

Treatment for Fatty Liver Disease

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Metabolic dysfunction-associated steatotic liver disease (MASLD)—the new name for non-alcoholic fatty liver disease (NAFLD)—and its more severe form, metabolic dysfunction-associated steatohepatitis (MASH), are responsible for a growing share of advanced liver disease.

Linked to obesity and diabetes, fatty liver disease is increasingly recognized as a metabolic condition. Over time, the buildup of fat in the liver can lead to inflammation, cirrhosis and liver cancer. Until the Food and Drug Administration approved Rezdiffra (resmetirom) for MASH in March, management relied on lifestyle changes such as exercise and weight loss.

The prevalence of fatty liver disease among people with HIV appears to be somewhat higher than that of the population at large. One recent study found that about half of HIV-positive people with overweight or obesity and even 20% of lean people had liver steatosis.

At the Conference on Retroviruses and Opportunistic Infections, Jordan Lake, MD, of the University of Texas, reported findings from the SLIM LIVER study, which evaluated semaglutide for HIV-positive people with MASLD. Better known by the brand names Ozempic and Wegovy, semaglutide is a GLP-1 agonist used to treat type 2 diabetes and obesity. The pilot study enrolled 51 adults on antiretroviral therapy who had insulin resistance or prediabetes, a large waist circumference and overweight or obesity. They self-administered semaglutide injections once weekly for six months. At that point, 29% showed complete MASLD resolution, and 58% had at least a 30% relative decrease in liver fat. This was accompanied by improvements in weight, waist circumference and glucose and triglyceride levels. “What we saw were really great, clinically significant reductions in liver fat even over that short period of time,” Lake told reporters.

One potential drawback of semaglutide is that it can lead to the loss of lean body mass along with fat. But another SLIM LIVER analysis found that although study participants saw a decrease in psoas muscle volume, muscle function did not decline—and it may have even improved.

