Multimorbidity

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IT HAS BEEN ESTIMATED that half of the patients at general practice encounters, and one-quarter of the Australian population, have two or more diagnosed chronic conditions.[1] This is of concern as patients with multiple chronic conditions have been shown to have a decreased quality of life,[2] higher use of health services[3] and increased risk of mortality.[4] Such patients are at risk of receiving fractured care, as our healthcare system is structured to provide care for single diseases, especially in the tertiary sector.

In 1970, Feinstein coined the term 'comorbidity' to describe 'any distinct additional entity that has existed or may occur during the clinical course of a patient who has the index disease under study'.[5] However, this concept of 'comorbidity' is disease-centric, and while this is a useful concept for medical specialists, it further entrenches the disease-specific structure of Australia's healthcare system. By contrast, multimorbidity, commonly defined as the 'co-occurrence of two or more chronic conditions within one person without defining an index chronic condition',[6] has the person, not a disease, as the focus. The concept of multimorbidity is thus more useful in a primary care setting, as the general practitioner's (GP's) focus is not on one particular condition, but on the holistic care of the patient.

Over the previous decade, there has been a range of incentives for GPs to manage patients' chronic conditions; however, there is no agreed definition of what constitutes a chronic condition, let alone an agreed definition of multimorbidity.[6] In this issue, Gordon et al[7] outline a set of criteria for what constitutes a chronic condition. From these criteria, they provide a more extensive list of chronic conditions than the few commonly considered. They hope their definition will be used as a starting point for researchers, clinicians and policymakers to agree on a standard definition.

The care of patients with multimorbidity can be complex and overwhelming. There are few guidelines that have been developed specifically for people with multimorbidity.[8] Disease-specific guidelines are often not appropriate for the care of patients with multimorbidity, as they are based on clinical trials, which rarely include patients with multiple chronic conditions.[9] Rigidly following disease-specific guidelines for all the conditions a patient with multimorbidity has can be detrimental to the patient's health, leading to polypharmacy and care that is often contraindicated.[10] Managing each condition can also create a treatment burden that is unmanageable for patients. In this issue, Leeder et al[11] report the treatment burden faced by patients with multimorbidity. These patients found their medication management 'complicated, time-consuming, inconvenient and confusing', and the authors suggest GPs review patients' medications with the aim of deprescribing.[11]

Patients with multimorbidity can be overwhelmed by the treatment burden involved. A technique shown to be successful in empowering patients to make relevant lifestyle and behavioural changes is motivational interviewing. In this issue, McKenzie et al[12] provide a practical overview of how GPs could use motivational interviewing when caring for patients with multimorbidity.

Multimorbidity poses a great challenge for patients who live with it, and to the healthcare system. Although policymakers in different countries are beginning to consider multimorbidity, there remain gaps in guidelines and policy relevant to healthcare systems in Australia and elsewhere.[8] There will be no simple solution to this challenge, but any solution is likely to involve improved integration of the healthcare system[11] and patient-centred care delivered by well-supported GPs.[12]

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