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Is this input submitted as an organisational or individual response?

Individual

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?

Usual definition is 2 or more long term conditions which includes mental or physical. NICE Guidelines have recently published guidelines that give more examples. The issue is 2 out of what list? This depends on the context of the study and what any intervention hopes to achieve. In the paper by Barnett et al 2012 in the Lancet we used a broad brush approach with 32 physical and 8 mental conditions.

many people have tried to look for clusters of conditions in multimorbidity and common combinations. These attempts have generally not been helpful as so many people have conditions that cut across the clusters. However, Marjan van den Akker did a useful systematic review on this topic a few years ago.

It has also been argued that multimorbidity should include social 'conditions' and the definition proposed by the European General Practice Research Network is a broad one that includes social aspects. In other countries, multimorbidity is called complexity and the work of the Bridgepoint Collaboratory in Toronto for example, include a social problem in their definition of patients with complex chronic conditions.

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?

We have many gaps in terms of health service utilisation and the impact of quality of services, especially quality of primary care.

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?

We published a systematic review a few years ago showing that there are very few cohort studies in multimorbidity worldwide (France et al in BJGP)

Gaps are usually in terms of combined health and social care data and quality of care

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?

High gap. Recent Cochrane Review by Smith et al 2016 found only 18 studies worldwide. A key gap is around intervention for different ethnic groups and people of low SES. We recently developed and published a cluster RCT on the latter...see Mercer et al 2016 BMC Medicine

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

Still hard to get funding. Very hard to get international funding.

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

Other than 2 or more conditions there cannot be one over-riding definition..it all depends on the context of the study. Generally though very important to include mental health problems.

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

We need more big cohorts designed to look at multimorbidity specifically in terms of its evolution across the life-course. Not just elderly!

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

To understand the risk factors, and what can and cannot be explained by traditional risk factors. Also interventions that work...assuming a proven intervention in a single-disease group will work in a multimorbid group is quite wrong

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

Development of complex interventions (eg MRC Guidelines) and large definitive RCTS of complex interventions, usually cluster design

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

To fund interventions