EUROPEAN FEDERATION OF INTERNAL MEDICINE
MULTIMORBIDITY WORKING GROUP

FELINGS AND THOUGHTS ABOUT MULTIMORBIDITY. A SURVEY FOR EUROPEAN INTERNISTS

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XIII REUNIÓN GRUPO DE TRABAJO
PACIENTE PLURIPATOLÓGICO Y EDAD AVANZADA
19 y 20 DE MAYO 2022
HOTEL VINCCI SOMA
MADRID

ORGANIZA: SEMI FEMI

MM SURVEY: WHY?

First collective Project → LET'S MOVE!

To make us known in EFIM → HELLO EFIM!

To make us known in federated societies→ HEY, WE ARE HERE!

To make visible multimorbidity among european internists → MULTIMORBIDITY NEEDS YOU!

To obtain the feeilng of our colleagues regarding MM → YOUR OPINION IS IMPORTANT FOR US!

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MM SURVEY: HOW?

- …. SAINT GOOGLE FORMS …

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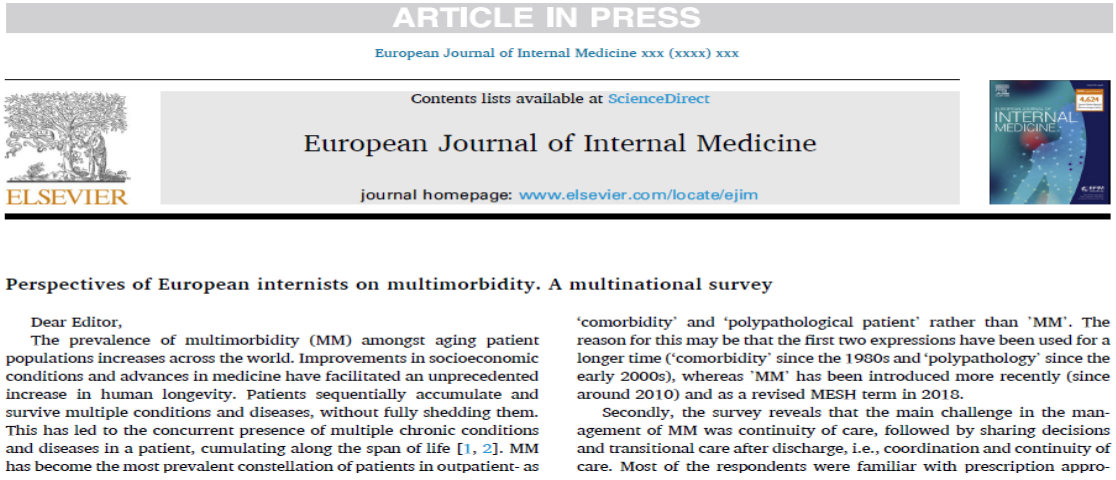
MM SURVEY: TECHNICAL ASPECTS

- First survey draft: Febr-2021
- Group Discussion and final survey draft: March-2021
- FINAL SURVEY DRAFT: 22 questions
- Distribution and diffusion among members: 15-31 Mar-2021
- Time period to receive answers: 15 Mar – 30 Apr 2021.
- Analysis: May 2021
- Results diffusion: Jun-Dec 2021
- Publication in EJIM: February 2022



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Perspectives of European internists on multimorbidity. A multinational survey

Dear Editor,

The prevalence of multimorbidity (MM) amongst aging patient populations increases across the world. Improvements in socioeconomic conditions and advances in medicine have facilitated an unprecedented increase in human longevity. Patients sequentially accumulate and survive multiple conditions and diseases, without fully shedding them. This has led to the concurrent presence of multiple chronic conditions and diseases in a patient, cumulating along the span of life [1, 2]. MM has become the most prevalent constellation of patients in outpatient- as

'comorbidity' and 'polypathological patient' rather than 'MM'. The reason for this may be that the first two expressions have been used for a longer time ('comorbidity' since the 1980s and 'polypathology' since the early 2000s), whereas 'MM' has been introduced more recently (since around 2010) and as a revised MESH term in 2018.

Secondly, the survey reveals that the main challenge in the management of MM was continuity of care, followed by sharing decisions and transitional care after discharge, i.e., coordination and continuity of care. Most of the respondents were familiar with prescription appro-

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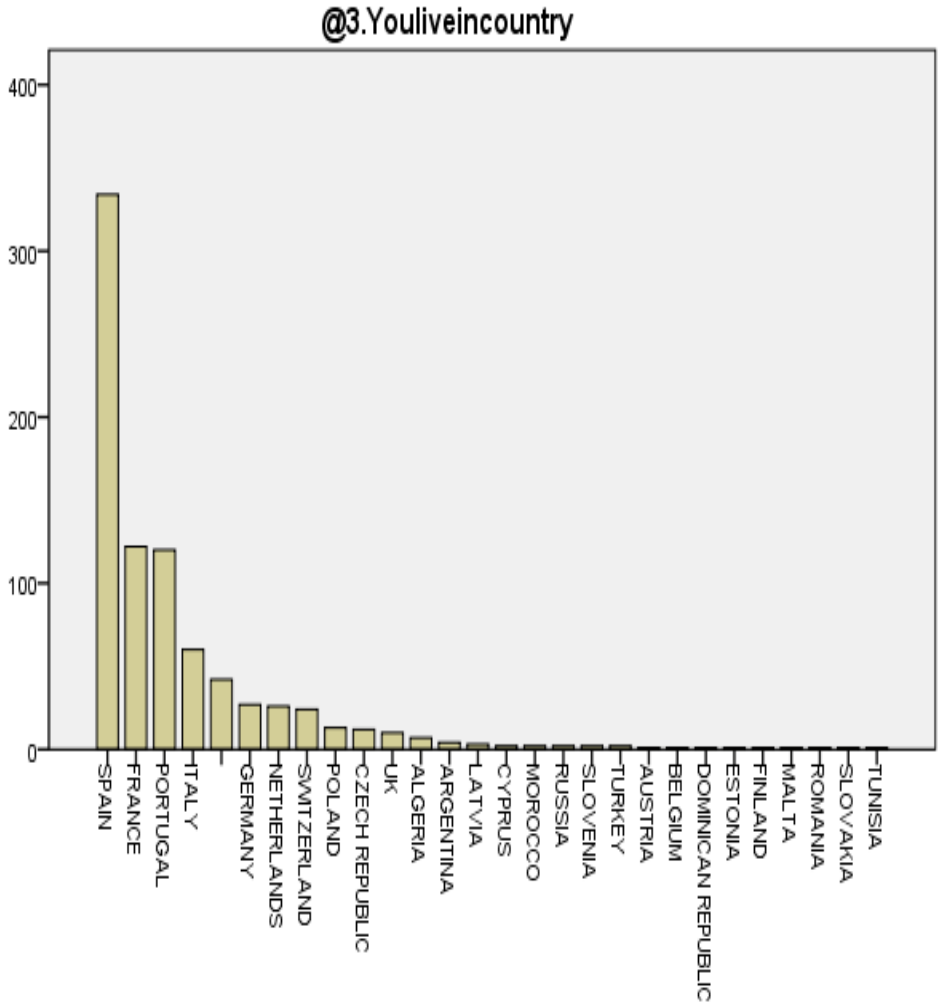
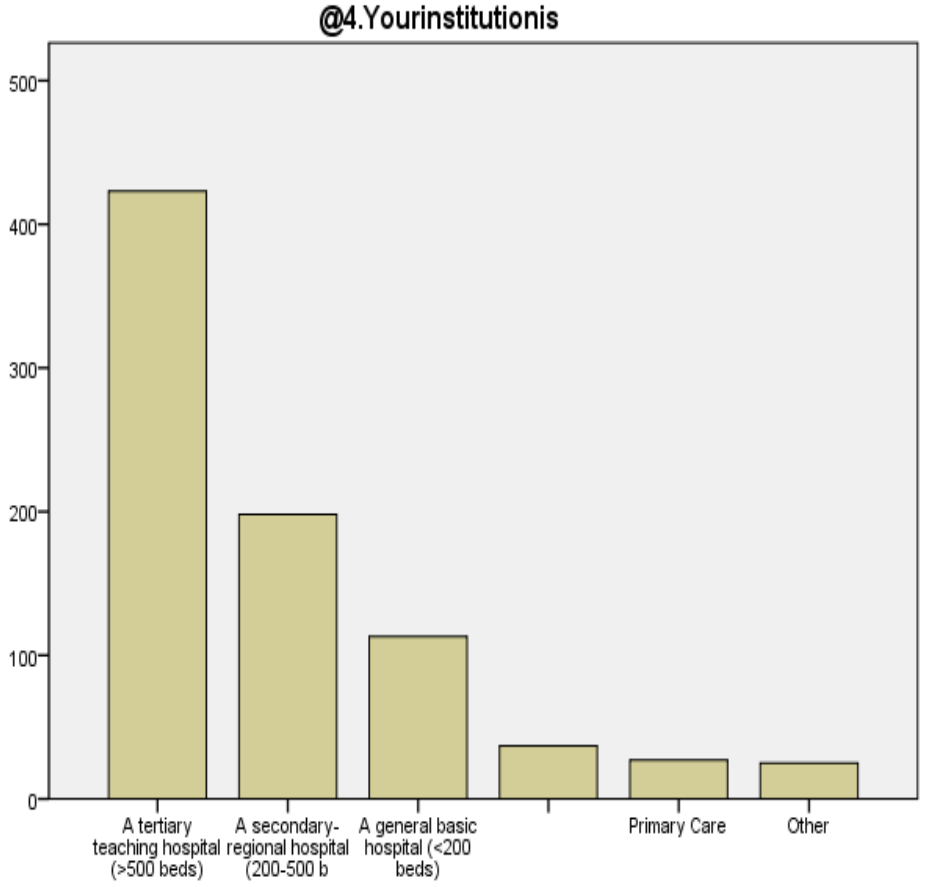
MM SURVEY: GLOBAL RESULTS

- 790 answers (53.4% women; 45 [Q1-Q3=35-56) years old





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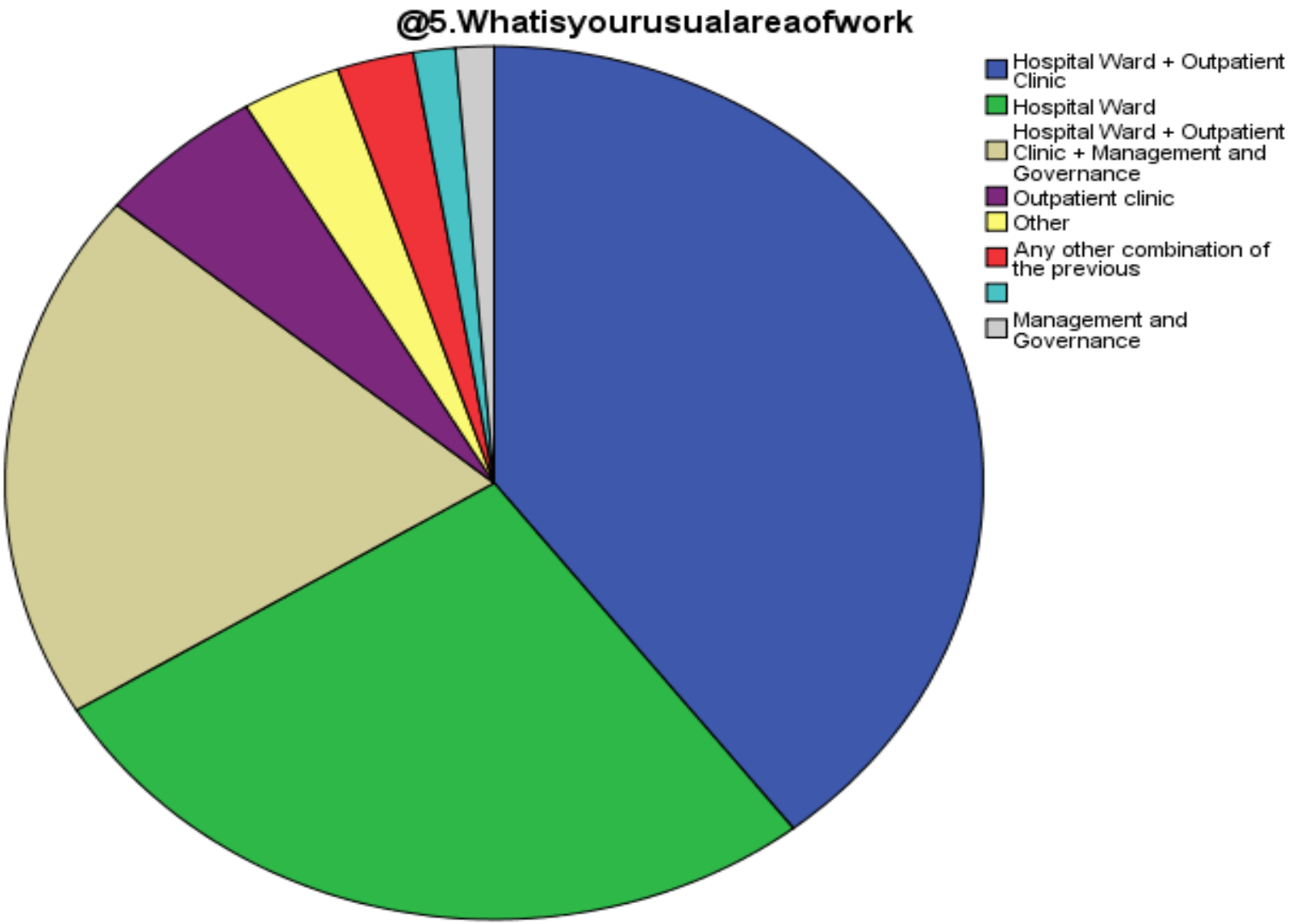
MM SURVEY: USUAL AREA OF WORK



MM SURVEY: SPECIFIC AREA OF WORK

SPECIFIC AREA*	NUMBER	%
GENERAL INTERNAL MEDICINE	709	89.5
GERIATRICS	234	29.5
CARDIOVASCULAR MEDICINE	200	25.3
RHEUMA -- AUTOIMMUNE DISEASES	186	23.5
INFECTIOUS DISEASES	172	21.7
PALLIATIVE CARE	140	17.7
RESPIRATORY MEDICINE	114	14.4
ENDOCRINE DISORDERS	93	11.7
HEMATO-ONCOLOGY	83	10.5
GASTROENTEROLOGY	75	9.5
NEUROLOGY	59	7.4
OTHER	100	12.6

*Multiple choice available

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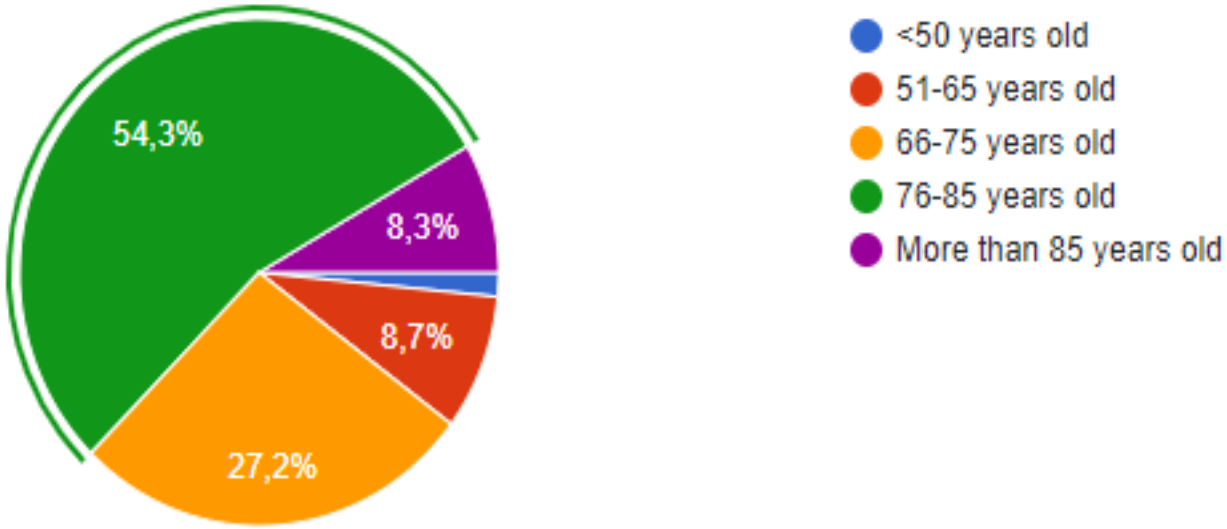
MM SURVEY: ESTIMATION OF AGE AND SEVERE CHRONIC CONDITIONS OF ATTENDED PATIENTS

8. If you had to estimate the most frequent age of patients in your daily clinical practice you would say they are?

784 respuestas



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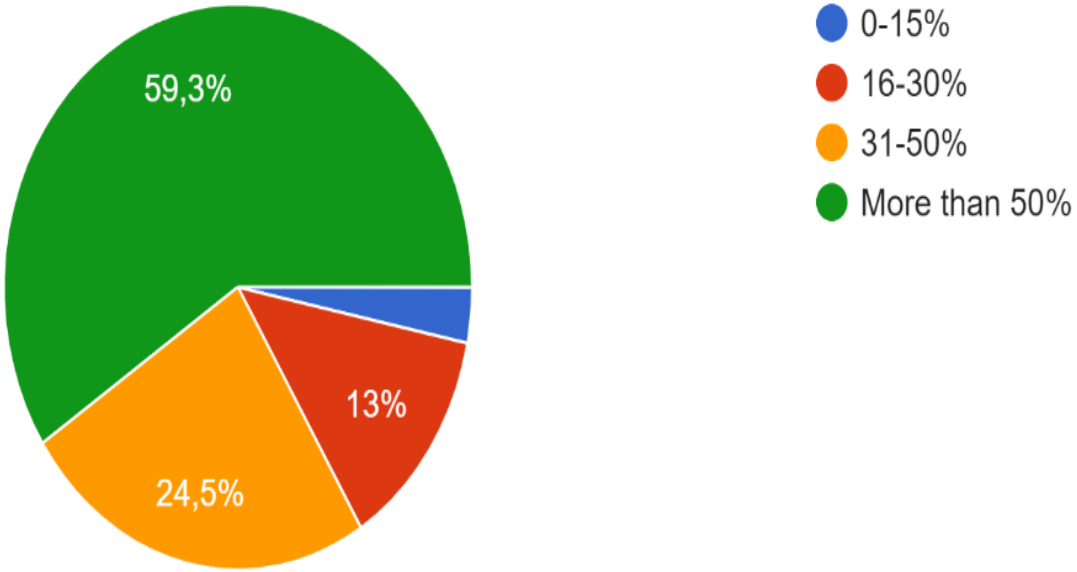
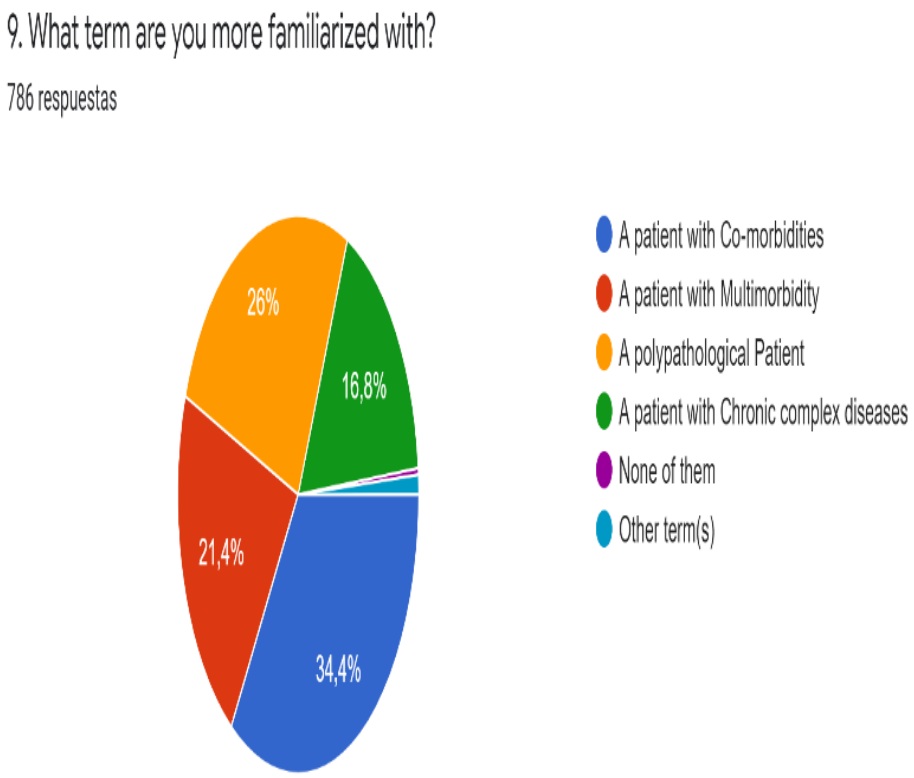
MM SURVEY: ESTIMATION OF AGE AND SEVERE CHRONIC CONDITIONS OF ATTENDED PATIENTS

7. If you had to estimate the % of patients with severe chronic conditions (those with organ or global dysfunction), in your daily clinical practice you would say they represent?

784 respuestas



MM SURVEY: TERMINOLOGY AND GLOBAL MANAGEMENT



ISSUES DIFFICULT TO FIX	N	%
POLYPHARMACY	515	65
TRANSITIONAL CARE AFTER DISCHARGE	481	61
CONTINUITY OF CARE WITH PRIMARY LEVEL	402	51
EVIDENCE BASED MEDICINE	354	45
SHARED DECISIONS	200	25
NONE OF THE ABOVE ISSUES	54	7
OTHER ISSUES	28	3.5

***Multiple choice available**

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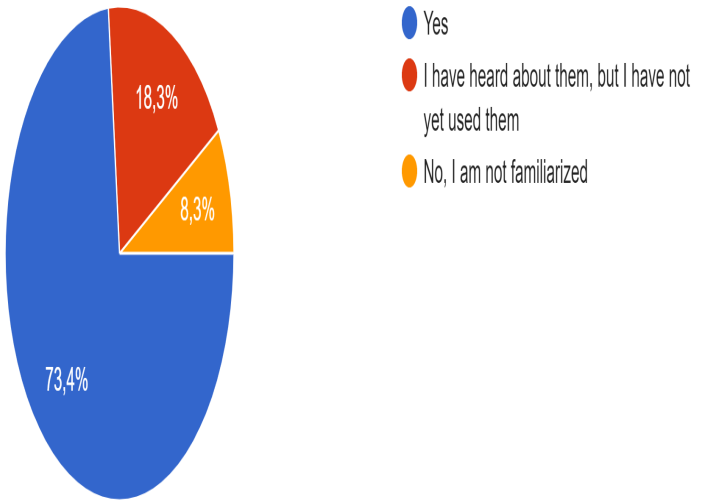
MM SURVEY: DEPRESCRIBING AND ADHERENCE ASSESSMENT

11. Are you familiarized with adequating, and deprescribing drugs, and their methods?

783 respuestas



ADHERENCE ASSESSMENT	NUMBER	%
Electronic prescription / Pharmacy collection by patient	369	47
Direct method (plasmatic [])	149	19
Pill counting	128	16
Validated questionnaires	75	9.5
No assessment	221	28
Other methods	114	14.4

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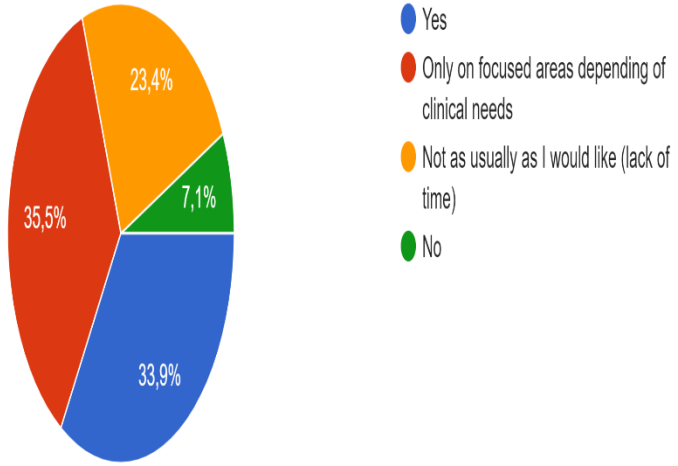
MM SURVEY: COMPREHENSIVE GERIATRIC ASSESSMENT AND FUNCTIONAL EVALUATION

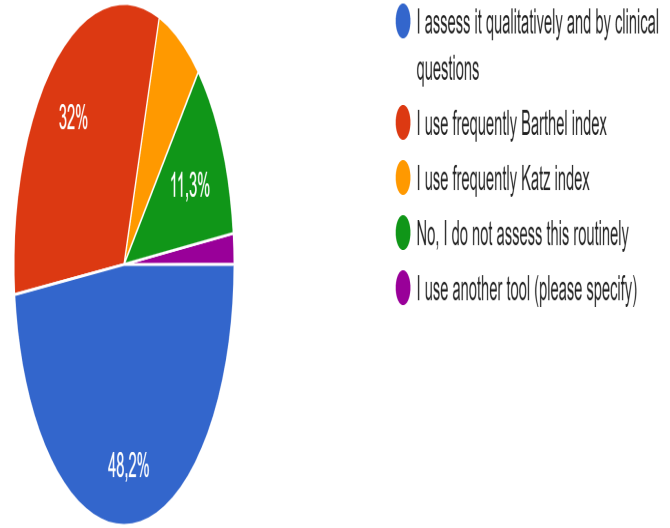
13. Do you perform usually comprehensive geriatric assessment to your aged patients with multimorbidity (functional, mental, and sociofamiliar)?

785 respuestas



14. How do you assess for basic activities of daily living in your patients with multimorbidity?

787 respuestas



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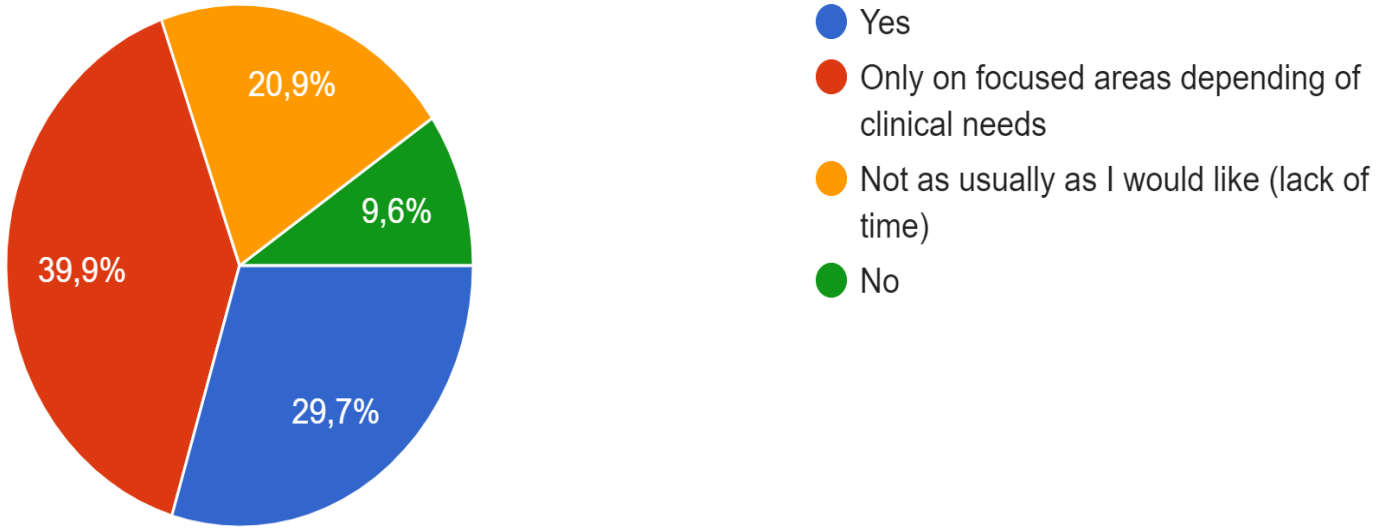
MM SURVEY: MOOD DISORDERS ASSESSMENT

15. Do you actively assess for depressive disorders in your patients with multimorbidity?

785 respuestas



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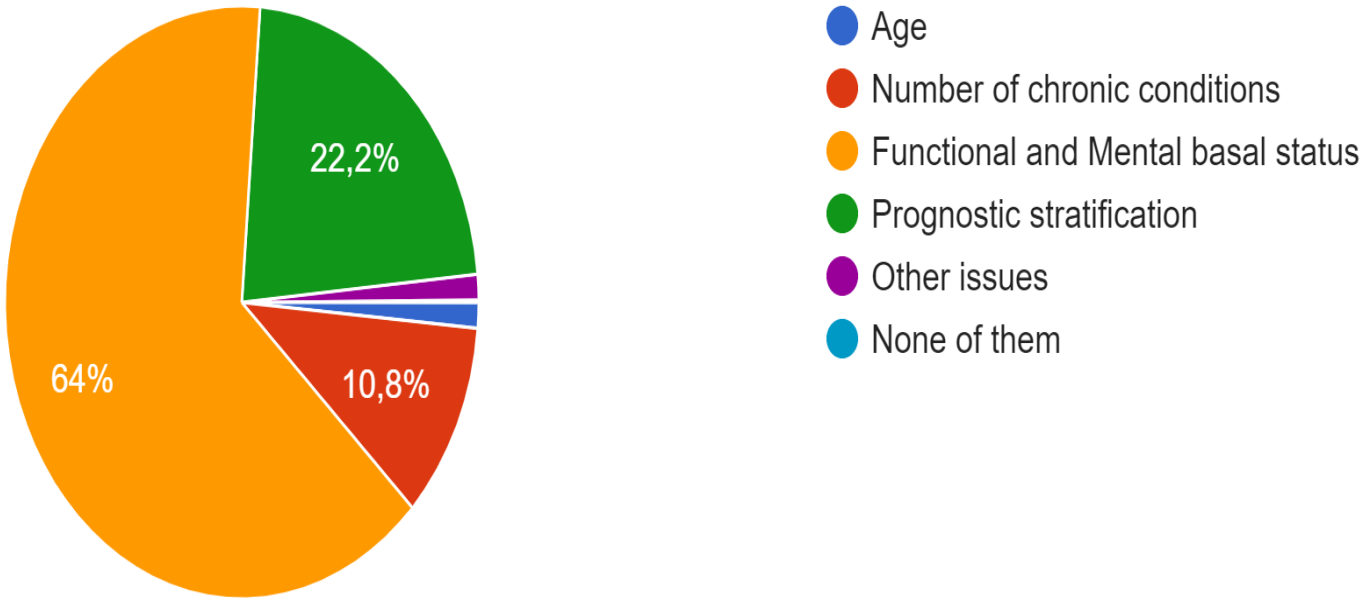
MM SURVEY: CLINICAL DECISION PROCESS DETERMINANTS

16. In the clinical decision process of a patient with multimorbidity, what aspect is more important for you?

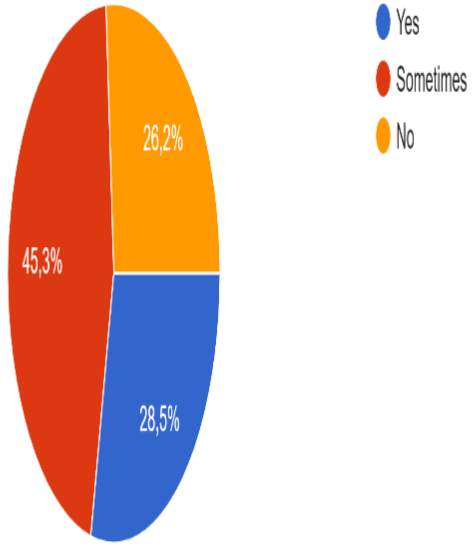
787 respuestas



MM SURVEY: DEATH RISK ASSESSMENT

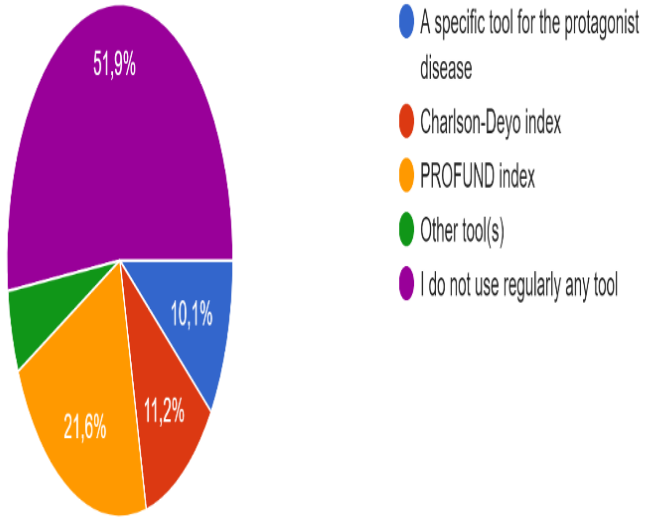
17. Do you assess regularly death risk to your patients with multimorbidity?

783 respuestas



What tool/scale do you use to assess death risk to your patients with multimorbidity?

786 respuestas



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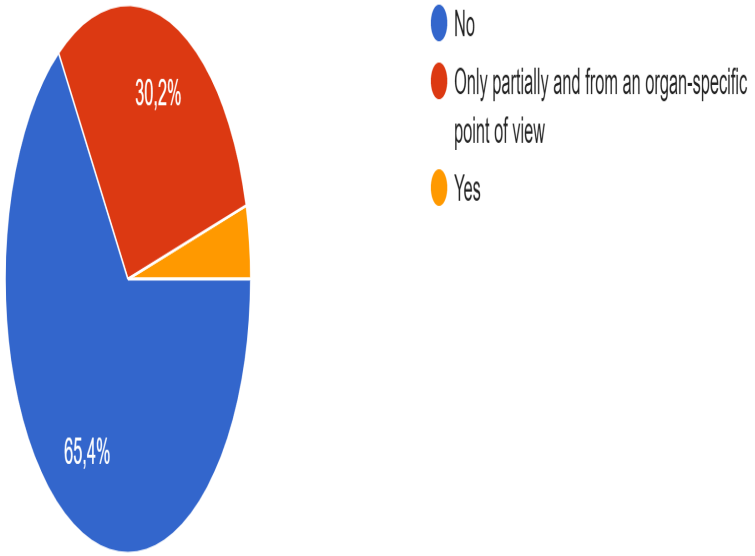
MM SURVEY: MM IN UNDERGRADUATE MEDICAL EDUCATION

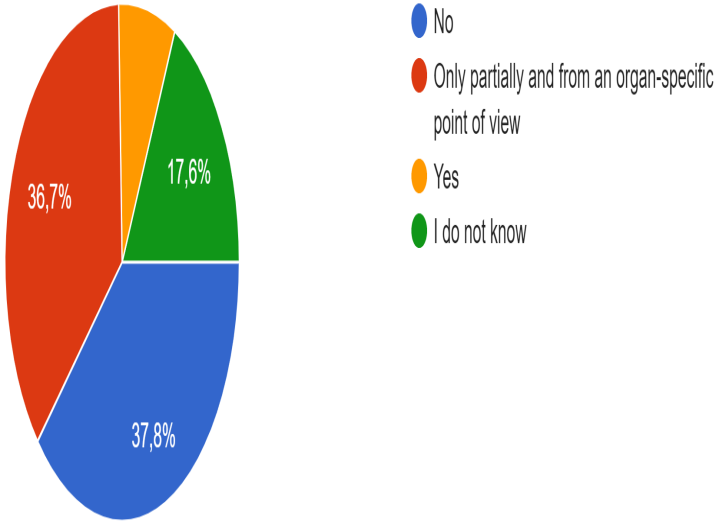
When you were medical student, do you think, that multimorbidity was well addressed in your undergraduate medical education?

787 respuestas



Do you think, that multimorbidity is well addressed nowadays in undergraduate medical education?

785 respuestas



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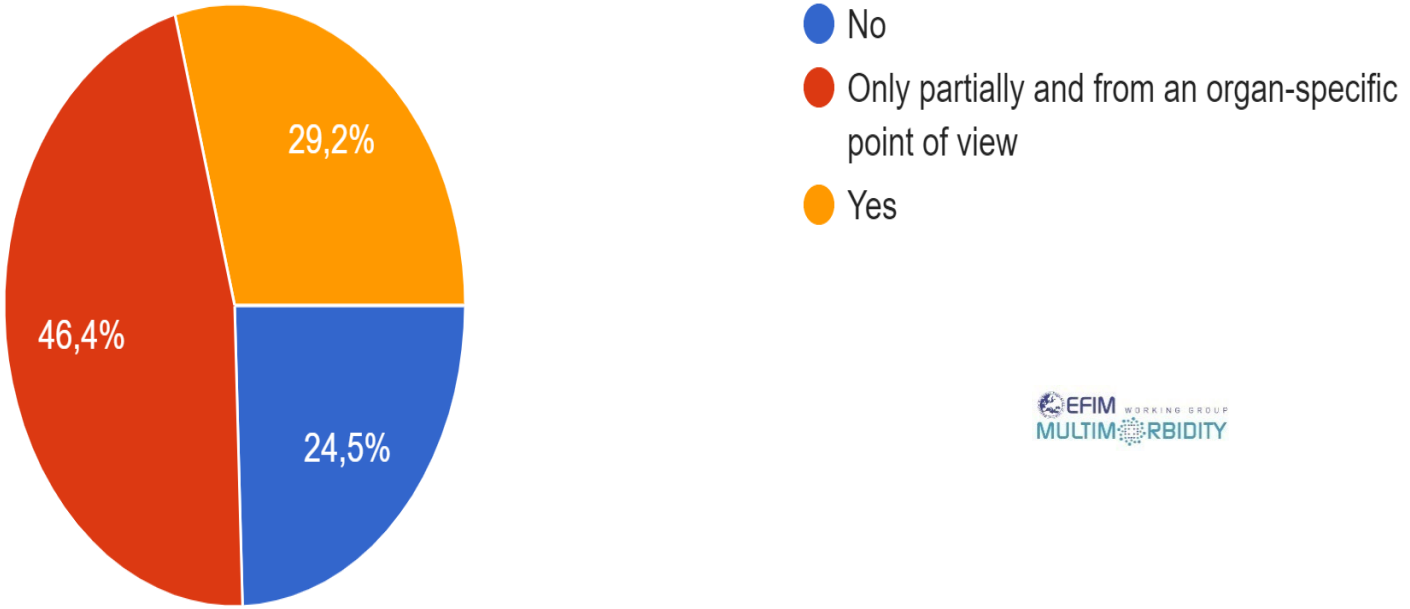
MM SURVEY: MM IN INTERNAL MEDICINE TRAINING PROGRAMS

Do you think, that multimorbidity is well addressed nowadays in Internal Medicine training programs?

785 respuestas



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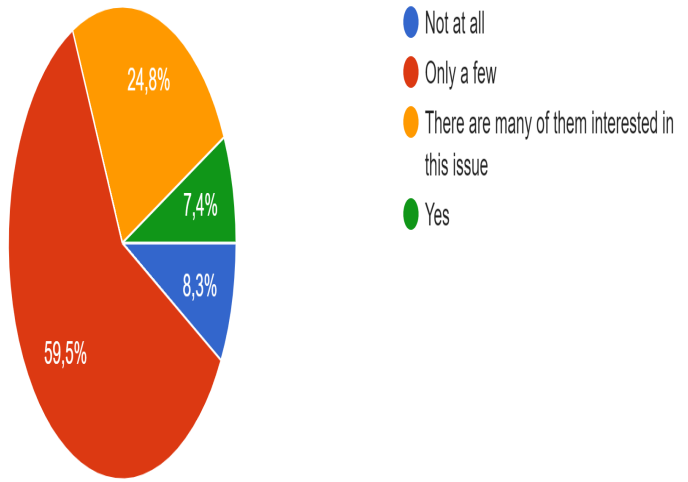
MM SURVEY: INVESTIGATION IN MULTIMORBIDITY

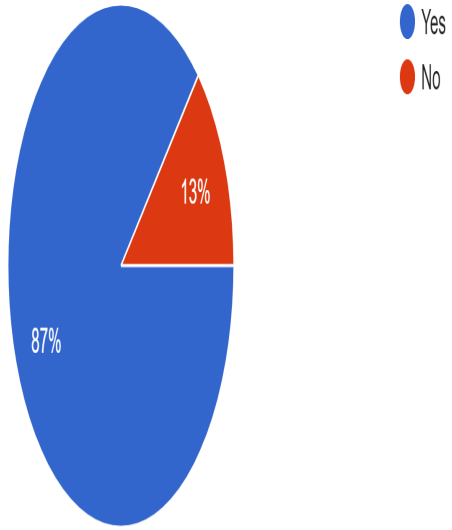
With respect to investigation in multimorbidity. Do you think, that colleagues in your environment are interested?

786 respuestas



As an individual practitioner, would you be interested in the investigation in multimorbidity area?

785 respuestas



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MULTIMORBIDITY SURVEY: TO TAKE HOME

- Nearly 800 internists (around 45-y-o) answered, mainly from southern European Countries (ES, F, P, I).
- They work in tertiary teaching / secondary regional Hospitals
- They attend mainly elderly patients, with one or more severe chronic conditions.
- Familiarized with terms: comorbidity >polypathological patient >multimorbidity.
- Differences/absence in: comprehensive geriatric-, functional-, pharmacological- and death-risk- assessment.
- Perception of multimorbidity poorly addressed in Undegraduate Medical Education and Internal Medicine training programs.
- Interest in multimorbidity investigation.

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MEMBERS OF MULTIMORBIDITY WORKING GROUP		CUNTRIES
Máximo	Bernabeu-Wittel (CHAIR)	SPAIN
Sabrina	Grine	ALGERIA
Jan	Václavík	CZECH REPUBLIC
Olivier	Lidove	FRANCE
Georg	Ertl	GERMANY
Ombretta	Para	ITALY
Antonino	Tuttolomondo	ITALY
Michał	Holecki	POLAND
Edouard	Battegay	SWITZERLAND
Burçin	Sağlam	TURKEY
Catherine	Bryant	UK
Donal	O'Donoghue	UK
Michał	Holecki	POLAND
Edouard	Battegay	SWITZERLAND
Avishay	Elis	ISRAEL
Julija	Voicehovska	LATVIA

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THANKS TO ALL MEMBERS OF MM WG FOR THEIR IMPLICATION, TIME AND EFFORTS