GESA
Gastroenterological Society of Australia

Recommendations for the assessment of metabolic dysfunction-associated fatty liver disease (MAFLD) in primary care

No.	Recommendation
	Who should be assessed for MAFLD?
1.	Adults with obesity and/or type 2 diabetes mellitus, or two or more metabolic risk factors* should be assessed for MAFLD (Evidence quality: Low; Grade of recommendation: Strong)
	How should MAFLD be diagnosed?
2.	Liver ultrasound should be the first-line test to diagnose hepatic steatosis in people at high risk of MAFLD. (Evidence quality: Moderate; Grade of recommendation: Strong)
	What co-morbid conditions should be assessed in people with MAFLD?
3.	People with obesity and MAFLD should be assessed in accordance with the Australian Obesity Management Algorithm. (Evidence quality: Low; Grade of recommendation: Strong)
4.	People with MAFLD should be assessed for undiagnosed type 2 diabetes using measurement of fasting blood glucose or HbA_{1c} levels. (Evidence quality: Moderate; Grade of recommendation: Strong)
5.	People with MAFLD should be assessed and monitored for the presence and risk of future cardiovascular disease according to current Australian guidelines. (Evidence quality: High; Grade of recommendation: Strong)
6.	Baseline assessment for potential comorbid conditions of obstructive sleep apnoea and chronic kidney disease should be considered for people with MAFLD. (Evidence quality: Moderate; Grade of recommendation: Weak)
	How should other aetiologies of liver disease be assessed in people with MAFLD?
7.	People with MAFLD should be assessed for other common causes of fatty liver and liver disease. (Evidence quality: Low; Grade of recommendation: Strong)
8.	People with MAFLD should undergo screening for harmful alcohol use. (Evidence quality: Moderate; Grade of recommendation: Strong)

9.	People with MAFLD and elevated serum aminotransferase levels should undergo baseline evaluation for hepatitis B and C infection. (Evidence quality: Moderate. Grade of recommendation Strong)
10.	People with MAFLD and elevated serum aminotransferase levels should undergo evaluation for iron overload. (Evidence quality: Moderate. Grade of recommendation Strong)
	How should the severity of liver disease be assessed in people with MAFLD?
11.	Non-invasive testing should be offered to people with MAFLD to assess their risk of liver fibrosis. (Evidence quality: Moderate; Grade of recommendation: Strong)
12.	A non-invasive test such as FIB-4, should be offered as an initial test to help "rule out" the risk of advanced liver fibrosis among people with MAFLD. (Evidence quality: Moderate; Grade of recommendation: Strong)
13.	A second-line assessment with liver elastography or a direct liver fibrosis serum test should be performed in people with MAFLD and a FIB-4 score between 1.3 and 2.7. If these are unavailable, referral to a clinician with expertise in liver disease should be considered. (Evidence quality: Low; Grade of recommendation: Strong)
14	People with MAFLD and a FIB-4 > 2.7 or elevated results of a direct liver fibrosis serum test or liver elastogram, should be referred to a clinician with expertise in liver disease. (Evidence quality: Low; Grade of recommendation: Strong)
15	People with MAFLD and clinical, laboratory or imaging evidence of cirrhosis should be referred to a clinician with expertise in liver disease. (Evidence quality: High; Grade of recommendation: Strong)
	How should liver fibrosis in people with MAFLD be monitored over time?
16	People with MAFLD who have an initial non-invasive fibrosis test showing a low risk of advanced fibrosis are recommended to undergo repeat non-invasive fibrosis testing in 3 years. (Evidence quality: Low; Grade of recommendation: Strong)
17	People with MAFLD and a FIB-4 score between 1.3 and 2.7 who undergo elastography or a direct liver fibrosis serum test that shows a low risk of advanced liver fibrosis should be offered repeat testing with a FIB-4 at least every 3 years. (Evidence quality: Low; Grade of recommendation: Weak)
18	For people who are 75 years or older and have MAFLD, routine monitoring for fibrosis progression should be performed on a case-by-case basis, depending on their comorbid conditions and life expectancy. (Evidence quality: Low; Grade of recommendation: Strong)

19.	People with cirrhosis who would be willing and suitable for HCC therapy should be undergoing 6-monthly surveillance for hepatocellular carcinoma using appropriate imaging with or without serum AFP testing. (Evidence quality: Low; Grade of recommendation: Strong)
	How should co-morbid conditions be monitored over time in people with MAFLD?
20.	Weight, BMI and/or waist circumference should be monitored at least annually in people with MAFLD to guide management. (Evidence quality: Low; Grade of recommendation: Strong)
21.	People with MAFLD should be monitored for the development of type 2 diabetes according to current Australian guidelines. (Evidence quality: Moderate; Grade of recommendation: Strong)

AFP = alpha-fetoprotein; BMI = body mass index; FIB-4 = Fibrosis-4; HbA_{1c} = glycated haemoglobin; HCC = hepatocellular carcinoma; MAFLD = metabolic dysfunction-associated fatty liver disease.

*Recommendation 1: **
Metabolic risk factors: waist circumference ≥102 cm for White men and ≥88 cm for White women (or, for First Nations Australians and Asians, ≥90 cm for men and ≥80 cm for women); systolic blood pressure ≥130 mmHg or diastolic blood pressure ≥85 mmHg or drug treatment for high blood pressure; plasma triglyceride levels ≥1.7 mmol/L or drug treatment for elevated triglyceride levels; plasma high-density lipoprotein (HDL) cholesterol levels <1.0 mmol/L for men and <1.3 mmol/L for women or drug treatment for reduced HDL cholesterol levels; and prediabetes (i.e. fasting glucose levels of 6.1 to 6.9 mmol/L, or 2-h post-load glucose levels of 7.8 to 11.0 mmol, or HbA_{1c} level of 6.0% to 6.4%).

These recommendations were first presented in September 2023 at GESA AGW.

The full GESA clinical resource "Recommendations for the assessment of metabolic dysfunction-associated fatty liver disease (MAFLD) in primary care: a consensus statement" is available on the GESA website.

Acknowledgements

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