EDITORIAL

Taking care of the multimorbid patient, a primary task of the internist

R.L. van Bruchem-Visser

Department of Internal Medicine, Section Geriatric Medicine, Erasmus MC, Rotterdam, the Netherlands; corresponding author: r.l.visser@erasmusmc.nl

In the article by Verhoeff *et al.* published in this issue, a qualitative study is described. Patients with multiple chronic conditions were interviewed on their experiences with the secondary care facilities in a hospital in the Netherlands. It was concluded that a good overview of patient care is an essential element for an individualised approach to care. The patient with multiple chronic conditions does not seem to fit very well into the current care design.

Multimorbidity, or the co-occurrence of two or more chronic conditions in a person, has seen a rising prevalence, especially in high-income countries.[1] Many of the patients who visit a specialist in internal medicine meet with this definition. It is therefore important that our care system is equipped to deal with the specific needs of this growing group of patients. At the moment, the healthcare system is more prepared to handle a single disease than multimorbidity.

Multimorbidity is associated with a higher consumption of healthcare, and as a consequence higher costs.[2] More important, the multimorbid patient experiences a lower quality of life and reports more mental problems. Finally, there is an increase in mortality, especially with specific combinations of diseases. In a study in octogenarians, the combination of atrial fibrillation, chronic kidney disease and visual impairment was found to be the most predictive pattern for mortality.[3]

While we are not able to prevent chronic conditions from developing, we can and must try to organise the needed care in a manner that is as efficient and patient-friendly as possible. As Verhoeff *et al.* have found, apart from the logistics of care, communication is also a key factor. Not just communication between patient and physician, but also between professionals themselves. Patients report they struggle to keep an overview of their care. As the interviewed patients in the study by Verhoeff were relatively independent, it is to be expected that more vulnerable patients, with more interfering chronic conditions, will find it more difficult to take charge of their own care.

The Dutch Association of Internists (Nederlandse Internisten Vereniging, NIV) has issued its vision document, stating: 'the internist is the primary contact point for acute and consultative care on behalf of the patient with a non-surgical medical problem, multimorbidity or polypharmacy'. The article by Verhoeff is a first step in exploring what actions are needed to achieve that goal.

REFERENCES

1 Uijen AA, van de Lisdonk EH. Multimorbidity in primary care: prevalence and trend over the last 20 years. Eur J Gen Pract. 2008;14:28-32.

2. Glynn LG, Valderas JM, Healy P, et al. The prevalence of multimorbidity in primary care and its effect on health care utilization and cost. Fam Pract. 2011;28:516-23.

3. Ferrer A, Formiga F, Sanz H, Almeda J, Padros G. Multimorbidity as specific disease combinations, an important predictor factor for mortality in octogenarians: the Octabaix study. Clin Interv Aging. 2017;12:223-31.

© MacChain. All rights reserved.