

HRB Centre for Primary Care Research Research Briefs

Providing effective healthcare for people with multimorbidity



Multimorbidity is the term used to describe the co-existence of two or more chronic conditions in an individual. Patients with multimorbidity are more likely to die prematurely, be admitted to hospital and have longer hospital stays than patients with single conditions.

Additionally, patients with multimorbidity have a poorer quality of life, experience a loss of physical functioning and are more likely to experience depression. It is increasingly becoming the norm, rather than the exception in primary care patients. Despite this, the delivery of chronic disease care to patients is usually built around single diseases and there is a limited coordination of care for patients with multimorbidity. Multimorbidity is a challenging for practitioners and patients; however it has attracted surprisingly little research interest.



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Systematic Review of interventions to improve outcomes for patients with multimorbidity in primary care and community settings



Researchers at the HRB Centre for Primary Care Research (www.hrbcentreprimarycare.ie) have collaborated with colleagues in the University of Sherbrooke in Canada to conduct a systematic review of studies that have examined interventions designed to improve care and outcomes for patients with multimorbidity in primary care settings. This review has been published in the Cochrane Library and in the British Medical Journal.

The review identified only ten randomised trials examining interventions in 3407 patients with multimorbidity, which highlighted the scarcity of research into interventions to improve outcomes for patients with multimorbidity. Most studies looked at multimorbidity in older patients alone or examined specific conditions co-existing together such as diabetes and depression.

The review found that interventions were more likely to be effective if they were targeted at specific risk factors for people with common combinations of conditions or focused on areas where patients have difficulties, such as with activities of daily living or the management of multiple medications. The least effective approach seemed to be to target patients directly to try and alter their behaviour without addressing specific problems or linking with healthcare providers.

The review concluded that there is a need to clearly identify patients with multimorbidity who are at increased risk of adverse events in order to develop cost effective and specifically targeted interventions that can improve health outcomes for such patients.

The articles can be viewed at

[1] Smith SM, Soubhi H, Fortin M, Hudon C, O'Dowd T. Interventions to improve outcomes in patients with multimorbidity in primary care and community settings. Cochrane Database of Systematic Reviews: Protocols 2007 Issue 2 John Wiley & Sons, Ltd Chichester, UK DOI: 10.1002/14651858CD006560. 2007. <http://www.ncbi.nlm.nih.gov/pubmed/22513941>

[2] Smith SM, Soubhi HS, Fortin M, Hudon C, ODowd T. Managing patients with multimorbidity: systematic review of interventions in primary care and community settings. BMJ. 2012 2012-09-03 12:34:34;345. <http://www.ncbi.nlm.nih.gov/pubmed/22945950>

A Podcast summarising the review

findings can be found at

<http://www.cochrane.org/podcasts/issue-4-april-2012/interventions-improve-outcomes-patients-multimorbidity-primary-care-and->