1. There is no standard definition of ‘multimorbidity’ – various different definitions are used. Which definitions (or aspects of definitions) do you think are most helpful to efforts to describe and understand multimorbidity?

I still believe the core element of multimorbidity is the co-occurrence of two or more chronic diseases within one person. This is to be distinguished from comorbidity, where an index disease is mentioned. Increasingly, I see publications where the two are mixed up (again), e.g. the multimorbidity of cardiovascular diseases. By definition, in my opinion this is comorbidity.

2. What are the key data, and what data sources exist, on the prevalence, burden (including costs and impact on health systems) and determinants of multimorbidity? Are there significant gaps in such data and, if so, what are they?

In many western countries there are large representative (care based) databases that can provide valuable information. In LMIC more money and energy should be made available to study mulrimorbidity as well. The sparse information from those countries show a fast catch-up in terms of the transition from communicable to (chronic) non-communicable diseases.

5. What are the key sources of funding for research into multimorbidity? Are there gaps in funding and, if so, where?

In my experience there are no key sources that fund research into multimorbidity.

6. What should the definition of ‘multimorbidity’ be? How would this definition improve research and/or treatment?

See 1

7. What are the priorities for research about the prevalence, burden and determinants of multimorbidity?

Look into the longitudinal development of disease patterns and identify vulnerable groups.
9. What are the priorities for research about the management (as defined above) of patients with multimorbidity?
Include patient preferences.

How to better support health care professionals managing patients with (complex) multimorbidity?

10. What should be the strategic response of both national and international research funders and agencies be to multimorbidity?
To improve quality of care and patient satisfaction through care that is better needs and preferences. In the long term, this will also be more cost-effective.