



22nd Friedrich Merz Visiting Professorship at Goethe University Department of General Practice

Today's presentation

- ❖ Multimorbidity during consultation
- ❖ Polypharmacy during consultation
- ❖ Knowledge and knowledge gaps



Why should physicians bother about multimorbidity?

- ❖ In GP practice multimorbidity is the rule rather than the exception
 - ❖ Most of GP consultations concern patients with multimorbidity
 - ❖ More intercurrent minor morbidity
 - ❖ GP deals with 'additional' patient visits

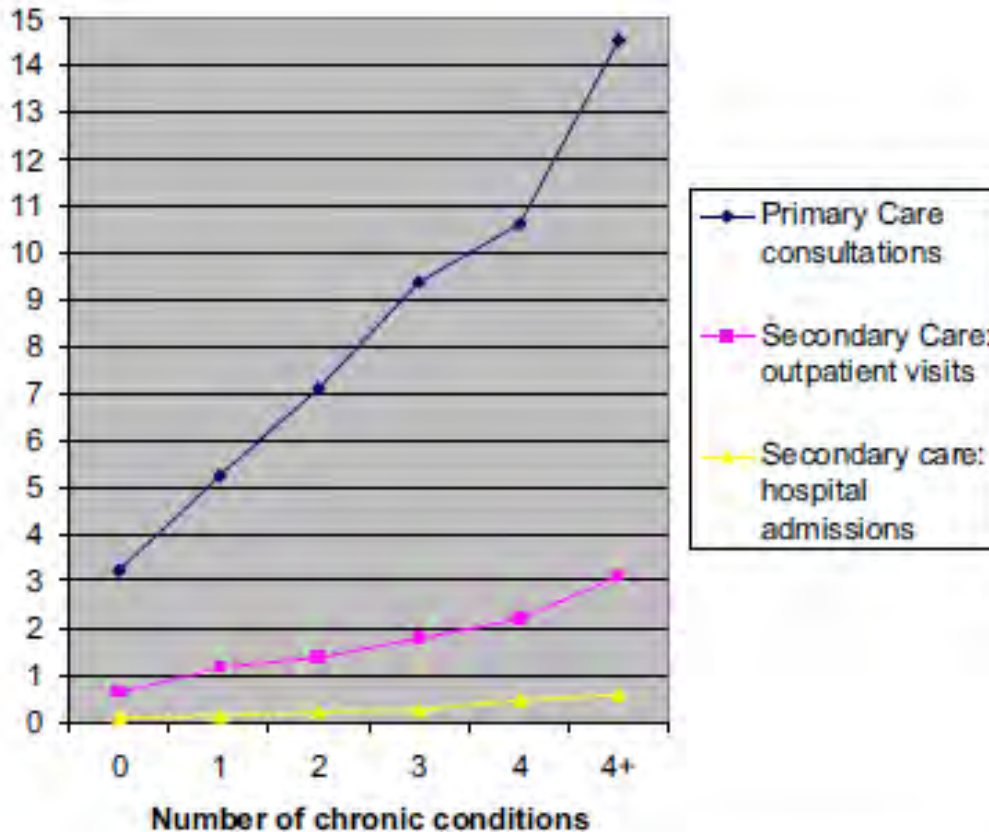


FIGURE 3 Mean number of primary care consultations, hospital outpatient visits and hospital admissions in previous twelve 12 months according to number of chronic conditions (Unadjusted).

Glynn et al., Fam Pract, 2011

Polypharmacy, Adherence

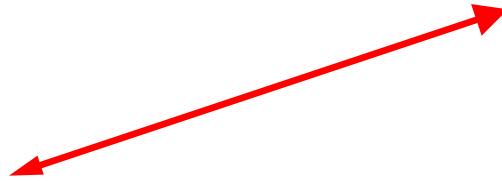
*Different physicians,
hospitalizations,
emergency treatments*

Multimorbidity

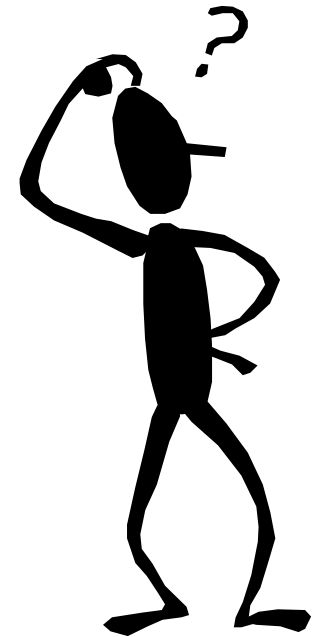
Disease specific guidelines

*Quality of life,
mortality*

Complexity



❖ What happens during consultation?



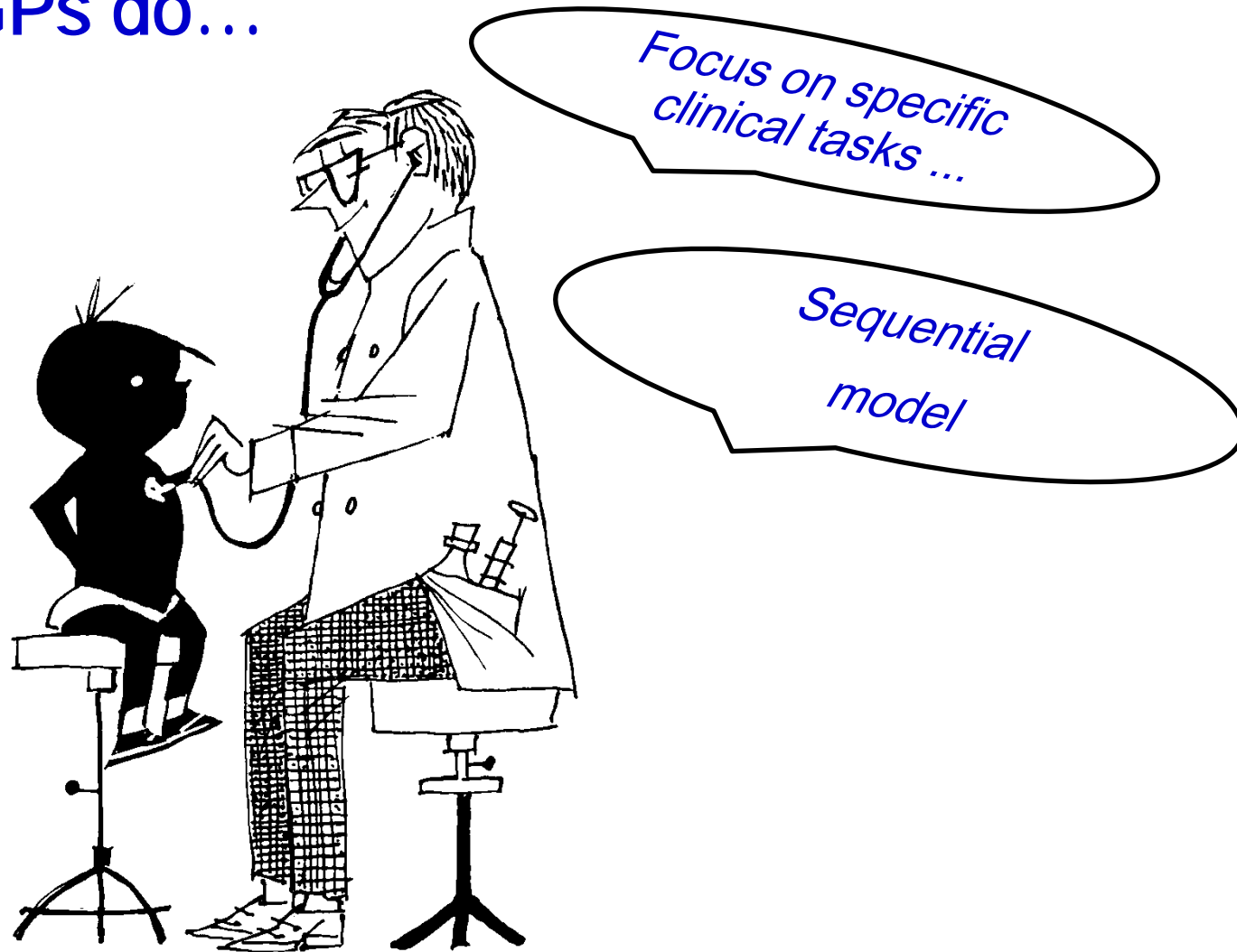
- ❖ Not all diseases have same impact
- ❖ Not all desired outcomes may be achieved simultaneously, or only at cost of greater burden of treatment

What GPs want...

- ❖ Individualization of care
- ❖ Integrated approach
- ❖ Shared decision making



What GPs do...



What patients want...



Manage
daily life!

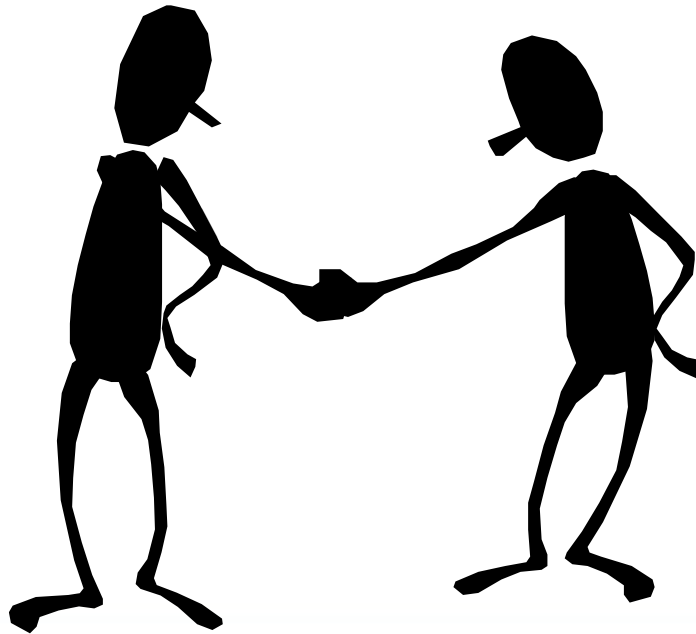
Workload
& capacity

Psychosocial
support

Management of multimorbidity

Facilitating

- ❖ Personal doctor-patient relationship



Complicating

- ❖ Mental health problems
- ❖ Complexity of diagnosis
- ❖ Treatment (polypharmacy)

Why should physicians bother about polypharmacy?



Polypharmacy:

- ❖ Chronic intake of 5 or more medications
- ❖ Consultation with multimorbidity \approx consultation with polypharmacy!



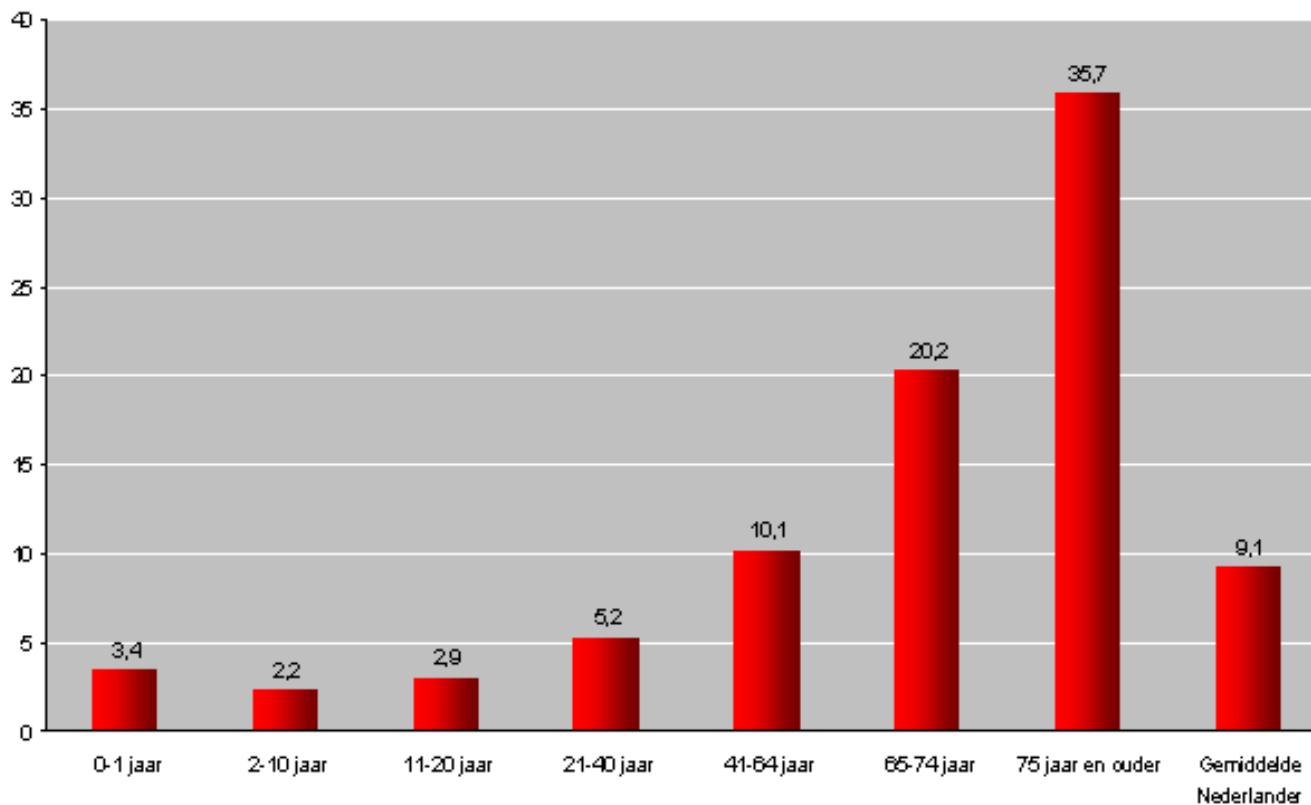
Consequences

- ❖ Interactions
- ❖ Adherence



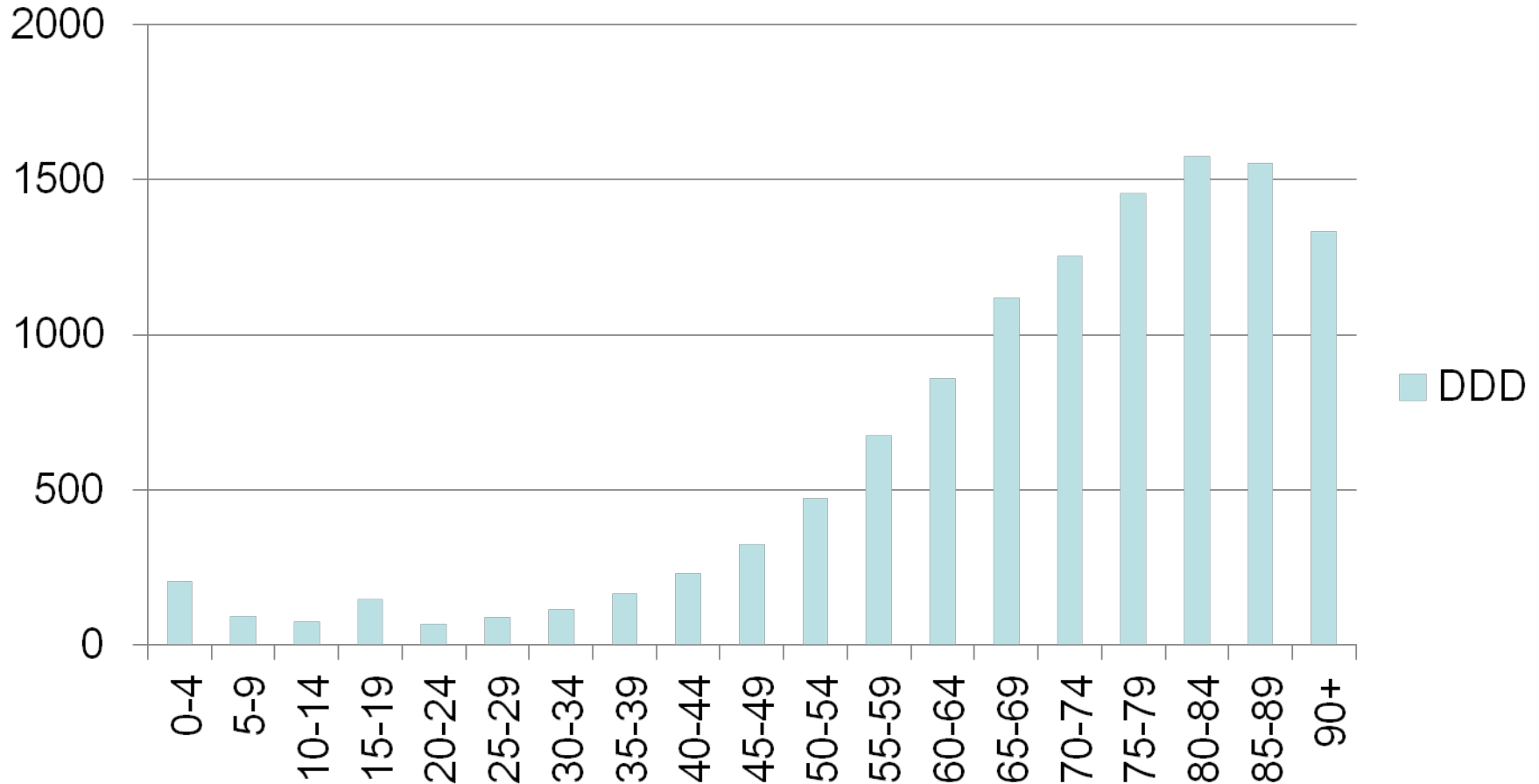


Number of prescriptions in age groups - NL



Source: Foundation for Pharmaceutical Statistics, 2009

DDD in age groups - Germany

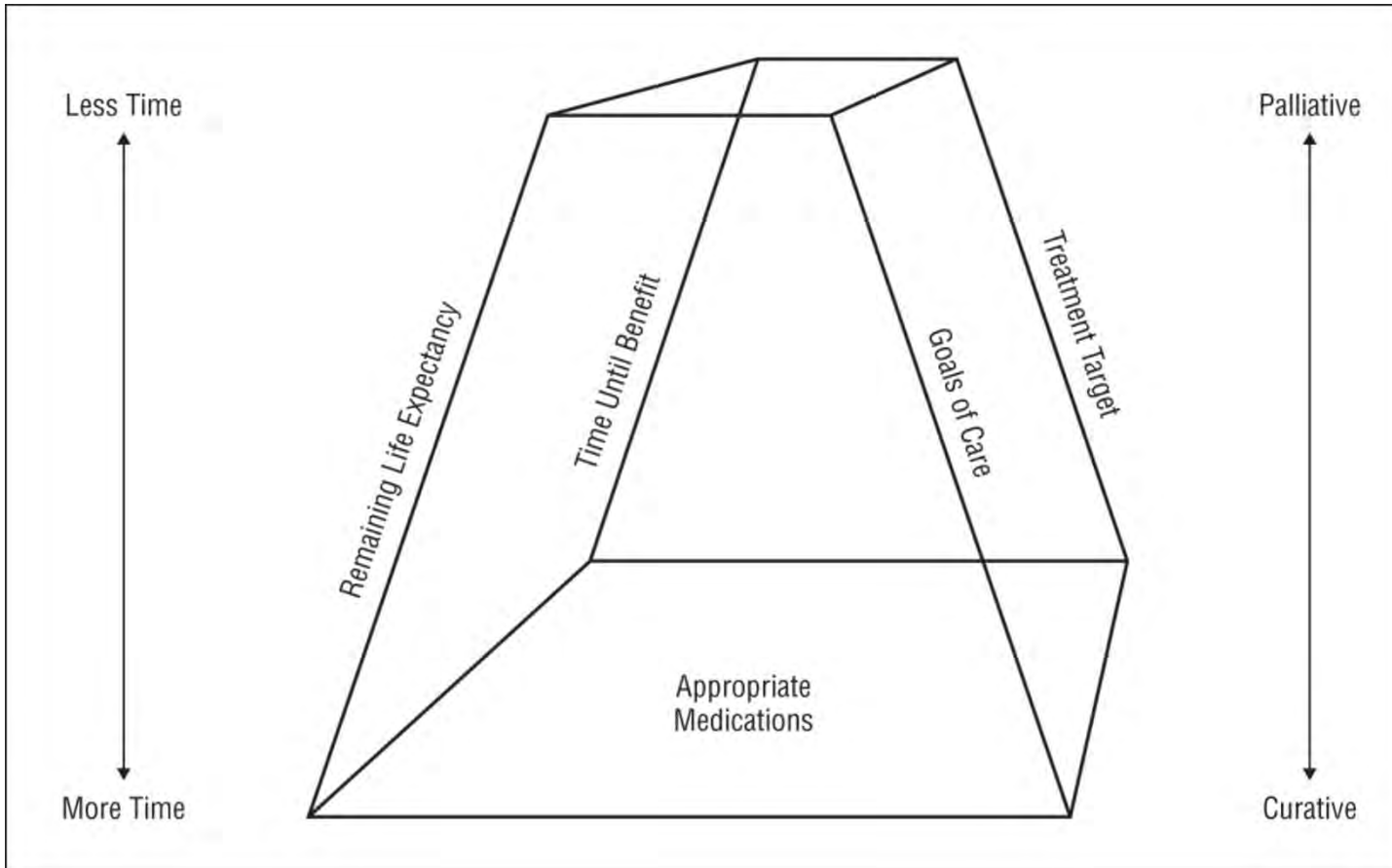


Source: GKV, Statutory Health Insurance Fund, 2011

Patients´ treatment goals / preferences

- ❖ Patient concerns about the need to take all
- ❖ More focus on QoL than extending life
- ❖ Patient´s awareness what he wants to avoid
- ❖ Patient preferences change over time
- ❖ Embed treatment strategies
 - ❖ Minimally disruptive medicine approach

Medication decision making



Holmes et. al., Arch Intern Med. 2006;166(6)

Polypharmacy in younger patients

- ❖ Control symptoms to facilitate tasks / social roles
- ❖ Balance between 'responsible' (minimal) drug use and maximum use of other strategies
- ❖ Drugs can either serve as an excuse of dysfunction or can threaten identity

Policy - dilemma

- ❖ Increasingly quality indicators (based on guidelines) are economic incentives → undermines efforts to individualize care



Knowledge and knowledge gaps

Gaps

- ❖ Increase knowledge about disease patterns and medication clusters
- ❖ Increase knowledge about who's susceptible
- ❖ Use epidemiologic and clinical knowledge → more coherent guidance for most common disease groups

Disease clusters

❖ Schäfer *et.al.*, 2011

- 1) cardiovascular/metabolic;
- 2) anxiety/ depression/somatoform disorders and pain;
- 3) neuropsychiatric disorders

❖ Prados *et.al.*, 2012

- 1) cardio-metabolic;
- 2) psychiatric-substance abuse;
- 3) mechanical-obesity-thyroidal;
- 4) psychogeriatric;
- 5) depressive

Evidence gaps in interventions, e.g.

- ❖ Non-pharmacological interventions
- ❖ Drug cessation
- ❖ Old age and multimorbidity (often excluded from trials)
- ❖ Multi/interdisciplinary approaches
- ❖ Patient involvement

Current studies on polypharmacy in primary care

❖ PRIMUM (Goethe University)

- ❖ general practice based complex intervention to improve the medication appropriateness in older patients

❖ PIL (Maastricht University)

- ❖ collaborative approach GP, nurse practitioner, pharmacist, specialists and patients to improve QoL in older patients through optimized chronic drug therapy

Conclusion

- ❖ Multimorbidity and polypharmacy are interwoven and joined strategies are needed
- ❖ Interdisciplinary collaboration as well as patient participation is necessary, in care but also in research!

감사합니다 Natick
Grazie Danke Ευχαριστίες Dalu
Thank You Köszönöm
Спасибо Dank Gracias
谢谢 Merci Seé
ありがとう

Obrigado