

## Multimorbidity overview

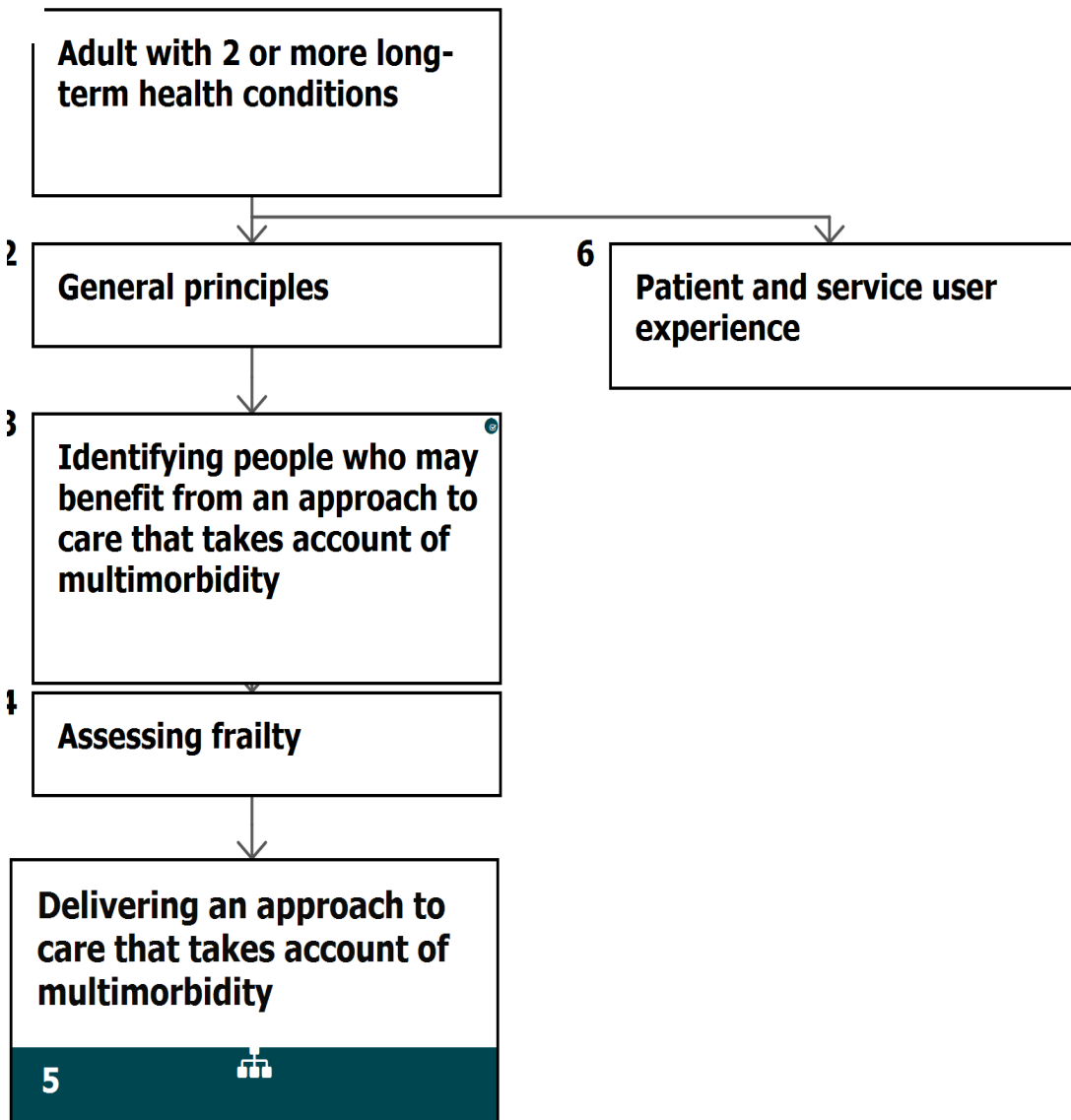
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/multimorbidity>

NICE Pathway last updated: 31 July 2017

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



## 1 Adult with 2 or more long-term health conditions

This guidance covers the optimisation of care for:

- adults with 2 or more long-term physical health conditions
- adults with 1 or more mental health condition and at least 1 physical health condition.

## 2 General principles

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
- alcohol and substance misuse.

Be aware that the management of risk factors for future disease can be a major treatment burden for people with multimorbidity and should be carefully considered when optimising care.

Be aware that the evidence for recommendations in NICE guidance on single health conditions is regularly drawn from people without multimorbidity and taking fewer prescribed regular medicines.

Think carefully about the risks and benefits, for people with multimorbidity, of individual treatments recommended in guidance for single health conditions. Discuss this with the patient alongside their preferences for care and treatment.

## 3 Identifying people who may benefit from an approach to care that takes account of multimorbidity

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 (see [assessing frailty \[See page 5\]](#)) or falls
- they frequently seek unplanned or emergency care (see below)
- they are prescribed multiple regular medicines (see below).

For further information, see what NICE says on [preventing falls in older people](#).

Identify adults who may benefit from an approach to care that takes account of multimorbidity outlined in [delivering an approach to care that takes account of multimorbidity](#):

- opportunistically during routine care
- proactively using electronic health records.

Use the criteria above to guide this.

Consider using a validated tool such as eFI, PEONY or QAdmissions, if available in primary care electronic health records, to identify adults with multimorbidity who are at risk of adverse events such as unplanned hospital admission or admission to care homes.

Consider using primary care electronic health records to identify markers of increased treatment burden such as number of regular medicines a person is prescribed.

Use an approach to care that takes account of multimorbidity for adults of any age who are prescribed 15 or more regular medicines, because they are likely to be at higher risk of adverse events and drug interactions.

Consider an approach to care that takes account of multimorbidity for adults of any age who:

- are prescribed 10 to 14 regular medicines
- are prescribed fewer than 10 regular medicines but are at particular risk of adverse events.

## Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

### Multimorbidity

#### 1. Identification

## 4 Assessing frailty

Consider assessing frailty in people with multimorbidity.

Be cautious about assessing frailty in a person who is acutely unwell.

**Do not use** a physical performance tool to assess frailty in a person who is acutely unwell.

### Primary care and community care settings

When assessing frailty in primary and community care settings, consider using 1 of the following:

- an informal assessment of gait speed (for example, time taken to answer the door, time taken to walk from the waiting room)
- self-reported health status (that is, 'how would you rate your health status on a scale from 0 to 10?', with scores of 6 or less indicating frailty)
- a formal assessment of gait speed, with more than 5 seconds to walk 4 metres indicating frailty
- the PRISMA-7 questionnaire, with scores of 3 and above indicating frailty.

### Hospital outpatient settings

When assessing frailty in hospital outpatient settings, consider using 1 of the following:

- self-reported health status (that is, 'how would you rate your health status on a scale from 0 to 10?', with scores of 6 or less indicating frailty)
- the 'Timed Up and Go' test, with times of more than 12 seconds indicating frailty
- a formal assessment of gait speed, with more than 5 seconds to walk 4 metres indicating frailty
- the PRISMA-7 questionnaire, with scores of 3 and above indicating frailty
- self-reported physical activity, with frailty indicated by scores of 56 or less for men and 59 or less for women using the Physical Activity Scale for the Elderly.

NICE has published a medtech innovation briefing on [QTUG for assessing falls risk and frailty](#).

For further information, see what NICE says on [dementia, disability and frailty in later life: mid-life approaches to delay or prevent onset](#).

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**5 Delivering an approach to care that takes account of multimorbidity**

[See Multimorbidity / Delivering an approach to care that takes account of multimorbidity](#)

**6 Patient and service user experience**

NICE has produced guidance on:

- [patient experience](#)
- [service user experience](#).

## Sources

Multimorbidity: clinical assessment and management (2016) NICE guideline NG56

## Your responsibility

### Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

### Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and

their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

### **Medical technologies guidance, diagnostics guidance and interventional procedures guidance**

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.