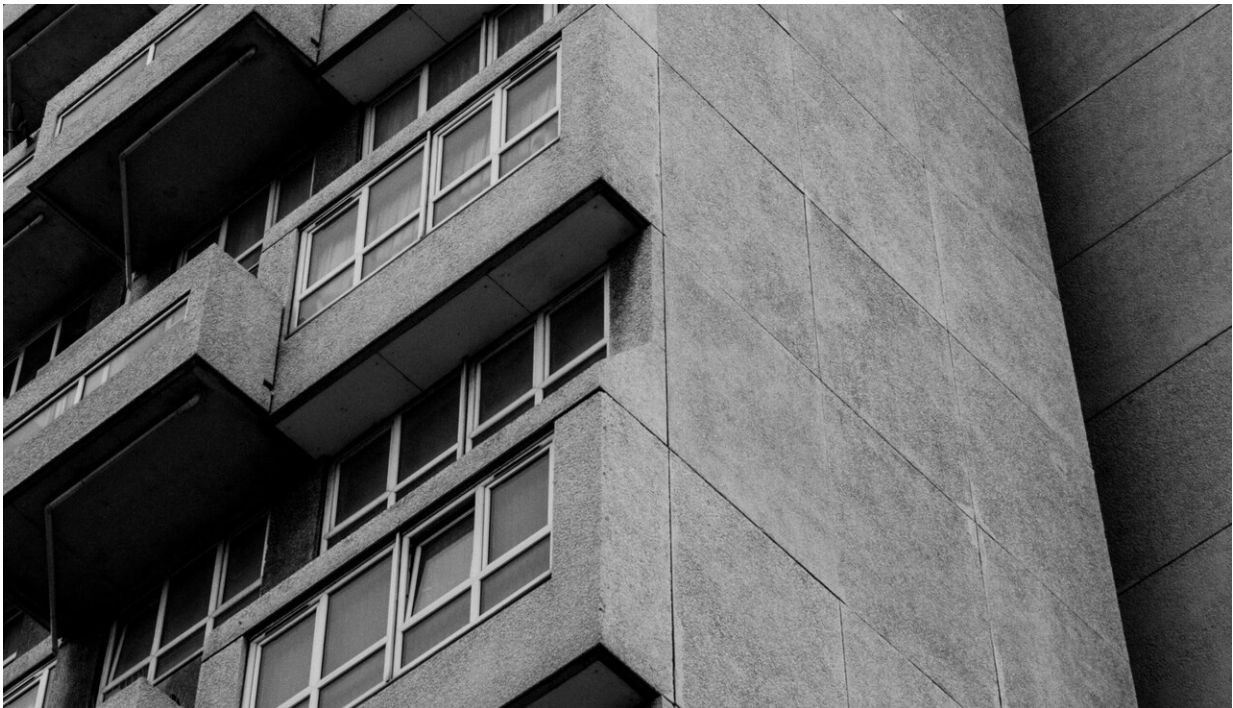


One in five people in south London live with multiple long-term conditions

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New research has found one in five people in the south London live with multimorbidity.

The study, published today in the *Lancet Regional Health* by researchers from King's College London and the NIHR Guy's and St Thomas'

Biomedical Research Centre and supported by Impact on Urban Health, examined the prevalence of multimorbidity—two or more long-term diseases at once—and identified key relationships between diseases.

Researchers analysed [electronic health records](#) from participants aged 18 and over between April 2005 and May 2020 in one London borough. The borough has a deprived, multi-ethnic and youthful population.

Research showed multimorbidity is more common among women and Black ethnic minority groups. An estimated 21% of the population had multimorbidity and the number of conditions increased progressively with age, with people aged 80 and above having a median of four conditions.

The study also identified clusters of conditions that commonly occur concurrently. The first cluster, affecting adults between 18-39, showed anxiety and depression to occur simultaneously. The second cluster associated with age and polypharmacy identified heart conditions and dementia. The third cluster identified cardiometabolic diseases and chronic pain among older ages and Black ethnic groups. The final cluster identified at-[risk behaviours](#) such as alcohol and substance dependency in [young males](#) who also smoke.

The research highlights the need for healthcare providers to tailor care for multiple long-term conditions. This need has been highlighted by the COVID-19 pandemic, as people with prior diseases such as hypertension, diabetes, or [coronary heart disease](#) are more likely to get severe symptoms or die from COVID. The same health inequalities that are pronounced in those with multimorbidity are also the ones that puts people at greater risk of hospitalisation or death from COVID-19, which includes Black ethnic groups and those living in deprived areas.

Lead author Alessandra Bisquera, from King's College London, said:

"Multimorbidity is not restricted to older citizens. More [young people](#) around the world are being diagnosed with multiple conditions, and being less advantaged socioeconomically accelerates the process, so in deprived urban areas, multimorbidity occurs earlier in life. Many conditions are still treated in isolation, so there are patients out there who may be taking multiple drugs and seeing several specialists at any one time, further adding to their disadvantage. Medical training and service organisation in the UK needs to shift away from treating single diseases to potentially managing clusters of diseases. We hope that by identifying these common [disease](#) clusters, we are able to be more systematic in our approach to multimorbidity and delay its progression."

Provided by King's College London

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