



Treating Fatty Liver in People With HIV

According to a study, Egrifta can improve fatty liver disease in people with HIV.

March 2, 2020 By [Benjamin Ryan](#)

The injectable hormone Egrifta (tesamorelin) can improve liver health in people with HIV who have non-alcoholic fatty liver disease (NAFLD).

A recent study enrolled 61 people with HIV and NAFLD, 33% of whom also had the more severe form of the liver disease, nonalcoholic steatohepatitis (NASH). The participants were randomized to receive daily Egrifta or placebo injections.

After one year of treatment, those who received Egrifta had better liver health than those in the placebo group, according to their hepatic fat function (HFF). HFF, which refers to the ratio of fat to other liver tissues, is considered healthy when it is under 5%. Thirty-five percent of those in the Egrifta group saw their HFF normalize, compared with just 4% of the placebo group. Between the study's outset and the one-year mark, Egrifta reduced HFF by 37%.

Those in the Egrifta group also saw greater declines of biomarkers associated with inflammation and liver damage, including ALT liver enzymes.

“Given the increased prevalence and progression rates of fatty liver disease in HIV, the study addresses a critical need in the HIV population and suggests a potentially useful therapeutic that should now be tested further in the HIV population,” said study coauthor Steven Grinspoon, MD, chief of the metabolism unit at Massachusetts General Hospital in Boston.

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