

Editorial

Multimorbidity; A Monster of Today

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The term 'comorbidity' was coined in 1970's and is currently reshaping practice of clinical medicine. It simply means occurrence of two or more diseases or health conditions in a patient or a person, simultaneously! Increasing number of professional bodies are emphasizing on the healthcare professionals to use the term Person instead of patient. The comorbidity or multimorbidity¹ has risen phenomenally and has taken monstrous proportions, owing largely to increasing age in west and poverty or impoverishment, in developing World, the so called poor nations. Anyhow poorer people are worse off across the globe.

Not a lot of research has been done on how the patients actually perceive their health when multiple chronic conditions coexist in the same person as a comorbidity or multimorbidity and nor do we know how it affects the perception of the physicians taking care of such persons. Multimorbidity is associated with poor outcomes and this may be result of increasing complexity of management decisions. Multimorbidity is a common occurrence these days and modern medicine has long been focused on best care of single diseases mostly. Many well-structured large clinical trials exclude people with comorbidity like old people, people with malignancy, dementia or obesity.

The presence of comorbidity is associated with poor clinical outcomes, manifold additional cost burden in already depleted and cash starved economies with increasing complexity of medical management requiring a number of specialists working together for the same person! In an analysis done recently in USA, 5% of the patients who needed maximum cost for their care in the system were responsible for 47% of total healthcare costs, and most had multimorbidity².

Complex management, needing care by multiple healthcare professionals across multiple healthcare sectors places additional pressure on hospital administrators and has the potential of hurting egos! The comorbidity in itself becomes an impediment in good management,

especially when hospitalists or physicians who practice purely internal medicine are a rarity.

The maximum brunt is faced by those persons who are either very old or where one of the condition is a malignancy³. Coexistence of old age and malignancy can be a recipe for a disaster and makes the patient the proverbial Frankenstein Monster. In such situations healthcare professionals sometimes overlook the need to aggressively treat the treatable conditions. In my own practice I have seen persons with decompensated cirrhosis with hepatocellular carcinoma, presenting with septicemia and or upper gastrointestinal bleeding hurriedly being advised end of life care at home. The families term it as 'doctors nai Jawab da diya hai'. Some of such persons, after careful and dedicated care, not only survived, but had fairly good quality life for variable periods of months to years.

Multimorbidity should be taken as a challenge by the treating physicians especially by young physicians who are responsible for looking after medical emergencies in busy secondary or tertiary care hospitals that are already overwhelmed by the sheer number of persons with various diseases. Please try not to advise end of life care in medical emergency department, not unless all treatable comorbidities have been dealt with according to the current best evidence! Furthermore please seek advise of multiple specialist colleagues as more often than not multiple diseases require input from multiple specialists. Most persons admitted in a private care facility are generally looked after by a single physician however more than one specialist may be needed to treat more than one diseases in a single person for optimal care and better outcome! We need to optimize care even if it needs to sacrifice our personal choices and work together as a team with available healthcare professionals for better outcomes.

Comorbidity is a norm today, challenging our healthcare systems and healthcare professionals across multiple healthcare sectors, and it requires integration of multiple

healthcare services and healthcare professionals for holistic management of a single patient or Person!

Ladies and Gentlemen, let's work together to deal with this monstrous issue!

References:

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