

Fatty Liver Disease Is Common Among Older Adults

A third of older adults may have steatotic liver disease, mostly tied to obesity, metabolic risk factors and low physical activity.

September 29, 2025 By [Sukanya Charuchandra](#)

Steatotic liver disease, but not advanced fibrosis or cirrhosis, is common among older people, according to study findings published in [Nature NPJ Gut and Liver](#). The researchers linked fatty liver disease to poor metabolic health, low physical activity, reduced physical function and having multiple comorbidities.

Steatotic liver disease (SLD) refers to fat accumulation in the liver, irrespective of its cause. It includes [metabolic dysfunction-associated steatotic liver disease \(MASLD\)](#) and its more severe form, metabolic dysfunction associated steatohepatitis (MASH), as well as alcohol-related fatty liver disease (ALD) and steatosis due to both alcohol and metabolic factors (MetALD). Over time, the buildup of fat in the liver can lead to serious complications, including [cirrhosis](#) and [liver cancer](#).

While studies have seen rising rates of fatty liver disease at the population level, the prevalence of SLD among older adults specifically is not well understood.

Annie Britton, PhD, of University College London, and colleagues analyzed the prevalence and risk factors for SLD in 1,021 U.K. residents. Most were white, three quarters were men and the average age was 73 years. SLD and fibrosis were assessed using transient elastography (FibroScan), which uses sound waves to measure liver fat and liver stiffness.

Of the 983 people with valid controlled attenuation parameter (CAP) data, SLD was present in 33%. Of those with SLD, 95% had at least one cardiometabolic risk factor. This was mostly classified as MASLD, but 55 people who reported heavy alcohol use met the criteria for MetALD, and 11 were classified as having ALD.

After adjusting for age and sex, the researchers noted that SLD was linked to overweight or obesity, diabetes, abnormal blood lipid levels, low physical activity, worse motor function, difficulty with activities of daily living and having multiple comorbidities. Overweight or obesity was the strongest cardiometabolic risk factor, nearly quadrupling the odds of having SLD. Low physical activity was associated with a 1.6-fold greater likelihood of SLD. Using a higher CAP threshold,

fatty liver disease was also associated with frailty.

“In this older adult sample, SLD is common and appears more as a marker of multimorbidity and low physical activity than significant fibrosis,” they wrote.

In fact, significant fibrosis was found in just 23 individuals (2.4%). Here, too, diabetes, abnormal lipid levels and having multiple comorbidities were risk factors.

“These data suggest that conventional advice for SLD in younger adults, in terms of cardiovascular exercise, may need to be modified for older adults with different levels of physical performance,” wrote the researchers. “Longitudinal studies in this patient group are warranted to see if SLD is a modifiable risk factor for frailty and multimorbidity in older adults, particularly in view of the rising global prevalence of SLD and the healthcare burden of an aging, multimorbid population.”

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