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Multimorbidity

Kevwords

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As Australia's population ages, it is expected that the number of people with multiple chronic conditions (multimorbidity) will increase. 1 Studies have shown that multimorbidity is associated with reduced quality of life for patients and increased demand on health resources, complexity of care and patient mortality.^{2,3} Similarly to many health care systems around the world, Australia's secondary and tertiary health care has a single disease focus (eg. diabetes mellitus or mental health). However, the complexity of care in managing patients with multiple chronic conditions, often with competing demands, is best handled in primary care by general practitioners (GPs).3

This paper reports on the proportion of patients with multiple chronic conditions at GP encounters, using data from a 2008-2009 BEACH sub-study that measured the prevalence of chronic conditions.⁴ Of the 8707 patients sampled from 290 GPs, approximately half (47.4%, 95% CI: 45.2-49.6) had two or more chronic conditions. Figure 1 clearly shows that the proportion of patients with multiple chronic conditions at encounters rises significantly with age; about 90% of patients aged 80 years or more had two or more chronic conditions, while nearly 30% had

This study has shown that the prevalence of multiple chronic conditions in patients does increase with patient age, and that a significant proportion of older patients have seven or more chronic conditions. With the ageing of the population, more than half of GP encounters will soon be with patients who have multiple chronic conditions. This suggests that we should reconsider our current health care system's focus on single disease, and provides further evidence that in the future Australia will need to maintain a strong primary health care system, with GPs having a central role.

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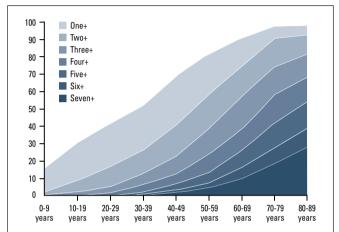


Figure 1. Proportion of patients with different numbers of multiple chronic conditions at GP encounters by patient age

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References

- Britt HC, Harrison CM, Miller GC, Knox SA. Prevalence and patterns of multimorbidity in Australia. Med J Aust 2008;189:72-77.
- Fortin M, Soubhi H, Hudon C, Bayliss EA, van den AM. Multimorbidity's many challenges. BMJ 2007;334:1016-17.
- Starfield B. Challenges to primary care from co- and multi-morbidity. Prim Health Care Res Dev 2011;12:1-2.
- Harrison C, Britt H, Miller G, Henderson J. Prevalence of chronic conditions in Australia, PLoS One 2013:8:e67494.

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