Comparative Healthcare Burden of MASH and Non-Alcoholic Cirrhosis: Evidence from an Italian Real-World Administrative Database

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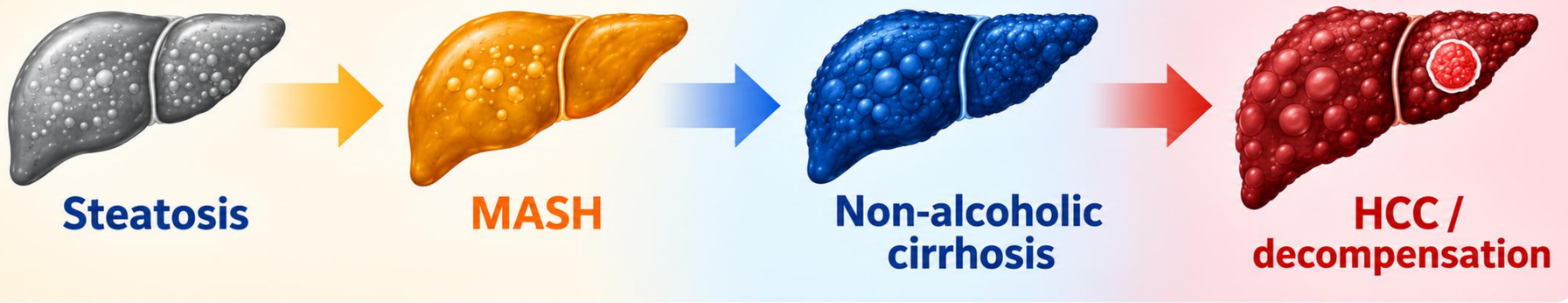
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FONDAZIONE RICERCA E SALUTE

Background

Metabolic dysfunction-associated steatotic liver disease may progress to metabolic dysfunction-associated steatohepatitis (MASH) and subsequently to cirrhosis. Resmetirom, recently approved by the EMA for the MASH, in Italy is currently under negotiation.

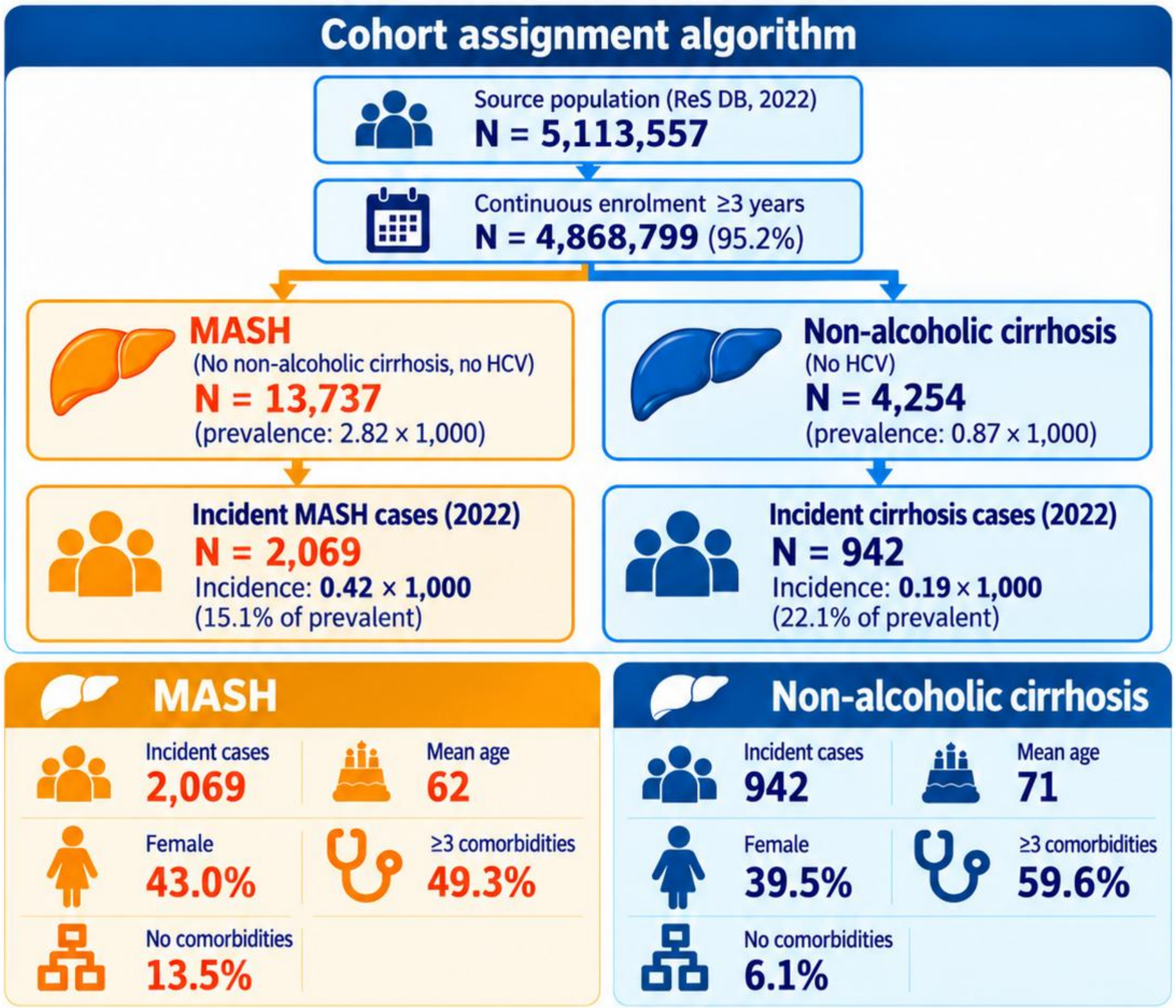


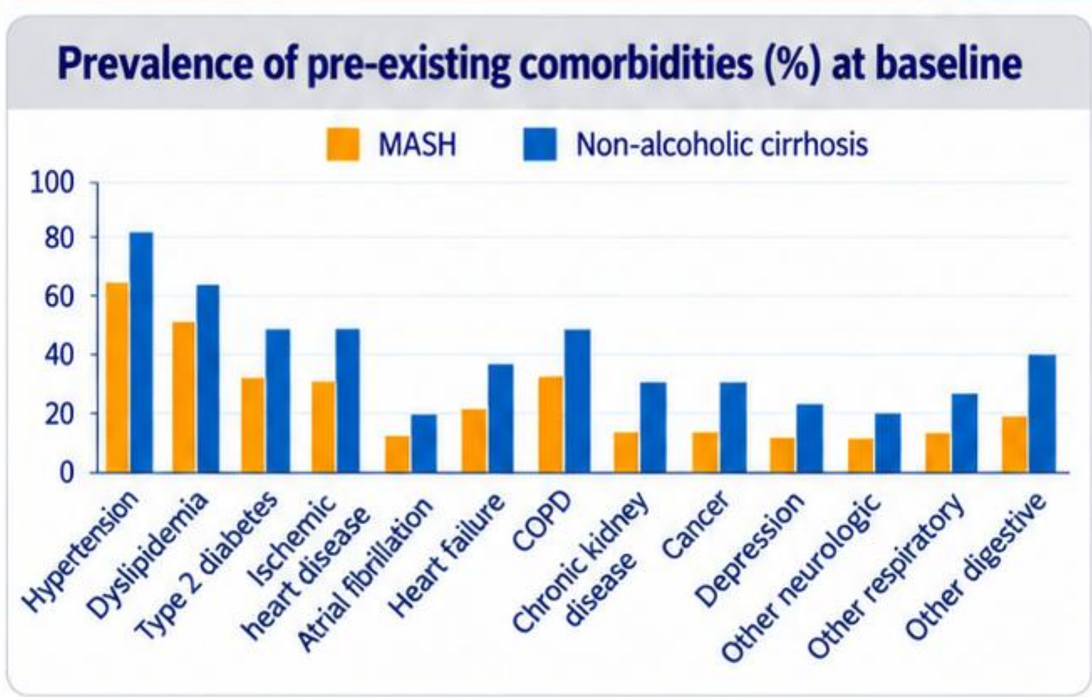
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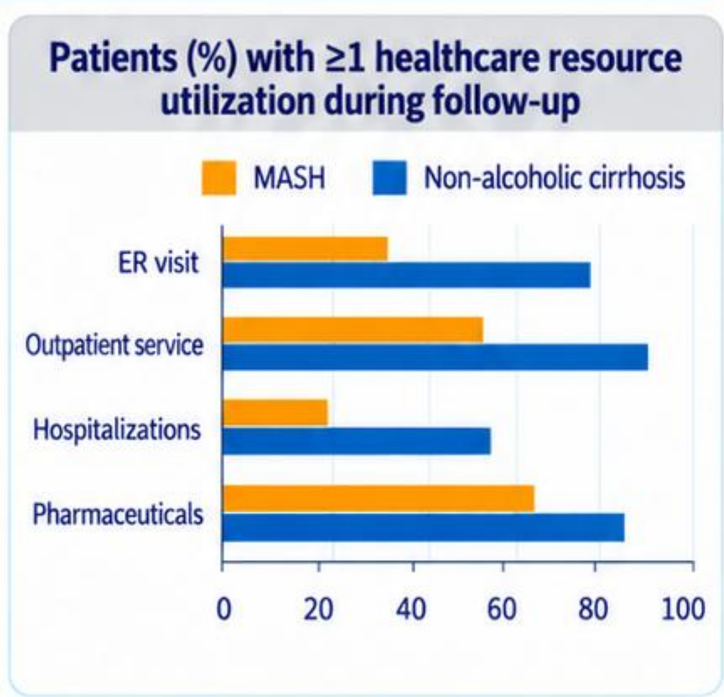
To compare the healthcare burden of patients with incident hospital-recorded MASH or non-alcoholic cirrhosis within the Italian National Health Service (SSN).

Data source and methods

- Fondazione ReS administrative healthcare database (~ 5.1M inhabitants, 2022).
- Patients continuously present in the database for ≥3 years.
- Incident MASH or non-alcoholic cirrhosis identified by first hospital-recorded diagnosis in 2022.
- Baseline demographics and comorbidities described.
- Healthcare resource utilization assessed over 12 months.







Conclusions

In this real-world administrative analysis, patients with incident hospital-recorded non-alcoholic cirrhosis showed substantially higher healthcare utilization compared with those with MASH. These findings highlight the increased clinical burden associated with advanced disease stages, supporting the need for earlier identification and management of patients with MASH.