# Bridging the gap







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## Multiple long term conditions, multimorbidity, and co-morbidities: we should reconsider the terminology we use

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There is an increasing global interest in multiple long term conditions—defined as the co-occurrence of at least two chronic conditions in the same individual—and also known as "multimorbidity." People with multiple long term conditions have a poorer quality of life, have greater healthcare needs and increased mortality. The prevalence of multiple long term conditions is increasing and therefore there is now a shift in healthcare from traditional single

chronic condition such as diabetes mellitus, stroke, depression and asthma <sup>8</sup>

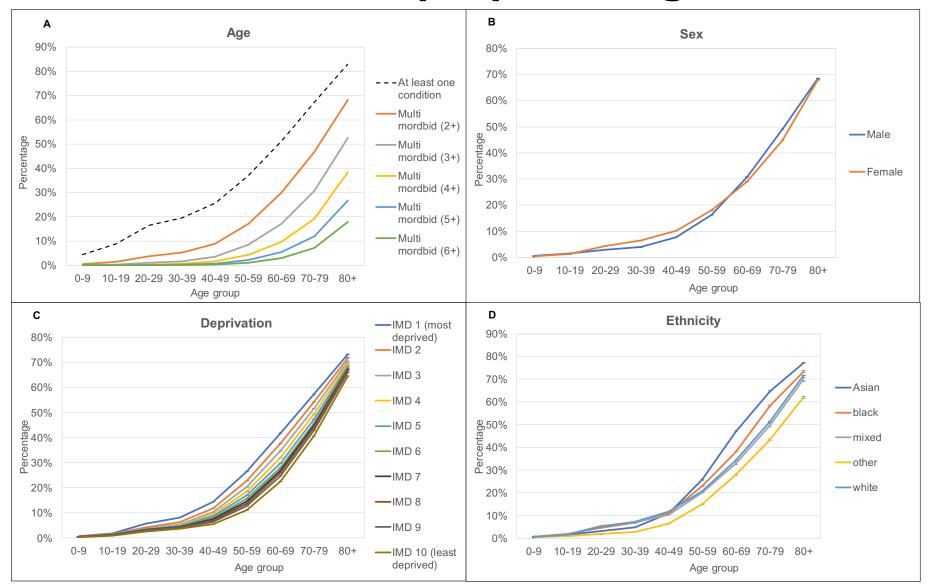
In discussion with patients we should avoid the use of the term multimorbidity and instead use other terms such as people with multiple long term conditions. With the increasing prevalence of multiple long term conditions, there is an urgent need to revisit the terminology we are using.

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MLTC = co-occurrence of at least two chronic conditions in the same individual

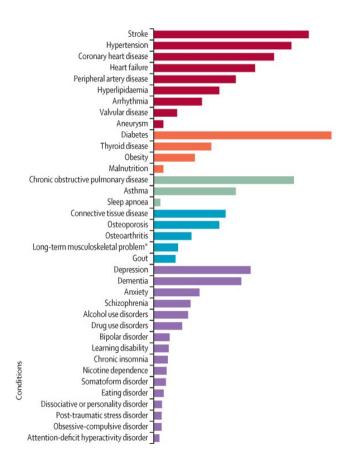
Comorbidity = combined effects of additional conditions in reference to the index chronic condition such as diabetes mellitus, stroke, depression and asthma

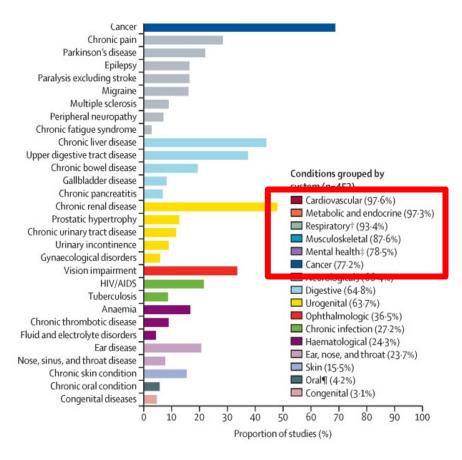
# Prevalence of MLTC by age, sex, deprivation and ethnicity 60 million people in England



# Examining variation in the measurement of multimorbidity in research: a systematic review of 566 studies

Long-term conditions included in multimorbidity measures

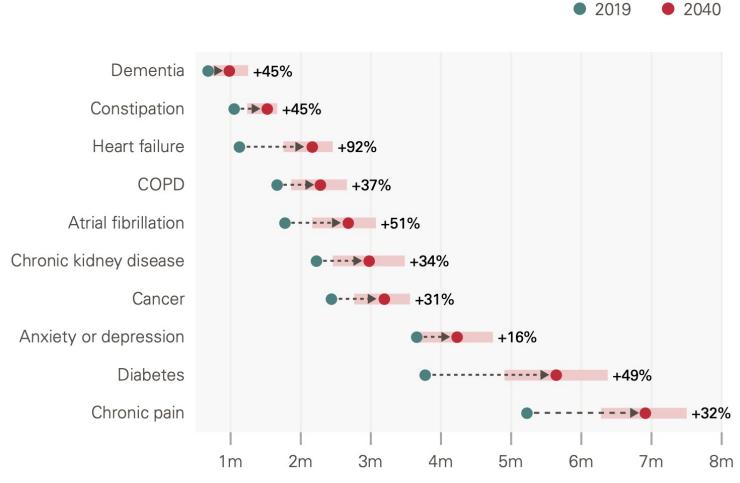






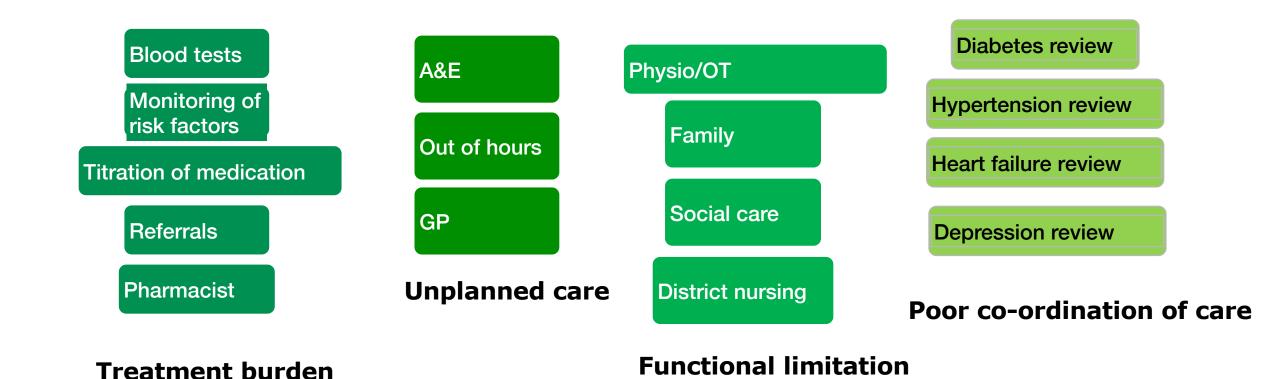
#### Scale of the problem

#### Ageing population



Source: Analysis of linked health care records and mortality data conducted by the REAL Centre and the University of Liverpool.

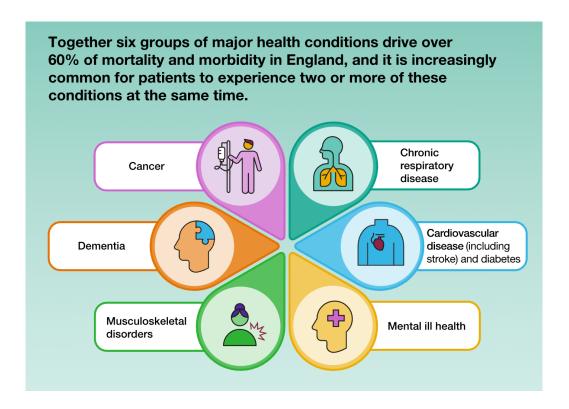
### **Challenges with MLTC**



#### **National Picture for the NHS and Social Care**

- Health and Social Care Policy is a national priority.
- The main reasons for this growth is an ageing population and people living for longer with chronic disease and often with multiple long-term conditions as well as emergency care especially older people falling.
- Tackling health Inequalities is a priority. There are large differences between life expectancy and healthy life expectancy between areas with different social-economic profiles. E.g. ¼ local authority areas have a healthy lifespan for women of less than 58.5 whilst another quarter have a healthy lifespan of over 67.5.

#### **DHSC Major Conditions Strategy - MLTC**



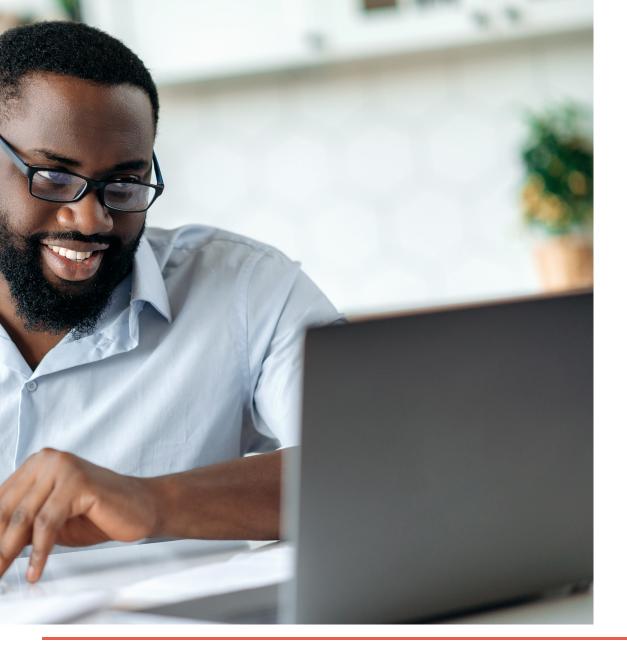
- The DHSC see what they call the MLTC challenge as the greatest challenge they face.
- Carried out consultation and found that: (i)
   Society not set up to support those with
   MLTCs (ii) services are too fragmented and
   (iii) navigating them can be difficult.
- They believe that the ICSs are the system that allow health and social care to be joined.



#### NIHR Applied Research Collaborations Leadership Areas

Theme	National Lead ARC
Ageing and Dementia	Wessex
Applied Health Informatics	West
Behavioural Science	Oxford and Thames Valley
Cardiovascular Issues	North West London
Child Health	South West Peninsula
Equality, Diversity & Inclusion of Underrepresented Groups	East Midlands
Health Economics	Greater Manchester
Inequalities	North East and Cumbria
Mental Health	East of England/South London
Multimorbidity	East Midlands
Operational Research	Wessex
Palliative End of Life Care	East of England/South London
Prevention	North East and Cumbria
Urgent and Emergency Care	Yorkshire and Humber





#### Multiple Long-Term Conditions National Education Courses

- NIHR ARC for EM in conjunction with the Centre for Ethnic Health Research is running an online set of courses on Multiple Long-Term Conditions organised by Harini Sathanapally. These courses are unique to our ARC and are being offered across the ARC family
- Amongst the subjects are:
  - Lived-experiences with multiple longterm conditions
  - Managing multiple long-term conditions
  - Real world data and future directions
  - Multiple long-term conditions in the context of Global health

## Equalities, Diversity and Inclusion of Under-represented Groups



- Our Centre for Ethnic Health Research aims to reduce health inequalities, to facilitate the dissemination of health information to all communities and to promote diversity in research involvement, engagement and participation.
- The Centre created the Equality Impact Assessment in 2019 in recognition
  of the need to ensure that research does not disadvantage anyone,
  particularly individuals or groups who are underserved or have a protected
  characteristic as defined by the Equality Act 2010.





# Thank you for listening

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