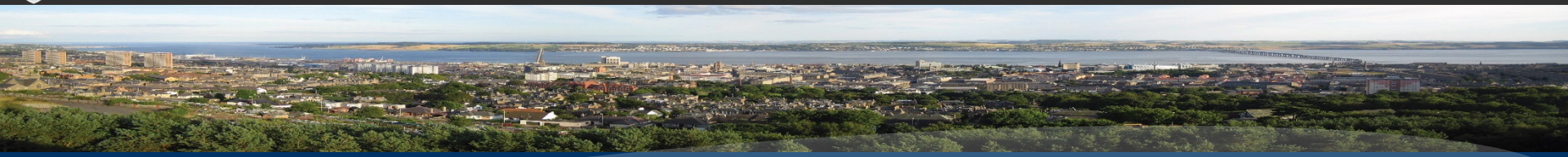

Research recommendations from the NICE Multimorbidity guideline

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Disclaimer

- Talking about the NICE Multimorbidity guideline, but not talking on behalf of NICE or the Guideline Development Group

NICE Multimorbidity guideline

- Defining the target population
  - 25-58% of the population have multimorbidity
  - Doesn't always matter…
- Defining the scope of the guideline
  - All of healthcare…
- Identifying relevant evidence
  - Does it have to be 'research about multimorbidity'?
- Mostly lower quality evidence, much consensus, many gaps

https://www.nice.org.uk/guidance/ng56

What is multimorbidity?

NICE guideline used a two stage definition

- What is multimorbidity?

  "Be aware that multimorbidity refers to the presence of 2 or more long-term health conditions, which can include: defined physical and mental health conditions such as diabetes or schizophrenia; ongoing conditions such as learning disability; symptom complexes such as frailty or chronic pain; sensory impairment such as sight or hearing loss; or alcohol and substance misuse"

- Who needs an approach to care that accounts for MM?

  "Consider an approach to care that takes account of multimorbidity if the person requests it or if any of the following apply: they find it difficult to manage their treatments or day-to-day activities; they receive care and support from multiple services and need additional services; they have both long-term physical and mental health conditions; they have frailty or falls; they frequently seek unplanned or emergency care; they are prescribed multiple regular medicines."

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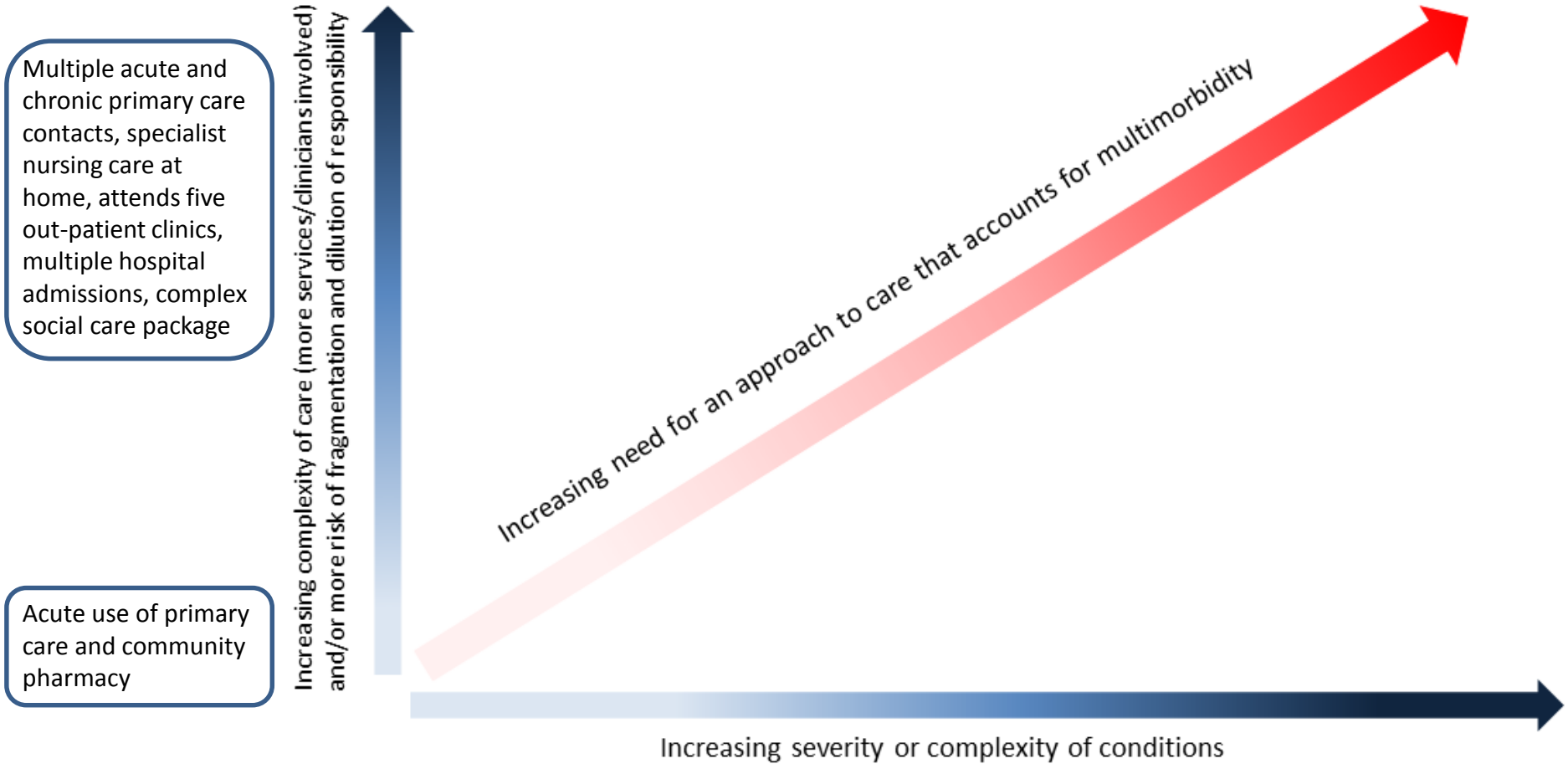

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Research recommendations

- Identifies four areas with similar format
- No single trial could likely address, because many plausible interventions and many defined populations in which such interventions might be of value.
- Large, well-designed trials of alternative ways of XXX would be of value in defined patient groups (for example, people with multimorbidity who find it difficult to manage their treatment or care or day-to-day activities, people with multiple providers or services involved in their care, people with both long-term physical and mental health problems, people with well-defined frailty, people frequently using unscheduled care, people prescribed multiple regular medicines, and people who are housebound or care home residents).
- Such trials should have clear identification and justification of the planned target population, careful piloting and optimisation, and well-described interventions. They need to be sufficiently powered to provide evidence of clinically important effects on outcomes relevant to patients and health and social care services (for example, quality of life, hospital and care home admission, mortality).

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Research recommendations

- How to organise primary care (RCTs)
  - Which could include specialist services in primary care
- Community holistic assessment & intervention (RCTs)
  - 'Comprehensive geriatric assessment' but any age
- Stopping preventive medicines (RCTs)
  - Specific evidence to support de-prescribing
- Predicting life expectancy (observational)
  - Central to long-term treatment decision making but current tools are poorly predictive

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What might health systems do?

1. Prevent or delay multimorbidity or its problems
2. Ensure health system retains strong generalism
3. Focus on holistic management and care co-ordination for people with particularly high need
4. Focus on specific problems that are common and important to people with multimorbidity
5. Focus on high-volume processes predominately used by people with multimorbidity

What kind of research?

- Multimorbidity can include most of healthcare…
  - More specific might increase response
- Defining the target population is difficult
  - Older people with complex care needs
  - Adults with multimorbidity and complex care needs?
  - Up to researchers to justify specific choice but framing will affect who applies
- Balance of specific (stopping drug X) and general (managing polypharmacy)

Thank you!

Questions?