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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?

The usual definition is two or more Long Term Conditions (LTCs), which can be either mental or physical. Including both is of crucial importance as both affect health and wellbeing. Defining which conditions should be included depends on context and disease prevalence.

For examples, Lower and Middle Income countries will have different sets of LTCs to be considered. These may include schistosomal disease, trypanosomiasis, deficiency disorders as well as rising incidence of obesity related conditions like diabetes. High prevalences of HIV/AIDS, now a LTC, should also be taken into account.

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?

Much health service data are still gathered on the basis of single disease prevalence including utilisation of services. This is increasingly inappropriate in view of the prevalence of MM. Data relating the quality of primary care to MM prevalence and treatment burden for patients are urgently needed.

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?

There are very few studies of this. Prevention should be taken to include action on the social determinants that often underpin the development of MM throughout a person's life.

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?

There are large gaps in this area. A recent Cochrane review summarised recent evidence in this area but highlighted that larger scale

trials were required. It is generally acknowledged that there is a mismatch between the increased focus on medical specialities and super-specialities dealing with single diseases over the past decade and the increase in MM.

The management of MM requires a generalist approach by a GP that takes account of the inter-relationship between the different conditions and treatments, and the impact of each on the individual. There is little research data on this and a focus on goals that are important to the patient as well as biotechnical data seem important to reflect shared decision making.

Refs:

http://www.cochrane.org/CD006560/EPOC_improving-outcomes-people-multiple-chronic-conditions

Reeve J. Protecting generalism; moving on from evidence based medicine? *British Journal of General Practice* 2010; 60: 521-23. DOI: 10.3399/bjgp10X514792

De Maeseneer J, Boeckxstans P. MacKenzie lecture 2011: multimorbidity, goal oriented care and equity. *British Journal of General Practice* 2012. e522-24. DOI: 10.3399/bjgp12X652553

Calderwood C. Realistic Medicine: CMO's annual report 2014-2015. NHS Scotland
<http://www.gov.scot/Resource/0049/00492520.pdf>

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

The standard sources of funding should be appropriate for MM research. The effect of social determinants of the impact and prevalence of MM requires targeted funding

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

Our view is that the standard definition is appropriate

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

Long term large cohort studies of MM determinants, prevalence and burden (including treatment burden).

Social determinants and MM

Focussed qualitative studies on each of the three above

Health economic studies on the health and welfare costs of MM

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

Approaches which look at both traditional risk factors, social determinants and the interaction between mental and physical conditions

(where these can be separated)

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

Approaches which examine the effect of expert generalist GP care into reducing or mitigating the prevalence and severity of MM

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

Understanding of the growing importance of MM in its effects on health and costs to health and welfare systems.

Development of national and international collaborating centres to examine these issues in depth