Multiple Chronic Conditions: The Global State

What is multiple chronic conditions (MCC)?



*Odds ratios and relative risks are used in this figure to demonstrate the strength of the relationship between conditions. While some connections are bi-directional, only one direction is included here.

Why is this important?

MCC affects **1 in 3** of all adults² **2 in 3** of those 65+[®]



MCC has been associated with older age, undesirable lifestyle factors, and low socioeconomic status[°]



In low-income countries, those with MCC are more likely to suffer from both infectious and non-infectious chronic conditions, making management and treatment complex

WITH EACH ADDITIONAL CHRONIC CONDITION:





In general, medication adherence declines with each additional dose per day:¹³









"

She has her bad days and lashes out, which is a big drain on me. She comes first, of course. But I also value my own health. It's a vicious cycle. I need to be healthy to have the energy to look after her, but in looking after her, I often neglect my own health."

Judith, caregiver to her mom, Anne, who has four chronic conditions



What can be done to reduce the impact?



CROSS-CONDITION MANAGEMENT: A patient-centered, holistic approach to care can improve management of MCC, as compared with the current norm of treating conditions individually.

- Innovative primary care models, including integrated care across providers to manage different conditions'
- Care guidelines to help providers assess and treat MCC patients using symptom-based algorithms¹⁵



MEDICATION REGIMEN SIMPLIFICATION: Manageable dosing can increase medication adherence and control of conditions.¹⁶

- Synchronization of drug dosages
- Fixed-dose combination medicines (multiple medications in a single pill)
- Digital compliance technology (e.g., pill with sensor that provides adherence data)¹



TECHNOLOGY-BASED SOLUTIONS: Scientific advancements can make care more accessible and individualized.

- Telemedicine, such as remote monitoring, to provide on-demand care¹⁸
- Cognitive computing to derive insights into medication interactions and personalized care¹⁸

My life used to be so different. I used to have the energy to leave the house, go to work, see my friends. Now my life revolves around my conditions. And the pain. There is constant pain, both from my conditions themselves and from my medications. And there is no end in sight."

Eric, who has six chronic conditions

MCC is an emerging and unaddressed public health issue that is straining the infrastructure of the global healthcare system. It is exponentially increasing costs, and more importantly, taking a toll on individuals and families. As the global population ages, the burden will continue to grow.

While the need is great, there is also significant opportunity to introduce cross-sector solutions that can improve quality of life for patients and caregivers, while also decreasing health costs to individuals and society.

REFERENCES

REFERENCES
1 Lim, Stephen S., et al. "A comparative risk assessment of burden of disease and injury attributable to 67 risk factors and risk factor clusters in 21 regions, 1990-2010: a systematic analysis for the Global Burden of Disease Study 2010." The lancet 380.9859 (2012): 2224-2260. 2 Lee, Chin-Hsin, et al. "Risk factors for pulmonary tuberculosis in patients with chronic obstructive airway disease in Taiwan: a nationwide cohort study." *BMC infectious diseases* 13.1 (2013): 194. 3 Barrett-Connor, Elizabeth, and Kay-Tee Khaw. "Diabetes mellitus: an independent risk factor for stroke?." *American journal of epidemiology* 128.1 (1988): 116-123. 4 Jeon, Christie Y., and Megan B. Murray. "Diabetes mellitus increases the risk of active tuberculosis: a systematic review of 13 observational studies." *PLoS medicine* 5.7 (2008): e125.2 5 Tatemichi, T. K., et al. "Risk drementia after stroke in a hospitalized cohort Results of a longitudinal study." *Neurology* 44.10 (1994): 1855-1885.6 McPhall, Steven M. "Multimorbidity in primary care: a systematic review of observational studies." *PLoS one* 9.7 (2014): e102149.8 Marengoni, Alessandra, et al. "Aging with multimorbidity: a systematic review of the literature." *Ageing research reviews* 10.4 (2011): 430-439.9 Garin, Noe, et al. "Global multimorbidity patterns: a cross-sectional, population-based, multi-county study." *Journals of Gerontology Series* A: Biomedical Sciences and Medical Sciences 71.2 (2015): 205-214.10 Fahlman, Cheryl, et al. "Prescription drug spending for Medicare+ Choice beneficiaries in the last year of life." *Journal of allietive medicine* 162.20 (2002): 2269-2276. **13** Claston, Ami J., Joyce Cramer, and Countrey Pierce. "A systematic review of the sourced within a negative studies." *Interduced Adverson*. "Prevalence, expenditures, and complications of multiple chronic conditions in the elderly." *Archives of internal medicica* 162.20 (2002): 2269-2276. **13** Claston, Ami J., Joyce Cramer, and Countrey Pierce. "A systematic review of the sourc