



Can Aspirin Help Treat Fatty Liver Disease?

Aspirin helped reduce liver fat in people with metabolic dysfunction-associated steatotic liver disease, or MASLD.

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Low-dose [aspirin](#) reduced liver fat in people with metabolic dysfunction-associated steatotic liver disease (MASLD, formerly known as non-alcoholic fatty liver disease, or NAFLD), according to [new data](#) presented this month at [The Liver Meeting](#).

Often referred to as “[silent diseases](#),” MASLD and metabolic dysfunction-associated steatohepatitis (MASH, formerly known as non-alcoholic steatohepatitis, or NASH) are responsible for a growing proportion of advanced [liver disease](#), mirroring a global rise in [obesity](#). MASLD can lead to liver fibrosis, cirrhosis and even [liver cancer](#). With no effective approved medical therapies, management depends on lifestyle changes such as weight loss and exercise.

“Even though there are some promising therapeutics in development for MASLD, there is still no [Food and Drug Administration]-approved agent,” Robert M. Wilechansky, MD, a transplant hepatology fellow at Massachusetts General Hospital, told [Healio](#). “We hoped to investigate the potential benefit of aspirin as a low-cost, existing therapy for MASLD based on prior preclinical and observational data supporting the possibility.”

A randomized, double-blind, placebo-controlled trial assigned 80 adults with MASLD and no cirrhosis to take low-dose (81 milligrams) aspirin or a placebo for six months.

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Trial results showed changes in patients’ baseline hepatic fat fraction (HFF), a [measure of liver fat](#). For the trial, researchers assessed the effects of treatment based on the results seen in the intention-to-treat population, according to Healio.

In the aspirin group, researchers found a 6% absolute decrease in HFF, compared with 4.2% in the placebo group in the intention-to-treat population.

“Relative to the key secondary endpoint, the aspirin group showed a relative decrease from baseline MRI-HFF, and this was a significant difference to the placebo group, which actually had a

relative increase in hepatic fat fraction,” Wilechansky said at The Liver Meeting. “Results were consistent in the intention-to-treat and per-protocol analyses.”

Additionally, taking aspirin resulted in a 59.2% reduction in liver fat compared with placebo. About 40% of those who took aspirin had an HFF reduction of at least 30% compared with 12.5% of those with placebo.

“Aspirin also improved indices of liver inflammation and fibrosis, including ALT, AST, the MRI-based cT1 score and liver stiffness by transient elastography,” Wilechansky told Healio.

“We will need larger clinical trials to test the efficacy of aspirin in reversing biopsy-proven steatohepatitis, preventing fibrosis and preventing other adverse clinical outcomes in MASLD,” Wilechansky said. “Overall, aspirin represents a potential therapeutic option for MASLD that is economical, safe and well-tolerated.”

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