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Is this input submitted as an organisational or individual response?
Organisational

Are you happy for your response to be published by the Academy?
Yes

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?
This submission is based on a NIHR HSDR funded project in which we used the definitions:

Multimorbidity is usually defined as being when an individual has two or more long-term

conditions where no condition is given primacy.

Comorbidity is the other term commonly

used in this field, and is defined as the presence of one or more other condition in someone

with a particular condition of interest.

Reference: Guthrie B et al. Better guidelines for better care: accounting for multimorbidity in clinical guidelines. NIHR project reference 11/2003/27 (final report in press)

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?
there is a reliance on CPRD and other data sources from general practice

this needs to be supplemented with hospital data that accurately records multimorbidity in a joined up way with primary care data

3. What are the key data, and what data sources exist, on the prevention of multimorbidity? Are there significant gaps in such data and, if so, what are they?
I do not have experience in this area

4. What are the key data, and what data sources exist, on the management of multimorbidity? Are there significant gaps in such data; if so, what are they?
Few clinical guidelines take account of multimorbidity

when they do, this is often in an add hoc manner

the report by Guthrie B et al. Better guidelines for better care: accounting for multimorbidity in clinical guidelines. NIHR project reference 11/2003/27 (final report in press)

summarises this issue

5. What are the key sources of funding for research into multimorbidity? Are there gaps in funding and, if so, where?
NIHR has funded a number of research proposals from: HTA; HSDR; RfPB; PGfAR

There is a need for methodological research in evaluation methods funded by eg. MRC methodology stream

6. What should the definition of 'multimorbidity' be? How would this definition improve research and/or treatment?
I think a useful definition is

Multimorbidity is usually defined as being when an individual has two or more long-term

conditions where no condition is given primacy.

7. What are the priorities for research about the prevalence, burden and determinants of multimorbidity?
epidemiological evidence on how often do conditions occur together

how does having more than one condition impact on health status

how does having more than one condition impact on healthcare resource use

8. What are the priorities for research about the prevention of multimorbidity?

do not know

9. What are the priorities for research about the management (as defined above) of patients with multimorbidity?

The following research priorities were identified in Guthrie et al. Better guidelines for better care: accounting for multimorbidity in clinical guidelines. NIHR project reference 11/2003/27 (final report in press)

single-disease guideline development could better account for multimorbidity by

(a) Using epidemiological data characterising the guideline population to inform guideline development group consideration of applicability and extrapolation of evidence, and interactions;

(b) Systematically comparing the absolute benefit of long-term preventive treatments in order to inform decision-making in people with reduced life-expectancy and/or high treatment burden;

(c) Modifying the output from economic models used in guideline development to examine time to benefit in terms of the pay-off time and to consider benefit in people with competing mortality risks from other conditions.

10. What should be the strategic response of both national and international research funders and agencies be to multimorbidity?

Difficult to answer this

Research priorities should be based on a number of parameters

From an economics point of view, this should be done so that future research addresses the areas of existing uncertainties using value of information approaches. However, these methods focus on using model-based economic analysis and may not also capture other demands such as patient and clinician preferences for future research which should also be taken into account