Changes needed to cope with multimorbidity

Having two or more medical conditions is common and not simply a feature of old age. More research is needed to enable guidance producers to adequately address the healthcare needs of people with multimorbidity.

**Overview:** An increasing number of people have more than one long-term health problem. People with multimorbidity have reduced quality of life, worse health outcomes and die younger. They are also major users of health care, often presenting with complex problems. This raises challenges for health services, particularly because current approaches are, in the main, linked to the management of individual diseases (WHO 2011).

When several professionals are involved in the care of different disorders it can be difficult to ensure good coordination and continuity of care. Issues of time and resource constraints for patients and professionals can arise when managing multimorbidity. Interactions between different conditions and how they are managed may also cause complications. However, some interventions (for example, increasing exercise or changing diet) may benefit multiple disorders (such as, cardiovascular disease and diabetes).

**Current position:** At present, healthcare services, medical research and the education of medical students are dominated by a focus on individual diseases.

NICE guidelines tend to focus on a single condition rather than comorbidity or multiple morbidities. However, NICE has produced guidance on depression in adults with a chronic physical health problem, and Chair of NICE, Professor Sir Mike Rawlins has stressed his wish to produce more guidance that takes into account comorbidity, particularly aimed at helping GPs manage patients with multiple conditions.

**New evidence:** A cross-sectional study analysed data on 40 common chronic conditions from a database of 1.75 million people registered with 314 medical practices in Scotland, to estimate the distribution of multimorbidity, and of comorbidity involving both physical and mental health disorders, in relation to age and socioeconomic deprivation (Barnett et al. 2012).

The results showed that around 2 in 5 patients (42%) had one or more conditions, and almost a quarter (23%) had 2 or more. Although the prevalence of multimorbidity (2 or more conditions) increased substantially with age and was present in most people (64.9%) aged over 65, the majority of people with multimorbidity were under 65 (210,500 compared with 195,000).

Young and middle-aged adults living in the most deprived areas had rates of multimorbidity equivalent of people aged 10–15 years older in the most affluent areas. Socioeconomic deprivation was particularly associated with the combination of physical and mental health disorders. People living in deprived areas were twice as likely to have a coexisting mental health disorder as those in affluent areas. The risk of having a mental health disorder also increased as the number of physical morbidities increased. Those with 5 or more physical conditions were around 4 times more likely to have a coexisting mental health disorder.

The authors raise a need for further research into how multimorbidity develops, its association with a range of outcomes, how preventable these outcomes are, how to intervene to minimise them, and how best to organise healthcare to address the needs of people with multimorbidity.
Commentary: "This paper adds to a growing body of international evidence on multimorbidity and its relationship to age and socioeconomic status (Marengoni et al. 2011). Importantly, it includes mental health conditions, which in addition to their own importance, can be overlooked in the presence of physical conditions and may adversely affect engagement with treatment. It also begins to identify associations between conditions, and between specific conditions and socioeconomic status, which could form a basis for the development and evaluation of interventions targeting clusters of conditions, as well as for service planning. However, it does not consider the cumulative effect of multimorbidities. Some people may be relatively unaffected or have well-managed conditions, but for others the consequences will be severe.

"Evidence about common clusters of conditions is needed to ensure all health professionals develop a better understanding of multimorbidity, in order to prioritise problems and tailor interventions, including lifestyle changes, to an individual’s needs and circumstances.

"The change in responsibility for the delivery of public health from the NHS to local authorities is an opportunity to focus on approaches to prevention which take into account individual behaviour as well as environmental and social factors.

"Both clinical and public health guidance needs to address multimorbidity, although this will be hampered by an initial lack of evidence. New methods for synthesising and analysing existing data on single conditions may need to be developed to support this.” – Dr Hilary Chatterton, Public health analyst, NICE.

About this article: This article appeared in the September 2012 issue of the Eyes on Evidence newsletter. This free monthly newsletter from NICE Evidence outlines interesting new evidence and what it means for current practice. They do not constitute formal NICE guidance. The opinions of contributors do not necessarily reflect the views of NICE.

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