

# Global burden of multiple serious illnesses must be urgently addressed: report

April 19 2018

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Increasing numbers of people worldwide are suffering life-long disability and dying prematurely due to the ineffective treatment of people with multiple health conditions, a new report suggests.

The report from the Academy of Medical Sciences, published today (19 April 2018), points to an alarming lack of information about multimorbidity, a scenario where a patient suffers several diseases simultaneously.

While it is well known that multimorbidity is common and on the rise, the exact extent of the problem and the rate at which it is growing is not understood. It is reported to affect anywhere between 13-95% of patients globally, a range so wide that it indicates just how little is known about this global burden. The causes of multimorbidity are poorly understood and strategies for its prevention are lacking.

The report, produced by a working group of 17 international health experts, is the first to address the problem of multimorbidity on a global scale and highlights the inadequacy of the evidence required to guide health policy and medical practice. The project was supported in part by the UK Department for Business, Energy and Industrial Strategy.

Most health services, including the NHS, are not designed to care for patients with multiple illnesses. This is likely to contribute to the increasing pressures on health systems and budgets worldwide, the report suggests. It concludes that without a better understanding of

multimorbidity, it will not be possible for any country to plan future healthcare resources and redesign services effectively.

Health [conditions](#) that frequently group together include heart [disease](#), high blood pressure, diabetes, cancer, depression, anxiety, chronic obstructive pulmonary disease (COPD) and chronic kidney disease. However, it is unclear why some of these conditions cluster together, making it difficult to predict which patients may be most in need of preventive steps or increased care.

Evidence suggests multimorbidity is most common in women and people with low income, and is increasingly common in young people as well as in older people.

Professor Stephen MacMahon FMedSci, Chair of the Academy of Medical Sciences multimorbidity working group, said:

"While we know multimorbidity is very common, we don't know precisely how many people live with multiple serious illnesses. From what we do know, I estimate tens of millions of Britons suffer from multimorbidity, and globally the number could be a billion. Similarly, while we know multimorbidity is increasing, we don't know how quickly or which groups are experiencing the biggest increases.

"This report should be the tipping point of recognising that multimorbidity is an enormous threat to global health. It is a priority to get the evidence we need to develop effective strategies for prevention and treatment."

The scientific community does not have an agreed definition of multimorbidity, which has hindered essential research needed to improve prevention and treatment. The report provides a new definition of multimorbidity and recommends that this be adopted by researchers

globally.

Physical and mental [health conditions](#) often cluster together. Poor mental health can negatively affect quality of life and life expectancy more so than having multiple physical illnesses. The report highlights evidence that [mental health conditions](#) can lead to reduced physical health and vice versa. For example, type 2 diabetes has been reported to increase the risk of depression, and adults with depression are 37% more likely to develop type 2 diabetes. However, the division between health services treating mental and physical health often means that patients suffering from both physical and mental conditions are at particular risk of poor care.

Clinical trials of new medicines often exclude patients with multiple conditions, leaving significant gaps in knowledge about effective treatments of those with multimorbidities. This could raise questions about the applicability of the evidence on which drugs are used, given that many long-term diseases do not exist in isolation.

The scale of multimorbidity also raises questions about the suitability of healthcare systems which are organised around treating single diseases or individual organs, the norm in most major hospitals. It also raises questions about the way in which general practice is organised - specifically whether individual GP consultations are generally too short to enable comprehensive management of multiple conditions.

Professor Stephen MacMahon added:

"How to prevent and manage multiple diseases is a challenge that GPs face every day, yet we have almost no evidence on which to provide guidance as to how to do this most effectively.

"We are facing a tidal wave of patients living with multiple long-term

health conditions, and our report demonstrates how little we know about how to manage this. Outcomes appear to be worse in these patients and yet there is growing evidence that people with multimorbidity are less likely to receive appropriate care for the individual diseases they have. We face a situation where those in greatest need are least likely to receive appropriate care.

"For too long we've focussed almost exclusively on the management of single diseases, such as cancer and HIV. This means we have neglected the reality that most people with any one long-term disease typically have others."

Professor Melanie Davies, member of the report working group, said:

"We are all familiar with multimorbidity in the older population, but as a diabetes doctor I am seeing many type 2 diabetes patients under the age of 40 years with multiple serious illnesses which is a real concern.

"Our healthcare system is traditionally arranged around caring for single illnesses. With increasing recognition that treatment for patients with multimorbidity is often less effective, we are in desperate need of information to help us reorganise health services to deal with this challenge."

Professor Sir Robert Lechler PMedSci, President of the Academy of Medical Sciences said:

"People living with more than one illness often have more medical appointments and medications to manage, and doctors can struggle to balance their care. The toll of this can have a big impact on the quality of life of patients and their families.

"Multimorbidity is not an intangible problem. Research can give us the

[evidence](#) needed to tackle this major health challenge and improve [patients'](#) lives across the globe.

"So far medicine has excelled in treating single illnesses, but if we are to improve the quality of life for the millions living with multiple [health](#) conditions we must get better at treating the whole person and all of their illnesses."

The [report](#) suggests tackling multimorbidity will be essential to reach the Sustainable Development Goals set out by the United Nations, and to progress towards the WHO framework on 'integrated people-centred' [health services](#).

Provided by Academy of Medical Sciences (UK)

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