LIVER UK

The new name for the British Liver Trust and Children's Liver Disease Foundation

MASLD

Metabolic dysfunction-associated steatotic liver disease



A guide for adults

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MASLD = Metabolic dysfunction-associated steatotic liver disease

MASLD, NAFLD and fatty liver disease are different names for the same condition

Find out more about the different terms **liveruk.org/MASLD**

Welcome

Welcome to your guide to understanding MASLD. It provides information on causes, diagnosis, symptoms, treatment and living with MASLD.

This information has been written for:
adults with MASLD

Others who may also find this information useful:
- family, friends and carers of adults with MASLD
- healthcare professionals

MASLD can also happen in children and young people. See our information for parents and families:
liveruk.org/MASLD

Visit our website to read and download all our information on MASLD:
- Treating MASLD with a healthy diet and physical activity
- Physical activity factsheet
- Diet factsheet
- MASLD and diabetes
- Questions to ask your doctor

Use this QR code to view our resources or visit **liveruk.org/MASLD**

How to say it:
Metabolic = met-uh-BOL-ik
Dysfunction = dis-func-tion
Steatotic = Stee-uh-TOT-ik
Steatohepatitis: Stee-uh-toh-heh-puh-TYE-tis

People say MASLD as one word that rhymes with 'dazzled'

Key facts about MASLD

1. MASLD happens when too much fat builds up in the liver.
2. It is a long-term (chronic) condition that can get worse over time.
3. It is very common and happens in about 1 in 4 adults in the UK.
4. Most people have no symptoms in the early stages.
5. It is often linked to being overweight and conditions like type 2 diabetes and heart disease.
6. Some people find out they have MASLD when they are being tested for something else.
7. The main treatments are healthy eating, physical activity, and keeping a healthy weight.
8. Medicines may be used to treat related conditions such as type 2 diabetes, obesity, high blood pressure and high cholesterol.
9. Specific medicines for MASLD are becoming available, especially for more advanced disease.
10. In some people, MASLD can progress to liver scarring (fibrosis) and this can damage the liver.
11. People with more advanced scarring (fibrosis) or cirrhosis are treated by hospital specialists.

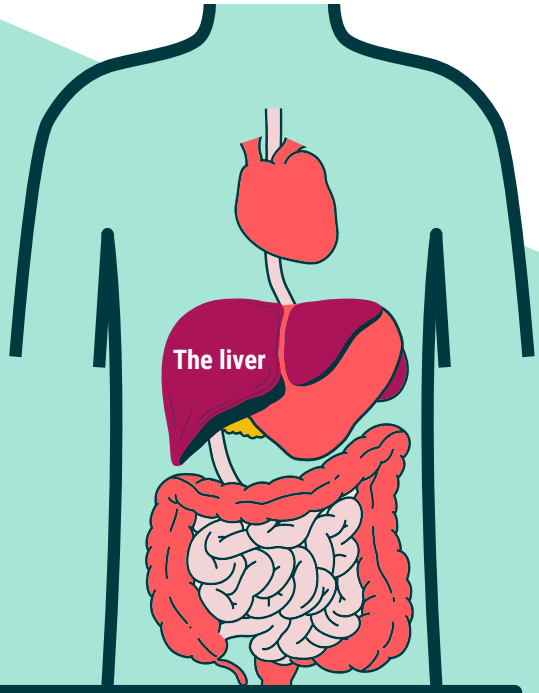
About the liver

The liver is one of the most important organs in the body. It is on the right side of the tummy, just under the ribs. It works like the body's factory and carries out hundreds of important jobs every day.

The liver is a dark reddish-brown colour.

It is divided into two main sections called "lobes". There is a right lobe and left lobe. The right lobe is a bit bigger.

The liver is joined up to some important arteries and veins that bring blood into and out of the liver.



The liver has over 500 jobs. These include:

- digesting food
- producing and storing energy
- storing vitamins, iron and other nutrients
- fighting infections
- breaking down toxins and other harmful substances
- helping you heal

What is MASLD?

Metabolic dysfunction-associated steatotic liver disease (MASLD) happens when too much fat builds up in the liver. It is a long-term (chronic) liver disease, which means it develops slowly and may get worse over time.

MASLD is often linked to conditions like obesity, type 2 diabetes and heart disease. These are sometimes called metabolic conditions.

Your liver is not meant to store extra fat. When fat builds up in the liver, it can cause inflammation (irritation and swelling). Over time, this damages liver cells. In some people, it can progress to a more serious stage where scarring (fibrosis) builds up in the liver. In a small number of people, it can lead to cirrhosis, liver failure or liver cancer.

MASLD is very common. About 1 in 4 adults in the UK have it. It is also the biggest cause of long-term (chronic) liver disease worldwide.

MASLD can affect anyone, including children. But it becomes more common as people get older. Genetics and ethnic background matter too, with more people of Asian descent being affected. MASLD is also more common in men.

The number of people in the UK with MASLD is increasing. This rise is linked to rising rates of overweight and obesity. About 1 in 20 adults may have more advanced liver scarring.

What causes MASLD?

MASLD happens when something goes wrong with how the body uses and stores energy. This is called metabolism.

What happens in a healthy liver?

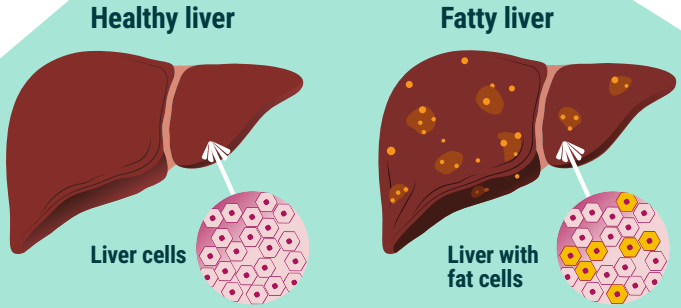
A healthy liver is smooth, soft, and dark reddish-brown in colour. It contains very little fat. The liver has a very good repair system for dealing with worn out, dead and damaged cells.

How is fat used in the body?

Fats are an important part of your diet, and your body needs them to stay healthy. They give you energy, help your body absorb vitamins and are important for overall health. However, if you eat more fat than your body needs, the extra is stored as body fat. Over time, this can lead to health problems if too much fat builds up.

What happens in MASLD?

In MASLD, something goes wrong with how the body uses and stores energy. This can cause fat to build up inside liver cells. When more than 5% of liver cells contain fat, it is called MASLD or fatty liver.



The fat droplets cause damage and inflammation in the liver cells. Over time, this leads to scarring in the liver. The scarring can change the shape of the liver and make it harder for blood to flow through it. As scarring builds up the liver becomes hard and bumpy.

MASLD is linked to being overweight or obese. But people who are not overweight can also develop it.

It is also linked to some other medical conditions. Things like genes, the environment and hormones can also play a part. We still don't fully understand why fat builds up in the liver in some people but not in others. We also don't know why some people develop more severe liver disease.

MASLD and BMI

MASLD is often linked to being overweight, but you can still develop it if your body mass index (BMI) is in the healthy range. Up to 1 in 5 people with MASLD have a healthy body weight. You may hear this called "lean" MASLD.

The term "lean" MASLD can be misleading because BMI does not show where fat is stored in the body. This means that someone can have a healthy BMI but still carry extra fat around their waist and internal organs. This type of fat can increase the risk of MASLD, heart disease and other metabolic conditions. This is more common in people with a South Asian, Chinese, other Asian, Middle Eastern, Black African, or African-Caribbean family background.



MASLD is linked with other metabolic conditions. You may be more likely to get MASLD if you have:

- type 2 diabetes or pre-diabetes
- high cholesterol or fats in your bloodstream (hyperlipidaemia)
- high blood pressure (hypertension)
- other conditions linked to insulin resistance (such as polycystic ovary syndrome)

What we eat and how active we are also plays a big part in how much fat ends up in the liver. You are more at risk of MASLD if you have:

- a weight in the overweight or obese range
- a larger waist size
- a diet high in sugar and fats
- low levels of physical activity or spend a lot of time sitting down

You can use our free at-risk checker to find out more about how your diet could affect your liver: **liveruk.org/at-risk-checker**



What are the symptoms of MASLD?

Most people with MASLD don't have any symptoms in the early stages. In fact, it's common for people to have it for years without noticing any signs. Symptoms usually only appear after the liver has already been damaged.

Because of this, you can't tell if you have MASLD just by how you feel. If you think you might be at risk, or you're worried about your liver health, it's important to speak with your doctor. They can arrange the right tests and give you advice.

Possible early symptoms

If symptoms do appear early, they may include:

- tiredness or fatigue
- a general lack of energy
- pain or discomfort in the upper right side of your tummy (where your liver is)

Symptoms usually only appear in the later stages of MASLD.



Symptoms in the later stages that need urgent medical attention

Tell a doctor straight away if you develop:

- yellowing of the skin and whites of the eyes (jaundice) – this may be harder to see on black or brown skin
- bruising easily
- dark urine
- swelling of the tummy area (ascites)
- swelling of the legs, ankles, or feet (oedema)
- unexplained weight loss
- throwing up (vomiting) blood
- dark, black, tarry poo
- confusion, memory problems, mood changes or poor judgement (encephalopathy)
- itchy skin

"What I've learned from my experience is that no-one knows your body better than you. If things don't seem right, get it checked. Like most people, I put off visiting the doctor but thanks to my family and some wonderful medical staff, I was diagnosed in time to receive life-changing treatment."

Hilary had a liver transplant due to late stage MASLD



How is MASLD diagnosed?

There isn't one simple test that can diagnose MASLD. This can make it difficult for doctors to spot. Many people in the UK with MASLD don't know they have the condition.

Some people only find out they have MASLD during health checks or tests for another health problem. Sometimes it is diagnosed later, when MASLD has become more advanced. At this stage, people may start to notice symptoms.

If your doctor thinks you might have liver disease, they will want to understand the cause and if you have liver damage. To do this, they will use a range of examinations and tests to get a complete picture. This usually includes:

A full medical history

Your doctor will look at your full medical history to rule out other causes of liver disease. They will ask questions about any medical conditions you have, medicines you take, what you eat and how active you are. It is important to give your doctor as much information as you can.

A physical examination

Your doctor will check your height, weight, BMI, waist size and blood pressure. They will also check your body for any signs of liver damage.

Liver blood tests (sometimes called LFTs)

Blood tests help your doctor assess your overall health. They are a good way of seeing if the liver is injured and how well it is working. **However, a liver blood test cannot diagnose or rule out MASLD on its own.**

Fibrosis scoring systems

Doctors often use scoring systems that combine results from several blood tests. Some scores also consider your age and weight to give a clearer picture of your overall risk. Common scoring systems include:

- Fibrosis-4 index
- Enhanced Liver Fibrosis (ELF) test

The scoring system helps your doctor assess your liver health. It can't measure the exact amount of fat or scarring (fibrosis) in your liver, but it guides your doctor on what to do next based on your level of risk.

Ultrasound scan

An ultrasound uses sound waves to create a picture of your liver. It shows the shape and surface and helps spot anything unusual. A fatty liver usually looks brighter than a healthy one.

Additional tests

If your results suggest an unclear result or a higher risk, your doctor may refer you for extra tests. These tests check for scarring (fibrosis) in your liver, which is the main sign of how advanced your liver disease is. Tests may include:

Transient elastography (FibroScan)

A FibroScan is a special type of scan used to check your liver. It is quick and painless and uses sound waves to measure how stiff or fatty your liver is.

Liver biopsy

Sometimes, blood tests and scans aren't enough for a clear diagnosis. Your doctor might suggest a liver biopsy. This involves taking a small sample of your liver with a needle. This sample is examined under a microscope in a lab.

Find out more about tests **liveruk.org/tests-info**

What are the different stages of MASLD?

MASLD has several different stages.

Doctors check for liver scarring (fibrosis) to work out the stage of the disease. Having one stage does not mean you will always move to the next one. It is possible to slow or even reverse the damage, especially if it is at an early stage.

Most people will be at fibrosis stage 0. This means there is fat in the liver but no inflammation or scarring (fibrosis). But if MASLD is not found and managed, it can progress to more advanced stages over time.

Fibrosis stage 0: Fatty (steatotic) liver
There is extra fat in your liver, but no inflammation or scarring. Your liver is working normally, and this stage can be fully reversed.

Fibrosis stage 1: MASLD with mild fibrosis
The build-up of fat causes inflammation (irritation and swelling) in the liver. Over time this has caused a small amount of scarring. Changes to your everyday life can help reduce fat and reverse inflammation.

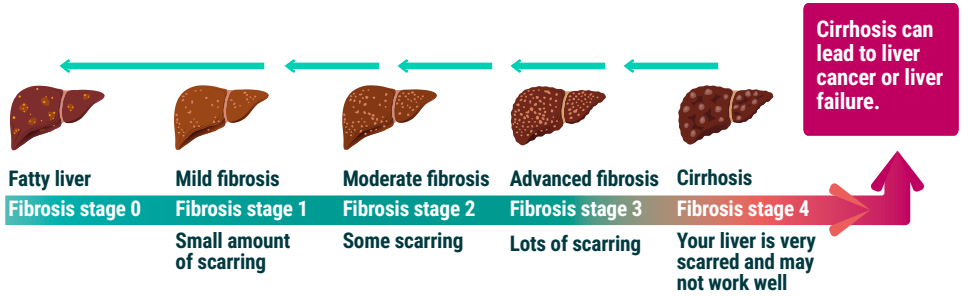
Fibrosis stage 2: MASLD with moderate fibrosis
The build-up of fat has caused inflammation (irritation and swelling) and some scarring. Your liver is probably still working well and most of the damage can be repaired.

Fibrosis stage 3: MASLD with advanced fibrosis
Inflammation is causing more scarring, but your liver should still be working well. Most of the damage can be repaired. It is important to take steps to stop any further damage. More scarring could lead to cirrhosis and liver failure.

Fibrosis stage 4: Cirrhosis
Large parts of the liver have become damaged and scarred. It is usually the result of long-term liver damage. Your liver may keep working and can even repair some damage at this point. But if there is too much scarring, your liver may not be able to carry out its job properly. Cirrhosis can lead to life-threatening conditions including liver failure and liver cancer.

The stages of MASLD

Give your liver a chance by eating well, moving more and keeping a healthy weight. You can stop things getting worse and even repair some of the damage.



Doctors cannot predict whose MASLD will get worse (progress) over time. For most people, it takes many years or even decades. But in some people, it can happen more quickly. The risk of progressing to more serious liver disease is higher in people who have obesity or type 2 diabetes.

The good news is that the liver is an amazing organ that can repair itself. If MASLD is managed early, liver damage can be slowed or even reversed over time.

No matter how advanced your liver disease is, the greatest risk to overall health is often heart attack and stroke. That's why improving and protecting heart health is usually a key first step in treatment.

What happens if I am diagnosed with MASLD?

Getting a MASLD diagnosis can be worrying.

You might wonder what it means and what comes next. Knowing how your care will be managed can help you feel more in control. The support and treatment you receive will depend on the stage of your condition.

Diagnosed with earlier stage MASLD (fibrosis stage 0, stage 1 or stage 2)

If MASLD is found early, your care will be managed by your local GP. At this stage, your liver has little or no long-term damage and should still be working well. The good news is that by making some changes to your everyday life, you can repair any damage and reverse your MASLD.

Your GP or practice nurse will talk with you about your weight, diet, and physical activity levels. Together, you can look at small, realistic changes that could fit into your daily routine. They can also support you with managing any other health conditions you may have alongside MASLD. If you need extra help, they can tell you about local services and support available in your area. The aim is to help you build healthy habits that work for you.

If you have MASLD alongside other health issues, it will usually be considered as part of your annual GP long-term condition review.

Everyone diagnosed with MASLD should also have tests **every 3-5 years** to check for more serious liver scarring (advanced fibrosis). These checks are important because liver damage often has no symptoms.

Diagnosed with later stage MASLD (fibrosis stage 3 or stage 4)

If your MASLD has reached a later stage, you may be referred to hospital for further treatment or monitoring. The person in charge of your care will be a liver doctor (hepatologist) or digestive system doctor (gastroenterologist).

There may be other healthcare professionals who can support you in managing MASLD and improving your overall health. They can also support you with other medical conditions you may have alongside your liver disease.

At this stage, your liver has more scarring (fibrosis). This increases the risk of serious problems, such as cirrhosis, liver failure or liver cancer. But it is still possible to stop more damage if you make changes to your everyday life. These changes can help stop your liver condition from getting worse. They may also reverse some of the liver damage.

If you have more advanced liver disease, you may also hear the term **metabolic dysfunction-associated steatohepatitis (MASH).** This was previously called non-alcohol related steatohepatitis (NASH). This is simply another way that doctors refer to more advanced liver scarring.

If you have cirrhosis (fibrosis stage 4), there is permanent scarring (fibrosis) of the liver due to long-term damage. At this stage, you will have care and treatment from hospital specialists. Your doctor will discuss any additional treatments you may need. These can help prevent or manage complications linked with cirrhosis.

If you have cirrhosis, you should be offered a scan every 6 months to check for signs of liver cancer. This is called surveillance.

There are two main stages of cirrhosis:

‘Compensated’ (stable) cirrhosis

This means your liver has permanent scarring (fibrosis) but is still working OK. Your body can cope with the damage, and you may not feel unwell. Many people live for years with compensated cirrhosis.

‘Decompensated’ cirrhosis

This means your body struggles with the level of scarring (fibrosis) and your liver can’t work properly. You may feel very unwell and have lots of complications.

If you are diagnosed with cirrhosis, you may start to experience symptoms and complications. Not everyone gets these complications. But it is a good idea to know what to look out for. They are easier to treat and manage if they are diagnosed quickly.

Complications may include:

- high pressure in the portal vein (portal hypertension)
- a build-up of fluid in the tummy (ascites)
- swollen veins in the intestine, oesophagus and stomach (varices)
- confusion, mood changes or poor judgement (encephalopathy)

Find out more about cirrhosis **liveruk.org/cirrhosis-info**

How is MASLD treated?

Treatment for MASLD has two main aims:

- To stop the condition getting worse, so it doesn’t lead to serious problems such as cirrhosis, liver failure or liver cancer.
- To help your liver repair as much damage as possible.

Your treatment plan will depend on how serious your MASLD is and if there is scarring (fibrosis) in your liver.

For most people, the main treatments are:

- keeping a healthy weight or losing weight (if needed)
- eating a healthy, well-balanced diet
- being more physically active and reducing time spent sitting

No matter what you weigh, improving your diet and activity levels can help lower the amount of fat in your liver and improve MASLD. Reducing liver fat tackles the root cause of MASLD. It lowers the strain on your liver and gives it a chance to heal.

Aim for small changes you can stick with in the long term. Liver UK has information and advice to help you every step of the way.

“The way out of this is a healthy diet, and plenty of exercise (two things I’ve not typically engaged in for large chunks of my life). Mentally, it has been very hard... The good news is that I listen to the experts. I’ve had therapy for a few years. A clinical dietitian who works with people with my diagnosis has been drawing up diet plans for me that have really made a difference.”

Jackson was diagnosed with MASLD with advanced fibrosis

Changes to your everyday life



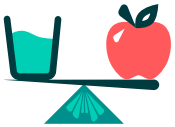
Keeping a healthy weight or losing weight (if needed)

If you have MASLD and are at a healthy weight, it's important to avoid gaining weight. Extra weight can make your MASLD worse. Keep your weight steady with a healthy, well-balanced diet and regular exercise.

If you are overweight, losing weight is one of the best ways to improve MASLD. Losing 5% -10% of your body weight can control and, in some cases, reverse MASLD.

Losing weight isn't easy. Other health issues, low energy levels, or certain medications can make it harder to eat well or stay active. But you don't have to do this alone. Talk to you doctor about getting support with weight loss.

If you have stage 4 MASLD (cirrhosis), talk to your doctor before trying to lose weight. Weight loss may still be helpful, but the diet and exercise advice will need to be tailored to your needs.



Eating a healthy, well-balanced diet

There isn't a special diet that cures MASLD. Most people benefit from eating a healthy, well-balanced diet and working towards a healthy weight.

The goal is to reduce the amount of excess fat stored in the body. This can help manage and sometimes even reverse MASLD.

Aim to eat and drink healthily most of the time, without having too much or too little of any one thing. The overall picture is more important than any one small detail.

You can ask to be referred to a registered NHS dietitian. They can help you make realistic, long-term changes. Your GP can also offer help and guidance if needed.

See our factsheet on healthy eating: **liveruk.org/MASLD**



Being more physically active

Being more physically active is one of the best ways to reduce liver fat and improve MASLD. It also lowers the risk of related conditions such as type 2 diabetes and heart disease.

Aim for at least 2½ hours (150 minutes) of moderate intensity activity each week. You may hear this called aerobic or cardio exercise. They get your heart and lungs working harder. They should make you feel warmer and slightly out of breath and could include:

- brisk walking
- swimming
- dancing
- cycling
- team sports

It's also important to do activities that strengthen your muscles twice a week. You may hear this called strength training or resistance exercise. They keep your muscles strong and help with balance, movement, and daily activities.

Examples include:

- lifting weights
- using resistance bands
- carrying heavy shopping

Research shows that combining aerobic and strength exercises offers the greatest health benefits.

See our factsheet on being more active: **liveruk.org/MASLD**



Start small and build up

Don't worry if you can't reach the target at first. Start small and gradually build up the amount you do over time. Every bit of movement matters and doing something is always better than doing nothing.

Talk to you doctor or healthcare professional if you need help getting started.

Medicines

Treatments for MASLD are developing quickly. New medicines are becoming available, especially for people with more advanced liver disease, and others are being studied in clinical trials. Visit our website to find out about the latest treatment options and what they might mean for you.

Your doctor may also recommend treatments for related conditions, such as:

- type 2 diabetes
- obesity
- high blood pressure
- high cholesterol

Treating these conditions is important because they can impact your overall health, particularly the risk of heart attack or stroke. Your doctor will look carefully at your medical history before recommending any treatment.

Weight loss surgery

Weight loss (bariatric) surgery is not a direct treatment for MASLD. However, it may help people with health issues linked to MASLD, such as type 2 diabetes or severe obesity.

You might be considered for weight loss surgery if:

- your BMI is 40 kg/m2 or higher
- your BMI is between 35 kg/m2 and 39.9 kg/m2 *AND* you have a serious health condition that could improve with weight loss

These numbers may be lower in people with a South Asian, Chinese, other Asian, Middle Eastern, Black African, or African-Caribbean family background. This is because they are more likely to carry weight around their middle. This increases the risk of heart and metabolic conditions, even at a lower BMI.

What are the treatments for advanced MASLD?

If you are diagnosed with stage 4 liver fibrosis (cirrhosis), it means there is a lot of scarring in your liver. Your doctor will still talk to you about steps you can take to support your health. This may include eating a healthy, balanced diet, staying physically active, and keeping a healthy weight. You may also need additional treatments to help manage symptoms and complications linked to cirrhosis. This could include medicines or medical procedures to help manage symptoms and prevent further liver damage.

liveruk.org/cirrhosis-info

"It can be hard to get more active, especially if you are not feeling well. So be proud of yourself for trying. Simple seated exercise or walking a short distance are a good start."

Dr Kate Hallsworth, Senior Research Physiotherapist, Newcastle University



Living with MASLD

Having a liver condition can affect many parts of your life. But everyone's experience of living with a liver condition will be different.

Your diagnosis may have come completely out of the blue. Or it might be something you have been worried about for a while. Either way, it's natural to have lots of questions about what is happening and what the future might look like.

Before your appointments, it can help to think about the questions you would like to ask and write them down. This can make it easier to remember everything you want to talk about. We've put together some suggested questions that you may want to use. You can download and print these from our website to take with you to your appointment: **liveruk.org/MASLD**

Having a liver condition can affect every part of your life. Our website has lots of information to help you live well with a liver condition. This includes information on things like money, everyday life and your medical care.

Visit **www.liveruk.org/living-with-liver-disease**



Your questions answered

Can I drink alcohol if I have MASLD?

If you have MASLD, drinking too much can make your liver damage worse.

To help protect your liver, try to cut down on alcohol or avoid drinking if you can. Do not exceed the national low-risk drinking guidelines:

- Do not drink more than 14 units of alcohol a week
- Spread your drinking out over 3 or more days
- Have 2 to 3 alcohol-free days a week, preferably in a row

Staying within these guidelines not only protects your liver but can also help with weight loss. This is because alcohol contains lots of "empty" calories.

If you have fibrosis stage 3 (advanced fibrosis) or fibrosis stage 4 (cirrhosis), it's very important to stop drinking alcohol completely.

Can I take complementary or alternative medicines?

There are no complementary or alternative medicines that have been shown to treat or prevent MASLD. They can sometimes harm your liver, even if they come from natural ingredients. The risk of this is higher if you already have a liver condition. Always talk to your doctor before you try any supplements, complementary, alternative or natural medicines.

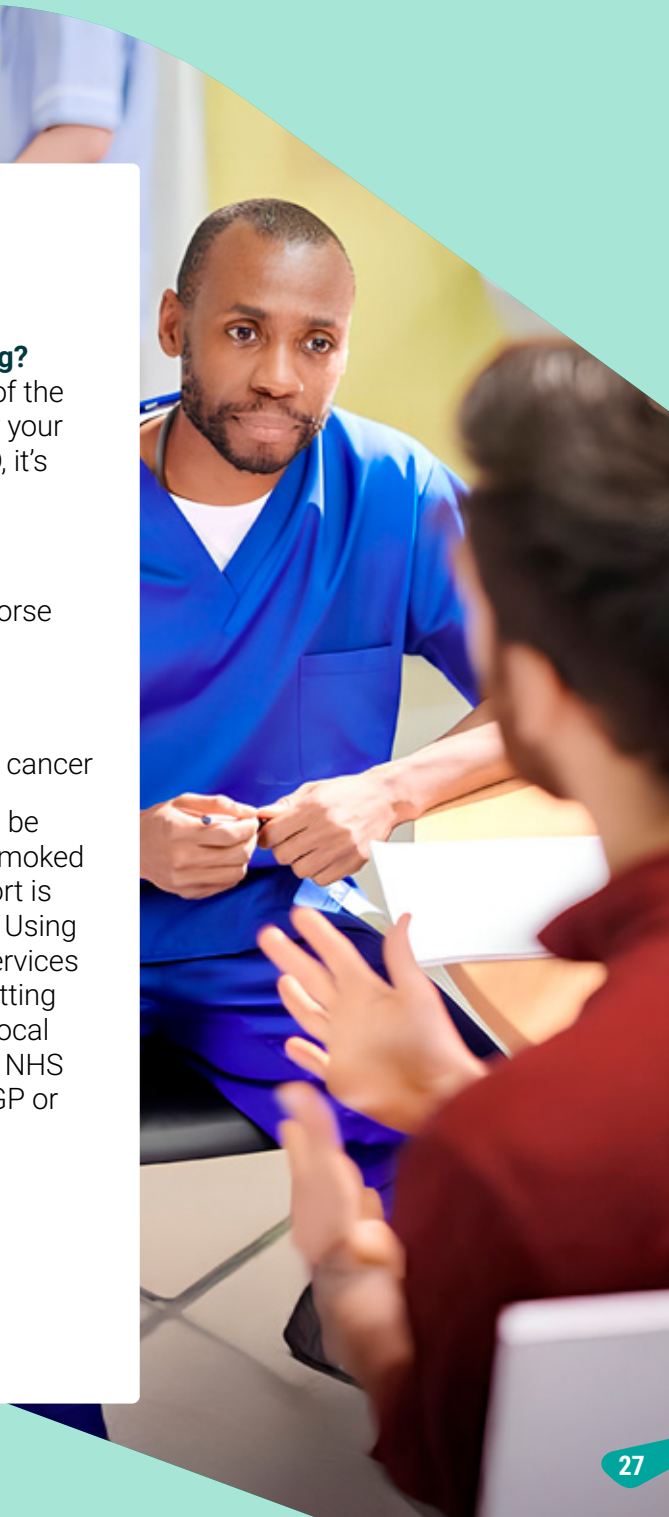
Do I need to stop smoking?

Stopping smoking is one of the best things you can do for your health. If you have MASLD, it's even more important.

Smoking can:

- make liver disease get worse (progress) more quickly
- increase your risk of cardiovascular disease
- increase your risk of liver cancer

We know that quitting can be hard, especially if you've smoked for many years. But support is available to help you stop. Using local free stop smoking services boosts your chance of quitting by three times. Find your local free service by visiting the NHS website or speak to your GP or pharmacist.



Useful resources

Useful websites

NHS Better Health
www.nhs.uk/better-health

An NHS campaign offering free tools, apps, advice, and tips to help people improve their physical and mental health.

Sport England
www.sportengland.org

A national organisation that helps people and communities get involved in sport and physical activity.

Trusted Information Creator
Patient Information Forum

We have gained PIF TICK accreditation for our information production process.

Disclaimer
This resource provides general information but does not replace personal medical advice. It is important to contact your medical team if you have any worries or concerns.

How we produce information

Feedback and information services

Your feedback is important to us and will help us improve our information. To provide feedback, email **patient-info@liveruk.org**

For more information on how our information was developed, visit our website: **www.liveruk.org**

Thanks

All our information resources are reviewed by medical experts and people living with liver disease. We would like to thank:

Dr Jeremy Cobbold,
Consultant Hepatologist, Oxford University Hospitals

Professor Stuart McPherson,
Consultant Hepatologist, Newcastle upon Tyne Hospitals

Dr Lynsey Corless,
Consultant Hepatologist, Hull University Teaching Hospitals

Dr Helen Jarvis,
GP, Newcastle University

All our patient reviewers



How Liver UK can help

A diagnosis of liver disease can be worrying, and you may have a lot of questions. The Liver UK support team are here for you and for your family and friends.

Whether you have questions or just need someone to listen, we can help.

Find out more about our support options: **liveruk.org/support**

Call our nurse-led helpline **0800 652 7330**

Useful words

Ascites – a build-up of fluid in the tummy. Ascites causes the tummy to become swollen and can be painful.

Biopsy – a medical procedure to take a small sample of tissue. The sample is then looked at under a microscope to help diagnose or keep track of an illness.

Body Mass Index (BMI) – a way to estimate if someone is a healthy weight. BMI is calculated using someone's height and weight.

Chronic – a long illness. Chronic illness lasts at least six months and might be lifelong.

Cirrhosis – a stage of liver disease. A liver with cirrhosis has serious permanent scarring. It might not be able to work properly.

FibroScan – a brand name for a scanning device used in transient elastography.

Fibrosis – a build-up of scar tissue.

Gastroenterologist – a doctor who specializes in problems with the digestive system.

HE (Hepatic encephalopathy) – changes in the brain caused by liver disease.

Hepatitis – inflammation of the liver.

Hepatologist – a doctor who works with people who have liver disease.

Inflammation –The body's first response to something that could harm it. Inflammation often causes heat, swelling and pain.

Liver blood tests – a group of blood tests that check for signs of damage to the liver.

MASLD (metabolic dysfunction-associated steatotic liver disease) – a liver condition caused by a build-up of fat in the liver.

MASH (metabolic dysfunction-associated steatohepatitis) – a serious stage of fatty liver disease.

Metabolic disorder – any condition in which metabolism is affected.

Metabolism – the chemical processes involved in getting and using energy from food.

NAFLD (Non-alcohol related fatty liver disease) – the old name for MASLD.

NASH (Non-alcohol related steatohepatitis) – the old name for MASH.

Oedema – swelling caused by a build-up of fluid.

Transient elastography (TE) – a type of scan. Transient elastography tests how stiff the liver is. This is a sign of how much damage and scarring there is. Transient elastography is sometimes called a FibroScan.

Ultrasound scan (US or USS) – a scan which takes pictures of organs and blood vessels inside the body.

Variceal bleeding – when enlarged or swollen veins, known as varices, burst and bleed.

Varices – enlarged or swollen veins. Veins in the lining of the intestine, oesophagus and stomach which are enlarged due to portal hypertension. They can bleed if not treated.



Follow this QR code for a full list of medical terms and useful words: liveruk.org/useful-words-glossary

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liveruk.org
info@liveruk.org
0300 1311 292

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