

Personalized interventions work best for people with multiple, chronic illnesses

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People with multiple chronic medical conditions are helped by medical interventions that target personal risk factors and/or their ability to perform daily activities. Interventions aimed at general case management or enhancing teamwork among a patient's care providers are not as effective, finds a new review in *The Cochrane Library*.

Previous research has shown that patients with multiple chronic medical problems—or multimorbidity—are significantly more likely to die prematurely, have longer hospital stays, report poor quality of life and have difficulty managing their multiple medications. Recent research shows that more than 65 percent of Medicare patients have multiple chronic conditions.

Few studies have focused on ways to help patients with multimorbidity, said Susan M. Smith, M.D., a physician at the Royal College of Surgeons in Dublin, Ireland, who led the review team. Additionally, the limited studies that do exist have focused primarily on identifying the characteristics of this group or the societal or financial impact of their care, rather than on effective interventions.

After narrowing their review to 10 high quality clinical trials, the evidence review discovered a wide variety of interventions, ranging from occupational and physical therapy aimed at improving physical functioning in older adults and preventing falls, to a “guided care” program for older adults that provided services such as a home-based evaluation and coordination of care among several providers.

The researchers found that interventions that are patient centered, such as those that address individual risk factors or how to take the right medications at the right times, were the most effective at improving people’s health. In contrast, more general interventions that focused on physicians and systems were not as effective at improving health.

“Interventions for patients with multimorbidity need to be targeted at specific problems experienced by these patients,” Smith said. Additionally, she adds, the review highlights the scarcity of data even on interventions with proven effectiveness. “We need further trials of such interventions before we can recommend any intervention as being cost effective for these [patients](#).”

Richard Sadosky, M.D., an associate professor of family medicine at SUNY Downstate Medical Center in Brooklyn, N.Y., agreed that individualizing interventions can be a helpful solution to multimorbidity, especially in the elderly, disadvantaged population. “The dilemma is that this is the most difficult type of intervention to do,” he said. “First you have to assess the patient, see what their levels of self-efficacy are, their

levels of advantages or disadvantages in terms of economics and living circumstances, and evaluate their medical knowledge and ability to understand healthcare principles. That takes time that a physician may not feel he has.”

More information: Smith, S.M., et al. (2012) Interventions for improving outcomes in patients with multimorbidity in primary care and community settings. *The Cochrane Library*, 4.

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