 31.000 femmes de 18 à 74 ans, selon une étude publiée mardi dans le Bulletin épidémiologique hebdomadaire (BEH).

apm news

New Nomenclature

Misclassification due to not recognized definition of metabolic syndrome

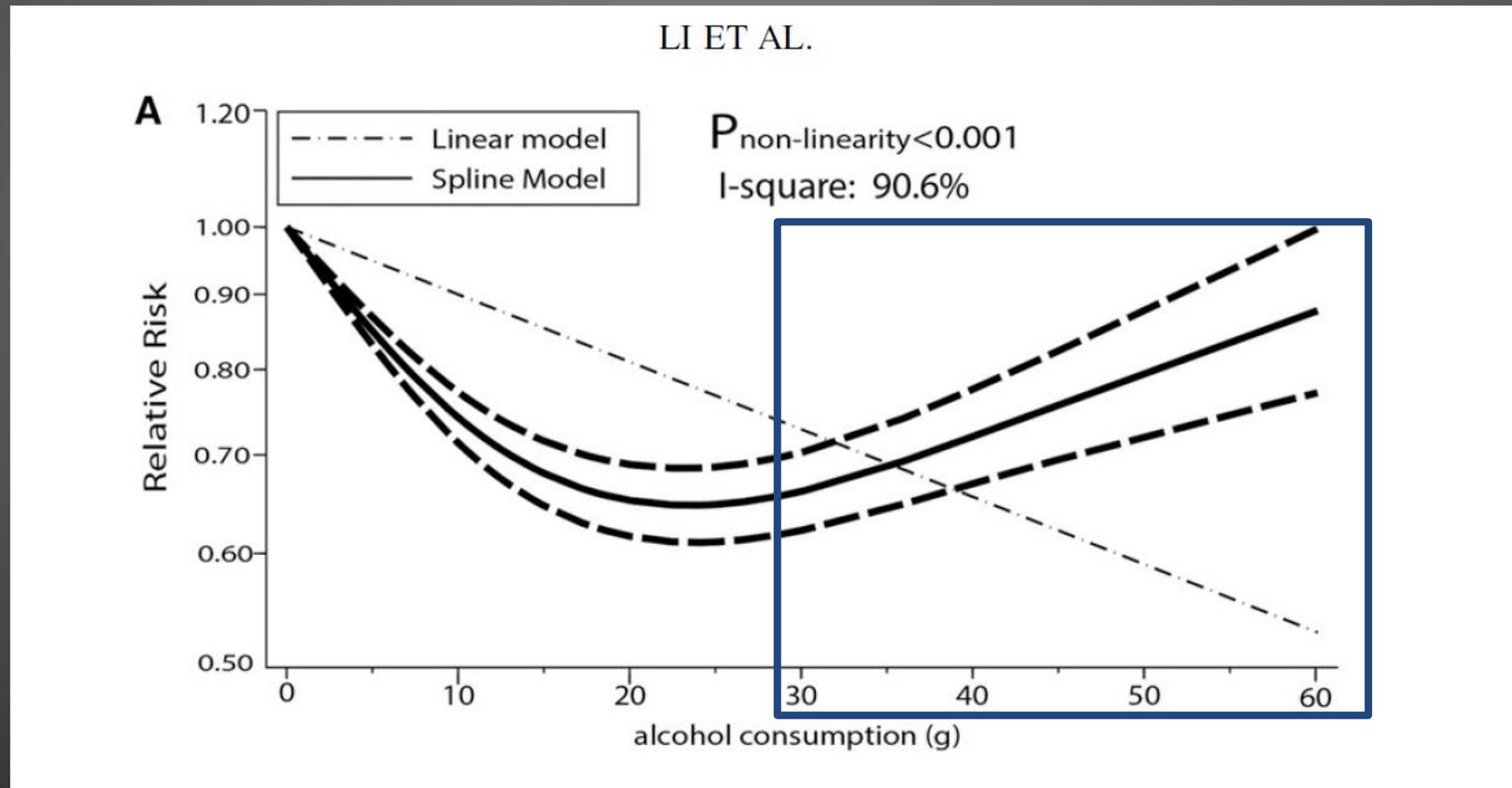
- Frequent Clinical Situation
 - Male or Female
 - Drinking 20-50 g/day or 30-60 g/day
 - Triglycerid higher than 1,5 gram
 - No other criterion of metabolic syndrome
- ***Diagnosis MetALD according to the international definition***
 - Problem : No metabolic syndrome according to the international definition
 - Problem: Alcohol is the main cause of steatosis and abstinence or reduction of alcohol consumption may normalize Triglycerid

Moderate alcohol consumption and Type 2 diabetes

Meta-Analysis

706,716 individuals: 275,711 men and 431,005 women

Nonlinear relationship between dose of alcohol and risk of diabetes



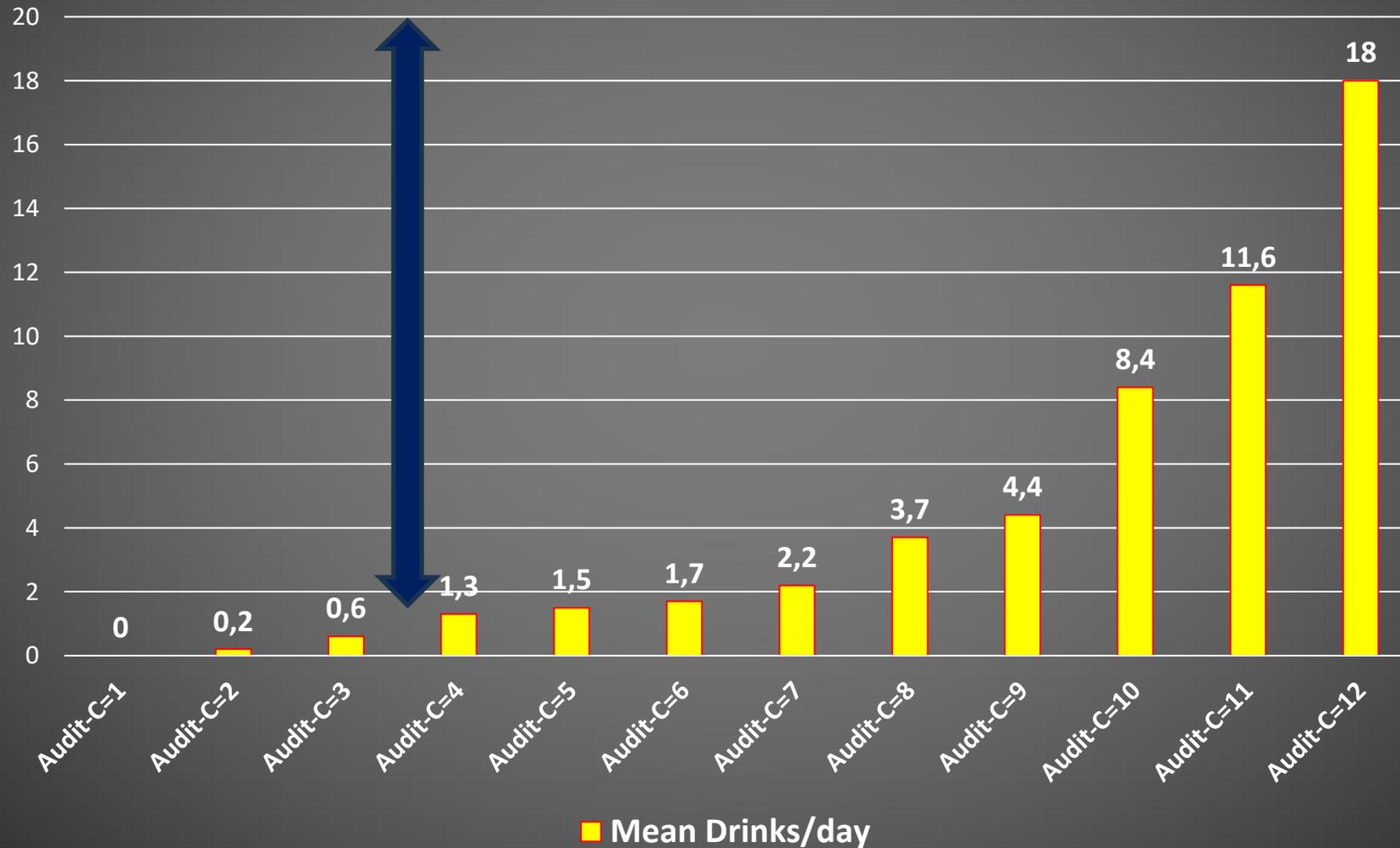
MetALD

Alcohol addiction is forgotten

MET ALD : alcohol addiction

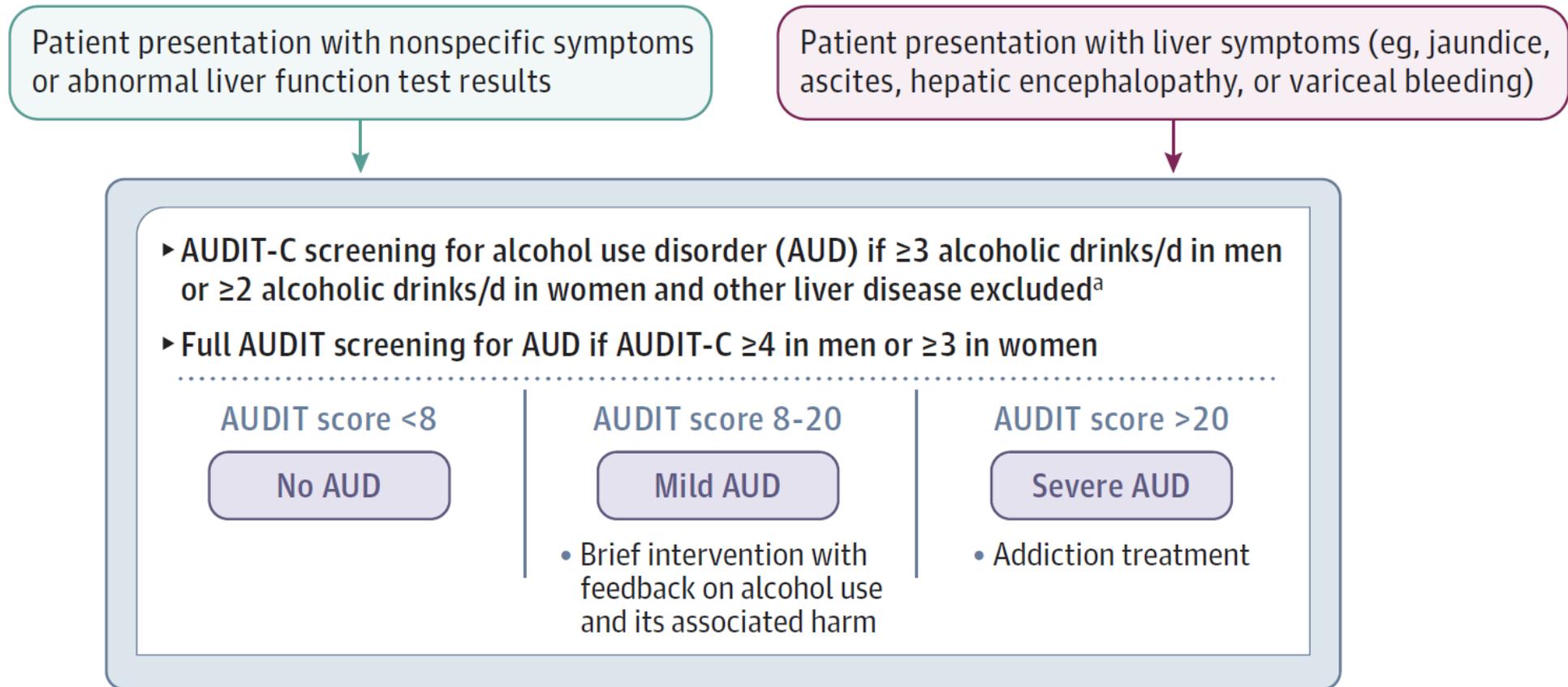
Lessons from the American Survey of 26,546 U.S. adults

Audit-C score and Mean Drinks/day



Screening of Alcohol Use Disorder (AUD)

Figure 2. Diagnostic and Therapeutic Approach to Alcohol-Associated Liver Disease (ALD)



MET ALD : alcohol addiction

Lessons from the American Survey of 26,546 U.S. adults

Mean Daily Drinking, AUD Severity, and Alcohol Dependence Across AUDIT-C Scores Among Past-Year Drinkers (N = 26,546)

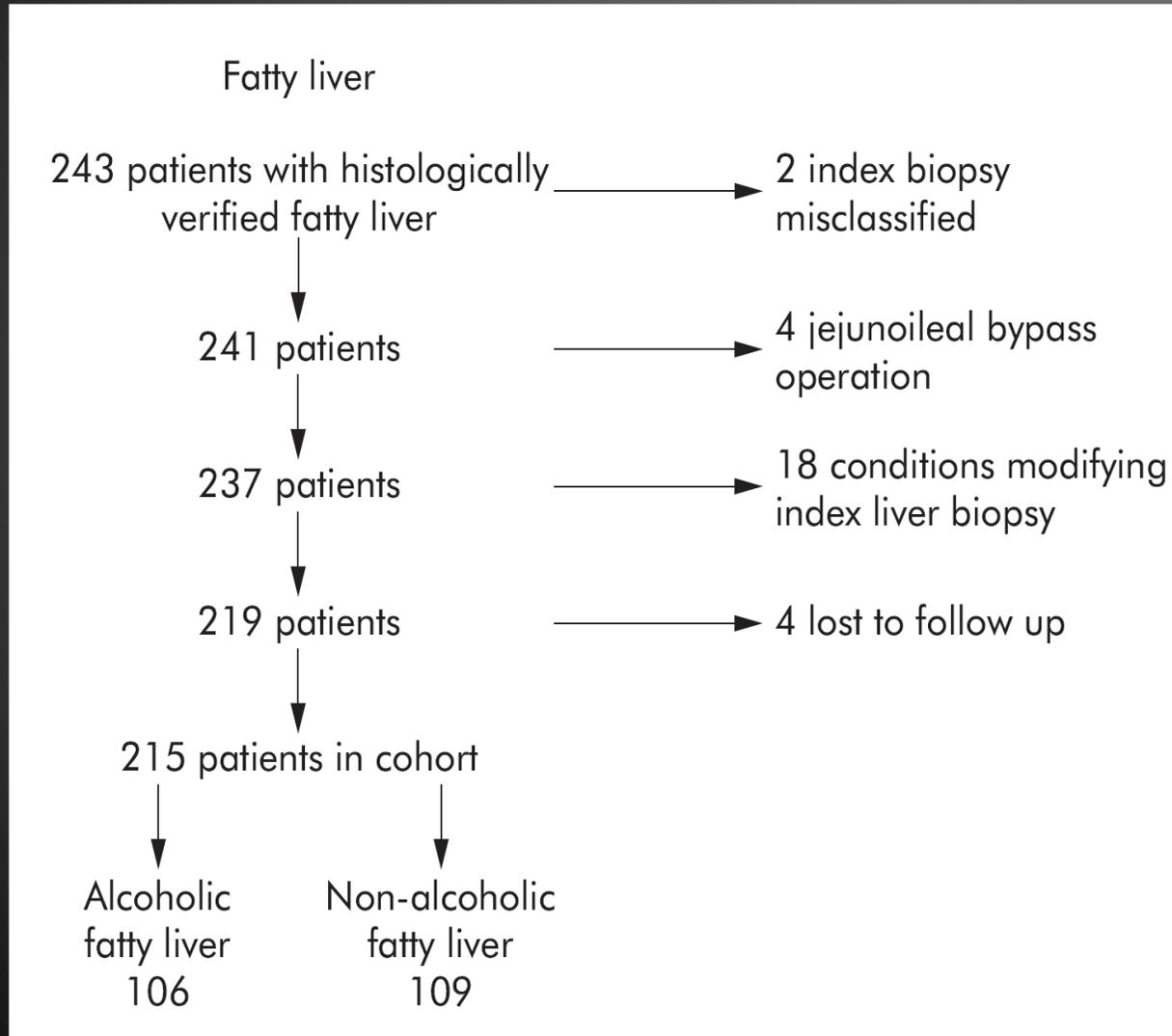
	AUDIT-C score					
	4	5	6	7	8	9
Mean drinks/d ^a (95% CI)	1.3 (1.2,1.3)	1.5 (1.4,1.6)	1.7 (1.6,1.7)	2.2 (2.0,2.3)	3.7 (3.5,3.9)	4.4 (4.0,4.8)
AUD severity ^c (95% CI)	0.5 (0.5,0.6)	1.0 (0.9,1.1)	1.4 (1.3,1.5)	1.5 (1.3,1.6)	2.2 (2.1,2.4)	2.8 (2.4,3.1)
% Alcohol dependent ^d (95% CI)	4 (3,5)	9 (7,10)	14 (12,17)	16 (13,19)	26 (23,29)	35 (29,41)

**This New Nomenclature is coming after the
attempted terminology of Dual etiology Fatty
Liver Disease**

**Both terminologies are missing the important
differences in disease progression and natural
history between NAFLD and ALD**

NAFLD Cannot be Mixed with ALD

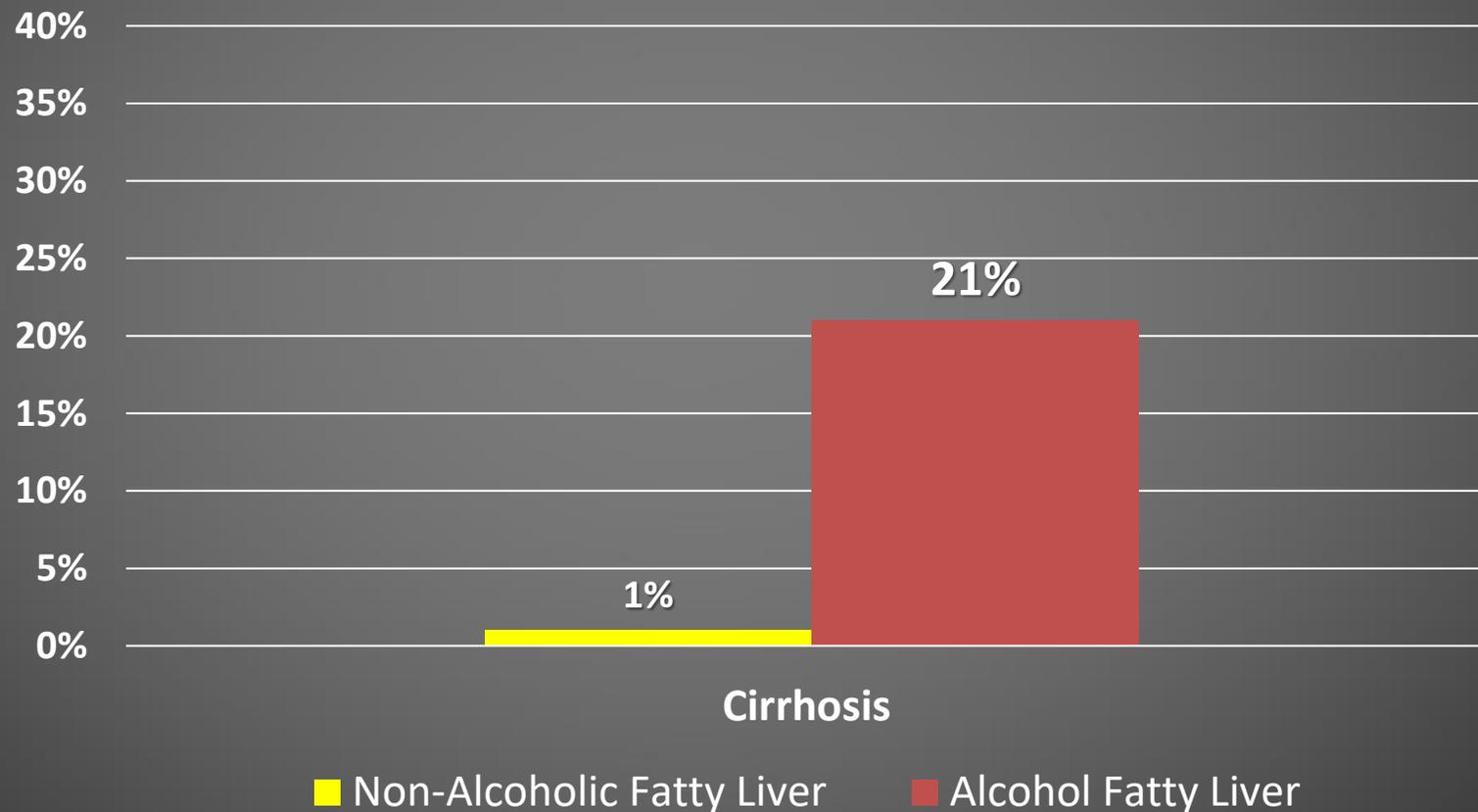
New Terminology should be related to natural history



16,7 Years of Follow-up

NAFLD Cannot be Mxed with ALD

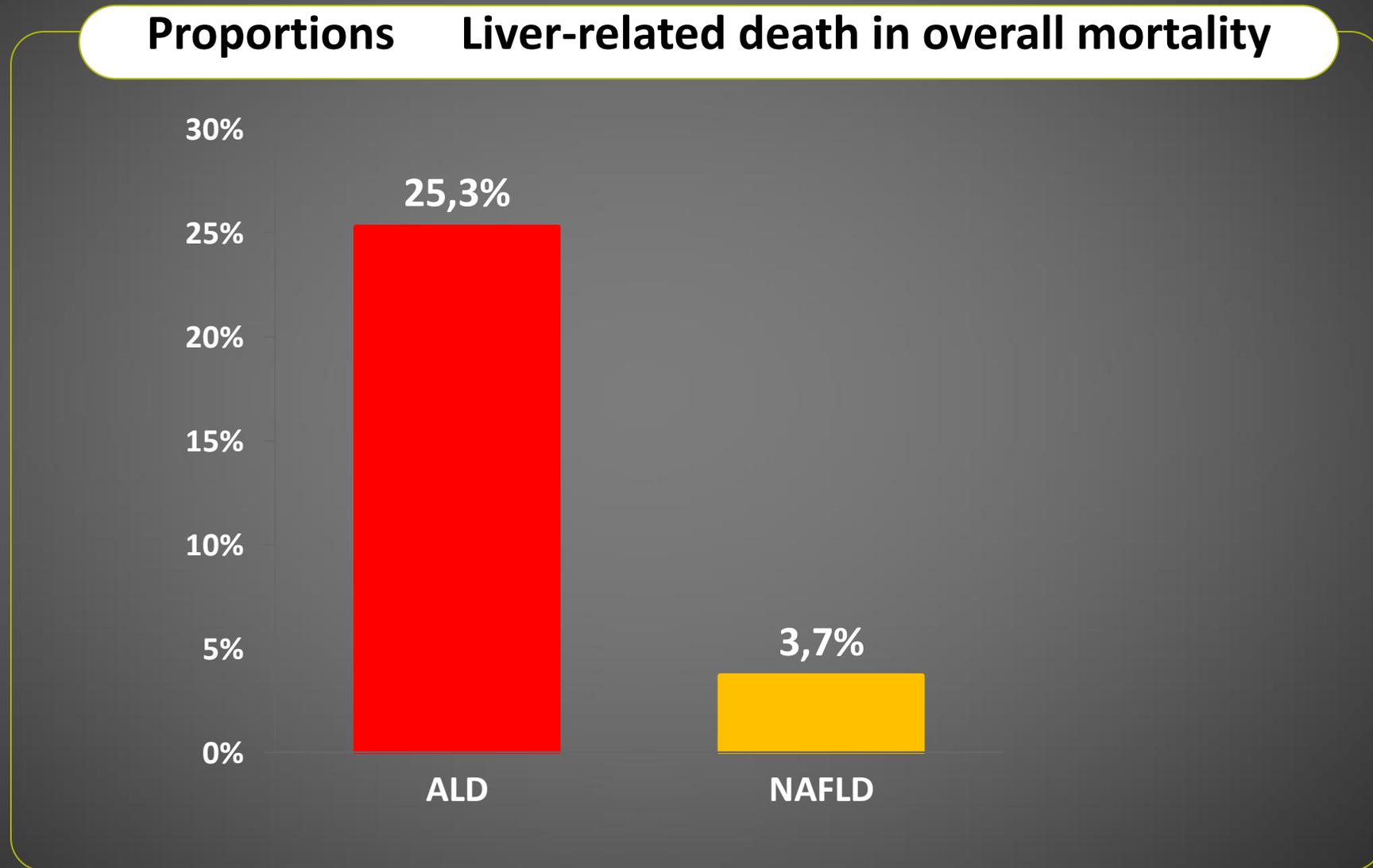
New Terminology should be related to natural history



S Dam-Larsen, Gut 2004

ALD and NAFLD

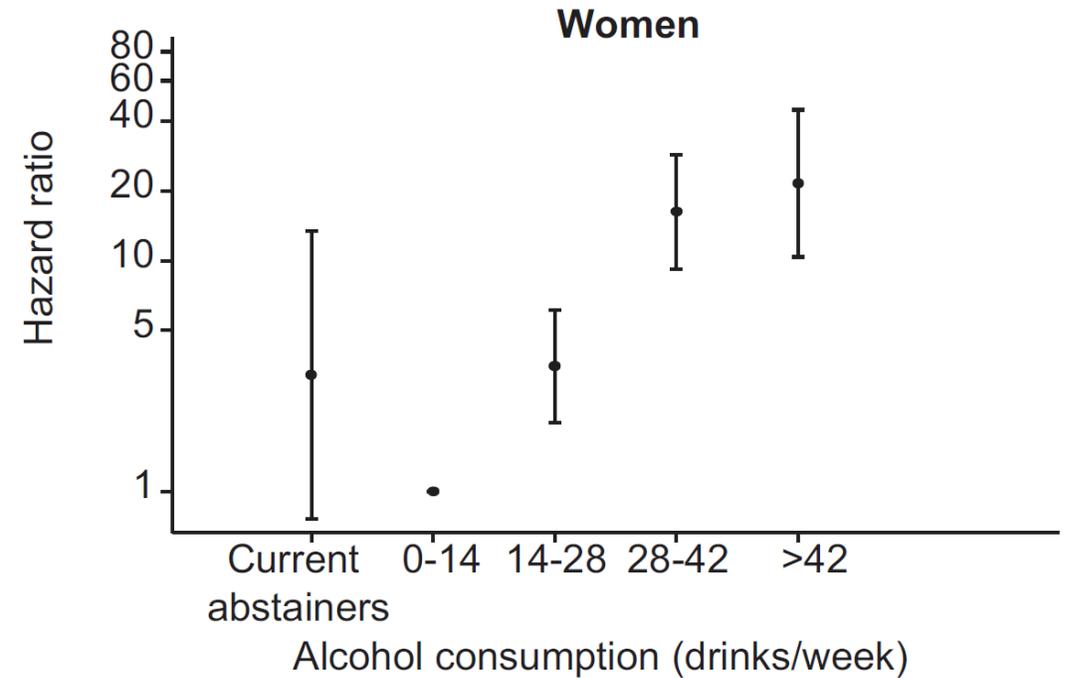
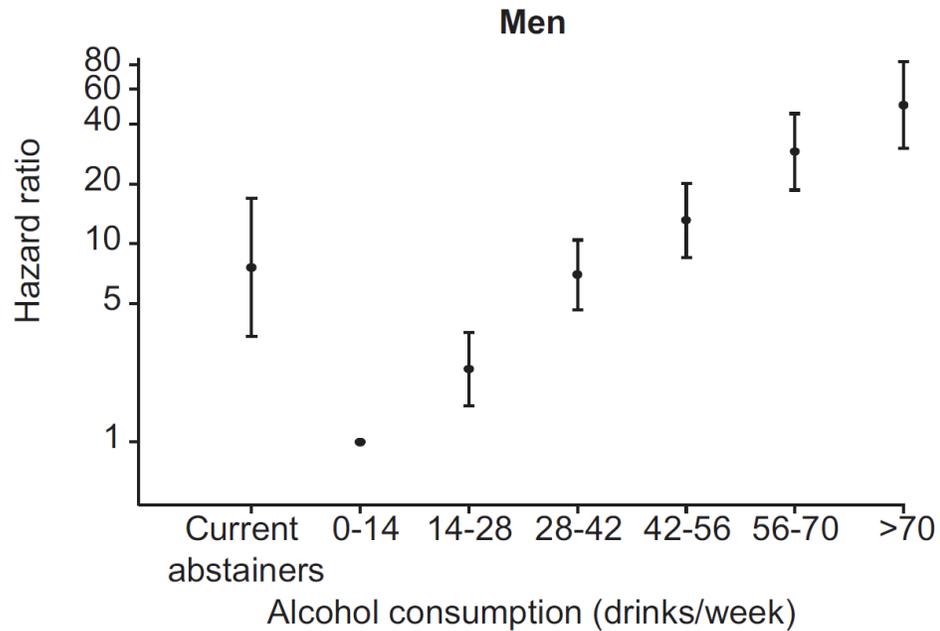
Dual etiology of fatty liver disease a concept that challenges statistic



S Dam-Larsen, Gut 2004

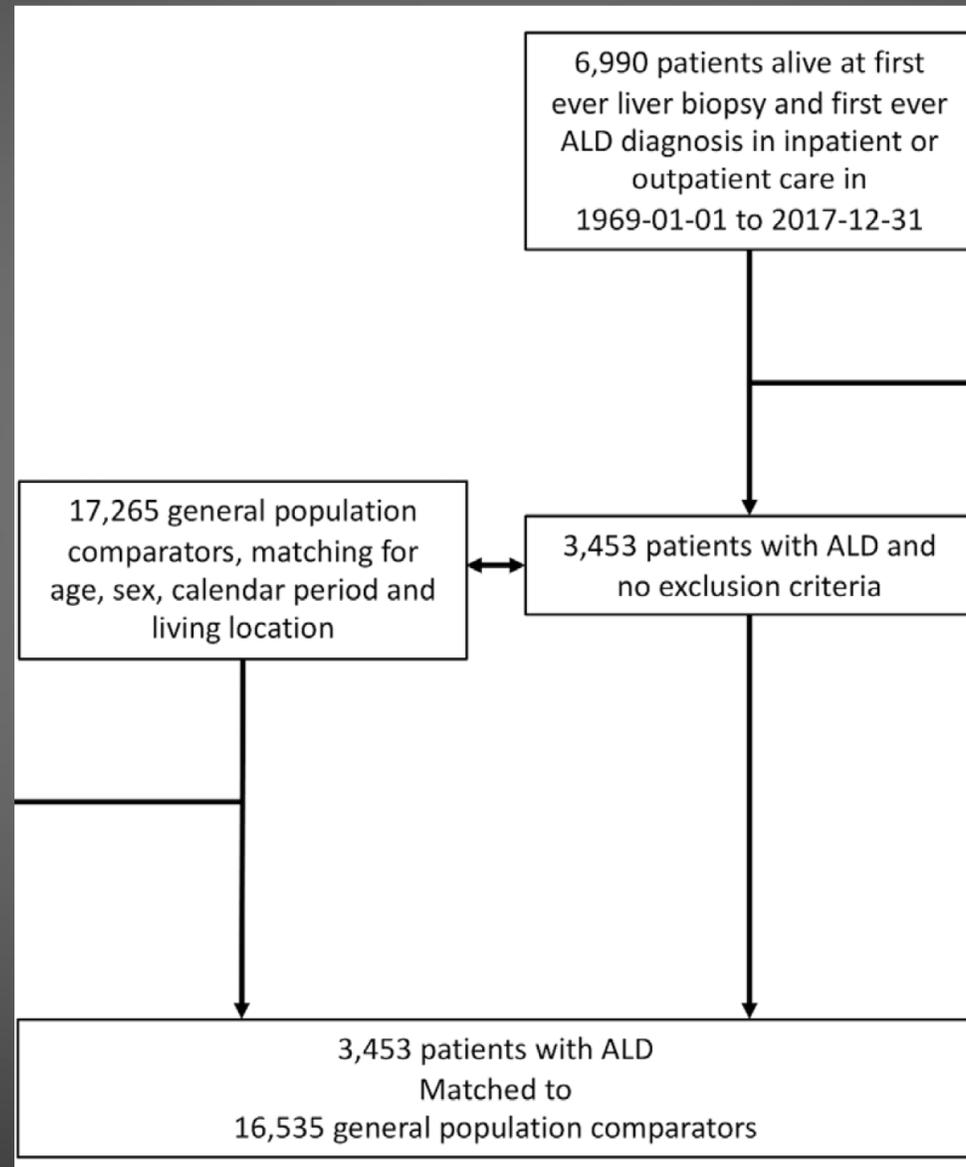
ALD and NAFLD

The issues of Current Abstainers and Alcohol Intake



Liver Mortality and ALD

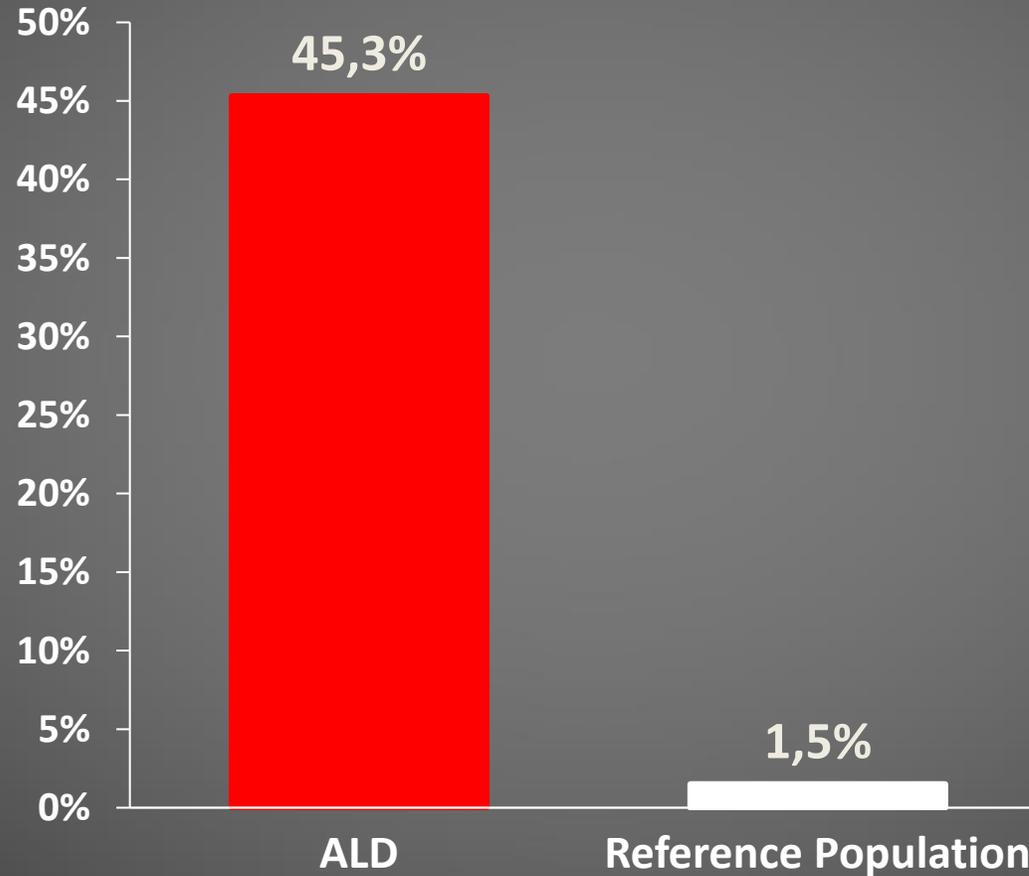
Biopsy confirmed ALD



Competitive Risk of Mortality and ALD

Biopsy confirmed ALD

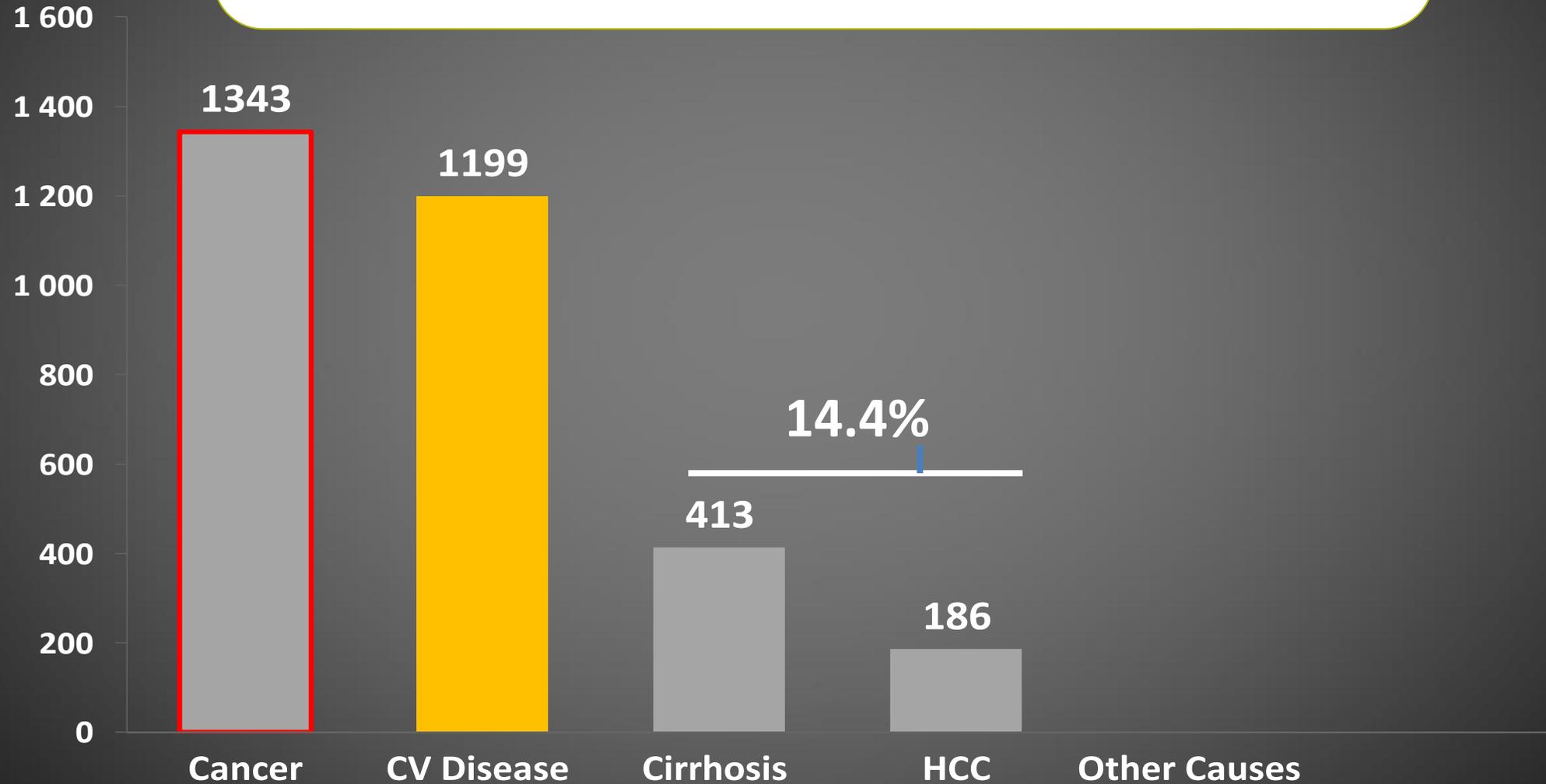
Proportions of Liver-related death in overall mortality



Competitive Risk of Mortality and NAFLD

Biopsy confirmed NAFLD

Distribution of Deaths on Overall NAFLD

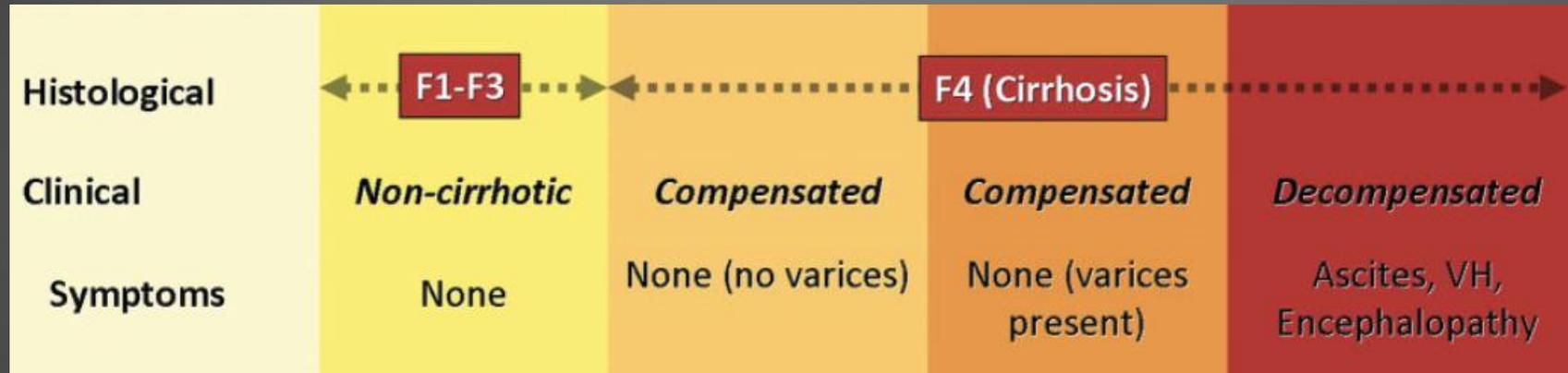


Isn't it time to get out of the dogma of etiology in terminology

Isn't it time to move to attributable risk factors

Other Approaches of Nomenclature non-based on etiology but based on outcome or risk of liver-related event

Garcia-Tsa G, Hepatology 2010



Other Approaches of Nomenclature non-based on etiology but based on outcome or risk of liver-related event

Compensated Cirrhosis of Compensated Chronic Liver Disease

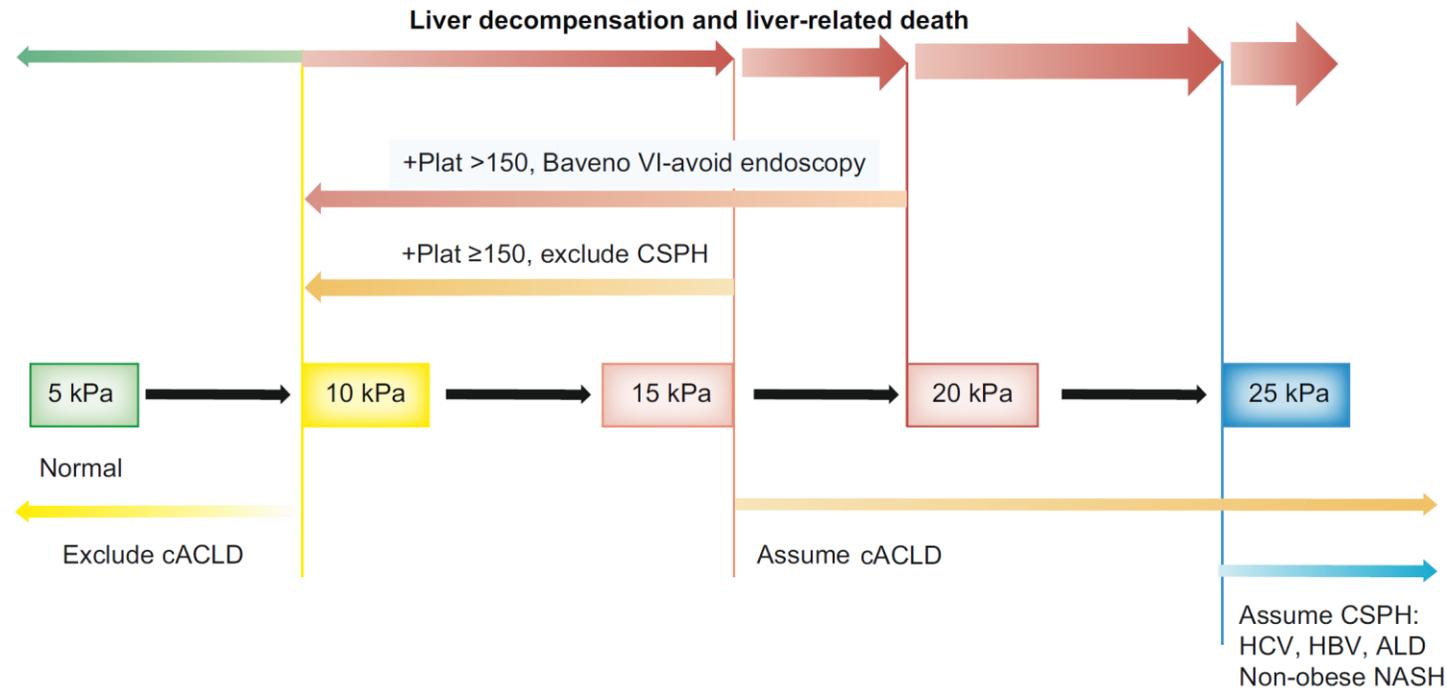
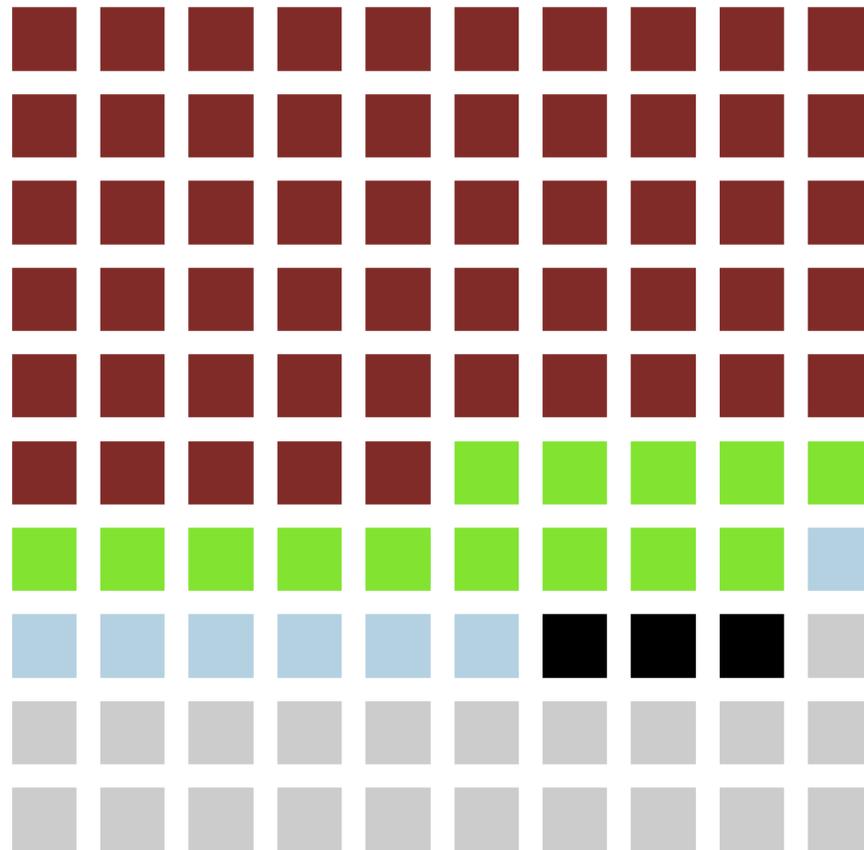


Fig. 1. Algorithm for the non-invasive determination of cACLD and CSPH. ALD, alcohol-related liver disease; cACLD, compensated advanced chronic liver disease; CSPH, clinically significant portal hypertension; NASH, non-alcoholic steatohepatitis.

The concept of Attributable Risk Factor: Alcohol main factor of liver event

Attributable risks of liver disease progression to a liver-related complications in a retrospective, in-hospital, cohort, of more than 50,000 T2D patients, 2010-2020



The attributable fraction reflects the number of liver events that would have been prevented in the absence of a risk factor. Attributable fractions were computed with Cox models stratified on sex with age as the time scale, and adjusted for alcohol use disorders, non-metabolic liver-related risk factors, obesity, and non-liver-related risk factors.

- Alcohol use disorders
- Liver-related risk factors
- Obesity
- Non-liver-related risk factors
- No risk factor identified

IN SUMMARY

Responsibility and the continuum model of AUD

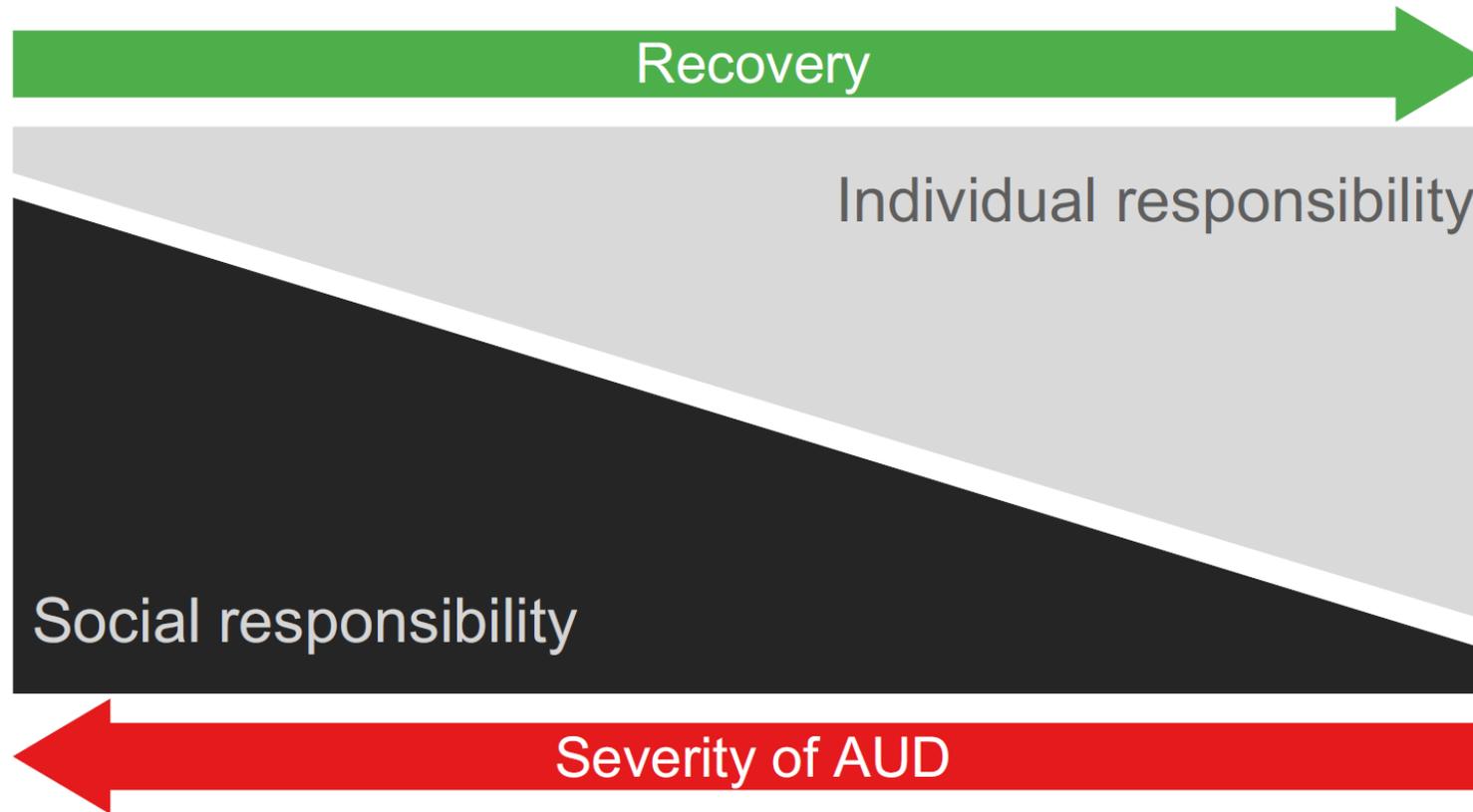


Fig. 1. Dynamic model of responsibility in AUD. Greater severity of AUD implies lower individual responsibility and higher responsibility of the social environment. Recovery as a process increases individual responsibility. Source: [77](#). AUD, alcohol use disorder.

Define a threshold for heavy use: a feasible approach?

- Applying an exact threshold to a continuum is arbitrary and consequently define thresholds and cut-points for heavy use is a difficult issue
 - Is somebody who drinks 60 g of pure alcohol on average a day a non-heavy user, while somebody who drinks 70 g a heavy user?
- Thresholds are frequently used in many systems for treatment decision-making
- Patterns of drinking particularly the frequency of heavy drinking occasions are important,
 - Drinking 10 drinks 3 days a week is more harmful than drinking 5 drinks 6 days a week

Define a threshold for heavy use: a feasible approach?

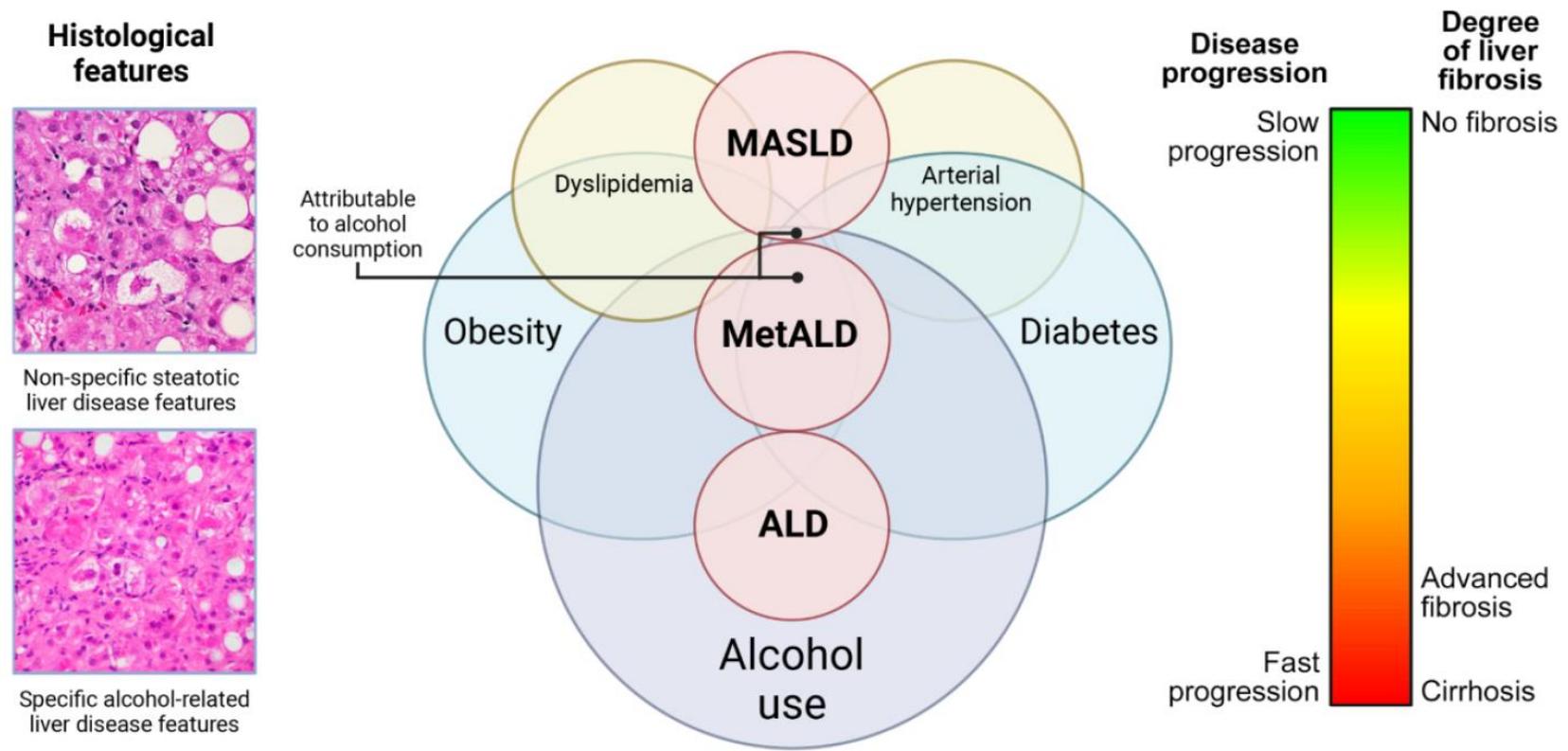
Guidelines of the European Medicines Agency

- **Guidelines of European Medicines Agency for threshold for brief interventions**
 - >40 g pure alcohol on average per day for men and 20 g for women
 - or alternatively at two 60 g (men)/48 g (women) drinking occasions per week

Alcohol Consumption and Metabolic Dysfunction: Position statement by an expert panel on alcohol-associated liver disease

Authors: Juan Pablo Arab^{1,2*§}, Luis Antonio Díaz^{2,3§}, Jürgen Rehm^{4§}, Marco Arrese², Patrick S. Kamath⁵, Michael R. Lucey⁶, Jessica Mellinger⁷, Maja Thiele⁸, Mark Thursz⁹, Ramon Bataller¹⁰, Robyn Burton¹¹, Shilpa Chokshi¹², Sven M. Francque¹³, Gene Im¹⁴, W Ray Kim¹⁵, Aleksander Krag⁸, Karoline Lackner¹⁶, Brian P. Lee¹⁷, Suthat Liangpunsakul¹⁸, Craig MacClain¹⁹, Pranoti Mandrekar²⁰, Mack C. Mitchell²¹, Marsha Y. Morgan²², Timothy R. Morgan²³, Elisa Pose¹⁰, Vijay H. Shah⁵, Debbie Shawcross²⁴, Nick Sheron²⁵, Ashwani K. Singal¹⁹, Horia Stefanescu²⁶, Norah Terrault¹⁷, Eric Trépo²⁷, Christophe Moreno^{28‡}, Alexandre Louvet^{29‡}, Philippe Mathurin^{29*‡}

The alcohol-attributable risk of steatotic liver disease



Alcohol Consumption and Metabolic Dysfunction: Position statement by an expert panel on alcohol-associated liver disease

