Real-World Online Conversations on MASH/NASH: A One-Year Social Media Listening Analysis

Amit Dang, **Dimple Dang**, Priyamvada Gaur, Monika Bansal

MarksMan Healthcare Communications (Singapore | India)

Background

- Metabolic dysfunction–associated steatohepatitis (MASH, previously NASH, non-alcoholic steatohepatitis), is the progressive form of MASLD (Metabolic dysfunction–associated steatotic liver disease, previously NAFLD, non-alcoholic fatty liver disease), characterized by steatosis, inflammation, and hepatocellular injury, with risk of fibrosis, cirrhosis, and hepatocellular carcinoma [1,2]
- Strongly linked to obesity, type 2 diabetes, and dyslipidemia, MASLD affects ~25–30% globally, with 20–25% progressing to MASH; most cases remain undiagnosed due to asymptomatic early disease [3,4]
- Updated nomenclature (NAFLD to MASLD; NASH to MASH) emphasizes metabolic drivers and aims to improve recognition [5]
- Emerging therapies (e.g., resmetirom, semaglutide) signal a shift toward disease-modifying treatment, but real-world insights on awareness and care pathways remain limited, highlighting the value of social media listening

Objective

To characterize real-world social media conversations on MASH/NASH, capturing perspectives across awareness, diagnostic pathways, access and affordability, treatment experiences, psychosocial impact, and long-term disease management

Methodology

Framework and Sub-Theme Definition

- 15 sub-themes were defined to capture awareness, treatment decision-making, access, tolerability, daily life impact, mental health, and long-term management over 4 themes **(Figure 1)**.
- Boolean queries were iteratively refined for topic and sub-themes.

Social Media Data Capture

- Retrospective social media data was captured using Talkwalker Social Listening & Analytics Platform across public platforms including X, Facebook, YouTube, Reddit, blogs, forums, and news/press sources
- Global social media posts relating to the topic between January 2025 and January 2026 were identified
- All publicly available posts on NASH/MASH were included
- Unrelated content (ads, spam, duplicates, and other unrelated posts) were excluded
- Only public, de-identified social media data was collected; individual-level data was not collected/linked

Data Analysis

- Descriptive analysis was performed across post volume, platform, geography, and gender distribution.
- Sentiments from social media posts were classified into positive/neutral/negative via AI algorithms and validated on a random sample (n=200–300) by two reviewers (Cohen's kappa = 0.78 indicating substantial agreement)
- Thematic analysis was performed to identify key narratives, concerns, and sentiment drivers within each theme
- Study was conducted in compliance with General Data Protection Regulation (GDPR)
- Since the study involved collection and analysis of publicly available social media posts, ethics approval was not required (as per BPS 2021 Code of Human Research and AoIR 2019 Ethical Guidelines 3.0)

A — Early Disease Experience, Understanding, and Access to Care

1. Awareness and initial discovery
2. Understanding, beliefs, and perceptions
3. Information sources and trust
4. Help-Seeking & Diagnostic Journey
5. Access & Affordability
6. System Navigation & Practical Barriers

B — Treatment Decision-Making, Experience, and Change

1. Treatment Choices & Decision-Making
2. Treatment Experience & Perceived Effects
3. Tolerability, Modification, & Discontinuation

C — Psychosocial, Emotional, and Functional Impact

1. Impact on Daily Life, Roles & Activities
2. Emotional Well-Being & Mental Health
3. Social Support, Caregiving & Community

D — Long-Term Management, Prevention, and Communication

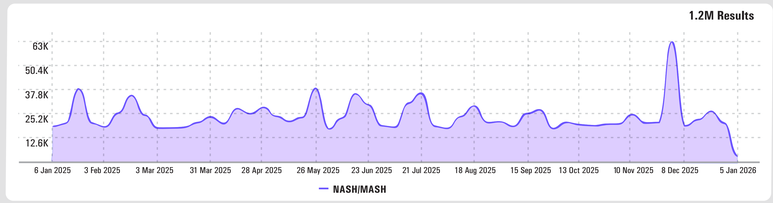
1. Prevention, Risk & Testing/Screening
2. Monitoring, Follow-Up & Long-Term Management
3. Healthcare Communication, Trust & Advocacy

Figure 1: Themes and Sub-Themes Guiding Social Media Data Capture and Analysis

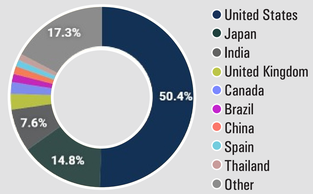
Results

- A total of around 1.2 million posts were retrieved over the period of 1 year. Posts were predominantly in English (73.3%) and US-based (50.4%); X contributed the largest share (68.8%)
- Despite the 2023 transition from NAFLD/NASH to MASLD/MASH nomenclature, public discourse remains dominated by the term "fatty liver"

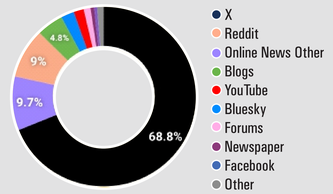
Results over Time



Regional Share of Posts



Share of Media Type



Word Cloud of the Most Frequent Mentions in Social Media Chatter

Overall Sentiment Distribution

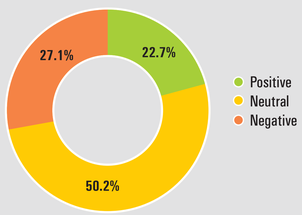


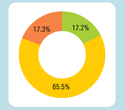
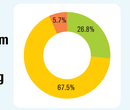
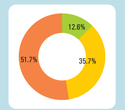
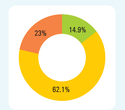
Figure 2: Social media data analysis result

Key Drivers of Positive Sentiment

- Lifestyle modification and nutrition-led self-management
- Optimism around emerging therapies
- Real-world weight loss and metabolic health improvements
- Growing awareness of prevention, liver health, and proactive monitoring
- Interest in integrated, holistic, and preventive care approaches

Key Drivers of Negative Sentiment

- Fear of disease progression, fibrosis, and liver damage
- Diagnostic uncertainty and delayed recognition of disease
- Misinformation and conflicting advice around liver health and treatments
- Anxiety, emotional distress, and stigma linked to obesity/fatty liver disease
- Concerns around safety, side effects, affordability, and limited structured care pathways

Domains and Sentiment Distribution	Key Drivers of Positive Sentiment	Key Drivers of Negative Sentiment
1.Awareness, Perception & Information Ecosystem 	• Lifestyle/nutrition guidance enabling perceived control • Interest in therapies and prevention	• Fear of progression and liver damage • Misinformation and conflicting advice • Concerns on safety and access
2.Access, System Navigation & Decision-Making 	• Real-world weight loss and metabolic benefits • Expanding therapeutic options (e.g., GLP-1s) and telehealth access	• Safety concerns, side effects, and cost barriers • Confusion from mixed messaging on supplements and alternatives
3.Treatment Experience & Outcomes 	• Perceived benefits of lifestyle and self-management • Preventive health focus	• Anxiety on progression and liver damage • Conflicting information and emotional distress
4.Long-Term Management, Support & Trust 	• Optimism on care pathways and metabolic therapies (e.g., GLP-1) • Interest in preventive and integrative approaches	• Anxiety on disease burden and late diagnosis • Misinformation-driven distrust and lifestyle-related concerns

Positive · Neutral · Negative

Table 1: Domain-specific sentiments, drivers, and representative verbatims

Discussion

- Discussions are dominated by "fatty liver" terminology rather than MASH/NASH, indicating that updated nomenclature has not translated into public awareness
- Predominantly neutral, information-driven discourse reflects broad engagement but limited disease-specific understanding
- Negative sentiment is driven by fear of disease progression, diagnostic uncertainty, and misinformation, reflecting asymptomatic early disease and delayed diagnosis
- Strong reliance on lifestyle and alternative approaches highlights gaps in structured clinical pathways and limited awareness of emerging therapies
- High emotional burden and misinformation signal unmet needs in patient education and integrated care
- Emotional Well-Being & Mental Health showed the highest negative sentiment (55.5%), highlighting significant distress and stigma associated with fatty liver disease and obesity
- **Strengths:** Real-world, unprompted insights across the care journey
- **Limitation:** Social media data may capture broader MASLD/fatty liver discourse due to overlapping terminology; subject to selection bias, English/US skew, and limited clinical validation

Conclusion

The social media discussion on MASH/NASH is dominated by "fatty liver" terminology, indicating limited penetration of updated nomenclature and disease-specific awareness. Persistent gaps in early diagnosis, screening, and structured care pathways are evident, with lifestyle-led management dominating despite emerging therapies. Concerns on disease progression, access, and misinformation continue to shape patient perceptions. These findings highlight the need for clearer disease education, earlier detection, and integrated, evidence-based care strategies

References

1. Chalasani N et al. Hepatology. 2018;67(1):328–357.
2. Friedman SL et al. Nat Med. 2018;24:908–922.
3. Younossi ZM et al. Hepatology. 2016;64(1):73–84.
4. Estes C et al. J Hepatol. 2018;69(4):896–904.
5. Rinella ME et al. Hepatology. 2023;78(1):196–207.

[Full list available on request]