# Multiple Chronic Conditions: The Global State

What is multiple chronic conditions (MCC)?

Multiple chronic conditions refers to the presence of two or more chronic conditions in a single patient.

#### Most common lifestyle risk factors'



High blood pressure



High total cholesterol



Smoking



High fasting glucose



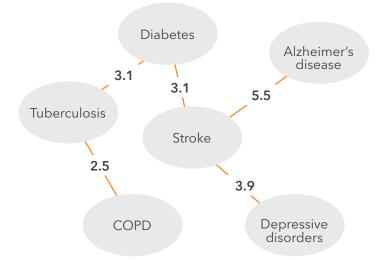
High body mass index

# Relationships between common chronic conditions<sup>2,5</sup>

Certain chronic conditions occur together more frequently due to independently high prevalence rates, common risk factors, or interactions between conditions.

#### **HOW TO READ THIS FIGURE:**

Those with diabetes are 3.1 times more likely to have tuberculosis than those without diabetes.



\*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 adults

2 in 3 of those 65+



MCC has been associated with older age, undesirable lifestyle factors, and low socioeconomic status<sup>8</sup>



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:



Older adults are prescribed as many as

8 MORE medications<sup>10</sup>

Depressive symptoms increase:11





Healthcare costs more than double<sup>12</sup>

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

but in looking after her,

She has her bad days and

on me. She comes first, of

course. But I also value my

I need to be healthy to have

the energy to look after her,

lashes out, which is a big drain

own health. It's a vicious cycle.

I often neglect my own health."

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



79%



69%



65%



51%



### 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 algorithms



**MEDICATION REGIMEN SIMPLIFICATION:** Manageable dosing can increase medication adherence and control of conditions.<sup>16</sup>

- 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)



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

- Telemedicine, such as remote monitoring, to provide on-demand care<sup>18</sup>
- Cognitive computing to derive insights into medication interactions and personalized care<sup>18</sup>



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.

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, Chih-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): e152. 5 Tatemichi, T. K., et al. "Risk of dementia after stroke in a hospitalized cohort Results of a longitudinal study." Neurology 44.10 (1994): 1885-1885. 6 McPhail, Steven M. "Multimorbidity in chronic disease: impact on health care resources and costs." Risk management and healthcare policy 9 (2016): 143. 7 Violan, Concepció, et al. "Prevalence, determinants and patterns of 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-country 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 pallistive medicine 9.4 (2006): 884-893. 11 Pruchno, Rachel A., Maureen Wilson-Genderson, and Allison R. Heid. "Multiple chronic conditions in the elderly." Archives of internal medicine 162.20 (2002): 2269-2276. 13 Claxton, Amil, Joyce Cramer, and

