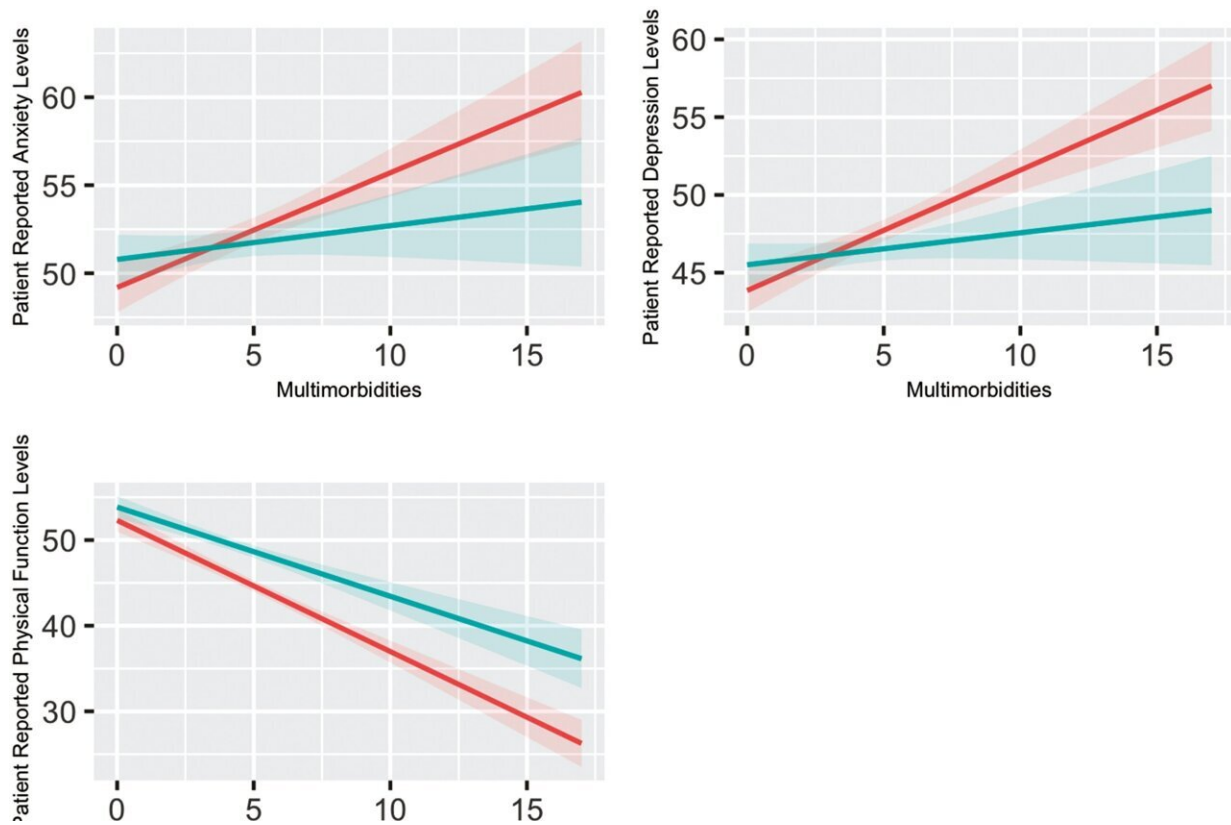


With age, accumulating health problems can increase risk of depression and anxiety

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Associations between multimorbidities and anxiety, depression, and physical function, moderated by race. Credit: *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences* (2024). DOI: 10.1093/geronb/gbad173

As the global population ages, more and more research is focusing on the effects of multimorbidity: the presence of two or more long-term health

conditions.

A new study from Northwestern Medicine has found people with multiple [chronic conditions](#) reported persistently high levels of anxiety and depression, and worse physical function. Compared to white study participants, those who identified as non-white experienced worse health-related quality of life as multiple chronic health conditions increased, the study found.

"As people get older, it's not just that they develop hypertension and that's it. It's that these conditions—which are often very manageable—start to accumulate, and, unfortunately, along with that come some negative quality-of-life side effects," said corresponding study author Eileen Graham, associate professor of medical social sciences in the social determinants of health division at Northwestern University Feinberg School of Medicine.

What may begin in earlier adulthood as a less severe condition may increase in severity with age and may be compounded by developing other conditions. For example, a person may be diagnosed with hypertension in midlife, then later develop type-2 diabetes and arthritis.

"There are so many unknowns with a complicated care regimen, such as needing to coordinate with multiple doctors, taking contra-indicating drugs and dealing with possible complications, it can lead to anxiety in patients," Graham said. "Between that and the impaired physical function that is associated with having multiple conditions, all of these may contribute to higher reports of depressive symptoms."

'Sobering racial health disparity'

The most sobering finding, Graham said, was the decreased quality of life from multi-morbidities among racial minorities.

"I was disappointed, but not entirely surprised, to see that the effect of multimorbidity on quality of life was much starker among non-white individuals," Graham said. "This points to a greater need to understand how the health care system can better support people from underrepresented communities."

The study was [published](#) Jan. 29 in the *Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*.

Higher depression reported in certain diseases

The chronic conditions experienced by people in the study were wide ranging, Graham said. They included angina, hypertension, high cholesterol, [liver disease](#), thyroid disease, [celiac disease](#), [chronic kidney disease](#), gout, arthritis, [peripheral artery disease](#), diabetes, lung fluid, bronchitis, cataracts, deafness, hearing problems, hip fracture, asthma, emphysema and cancer.

The study found higher depression among people with circulatory, musculoskeletal, metabolic and [respiratory diseases](#), but not for digestive diseases, kidney or ear disease, cataracts or cancer. Those with respiratory diseases tended to start out with high rates of depression but their depression improved over time.

Next up: How to help older adults mitigate these effects

Graham said more research is needed that explores what sorts of supports are needed for [older adults](#) to mitigate these impacts. Better coordination among care providers to help alleviate patient anxiety surrounding care regimens could help, Graham said, or assistance from health care systems to help patients build a more robust support network.

The study used data from the Health Literacy and Cognitive Function Among Older Adults Longitudinal Study, a prospective cohort study of adults in late midlife and older adulthood. Participants were enrolled from August 2008 through October 2010 from one academic general internal medicine clinic and six federally qualified health centers in the Chicago area.

Throughout the study, participants reported anxiety, depression and physical function using the Patient Reported Outcomes Information System (PROMIS), chronic conditions and socio-demographic characteristics.

More information: Eileen K Graham et al, Longitudinal Associations Between Multimorbidities and Patient-Reported Quality of Life, *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences* (2024). [DOI: 10.1093/geronb/gbad173](https://doi.org/10.1093/geronb/gbad173)

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