



# ICPCM Newsletter

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### **Multimorbidity: Early intervention and the need for a Person-centered Integrated Approach**

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#### **Introduction**

The need for person centered integrated care is particularly relevant for people who experience multimorbidity. Multimorbidity is viewed as one of the major challenges for 21st century medicine and has attracted increasing interest over the last decade with a recognition of the reality of the extent of the global burden and escalating costs for both the individual and society. It is now viewed as the norm and not the exception with a developing trend of increased prevalence in younger populations, in those with mental health problems and in areas of socioeconomic deprivation and in low income countries [1].

#### **Definiton of Multimorbidity and concept of Health**

Multimordibidity has been defined over the years since originally described by Feinstein in 1970 as the co-existence of two or more diseases in the same person [2]. Other authors have defined multimorbidity as the simultaneous presence of diseases with common pathogenesis. In 2011 Goldberg introduced the concept of multimorbidity as the existence of a physical condition accompanied by a mental illness [3].

Research in the field has demonstrated the high prevalence of multimorbidity particularly in those with Non-communicable Diseases (NCDs) and co-existing mental health problems. The importance of overall health and wellbeing was emphasised by the WHO in the definition: "Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity. "(WHO 1948). More recently, a WHO Global Action Plan adopted the slogan "no health without mental health" which again emphasises the importance of overall wellbeing in an individual in order to be described as healthy [4].

#### **Challenges of Multimorbidity and the way forward**

There is already a plethora of national and international guidance and policies for physical health screening in the mentally ill. Despite the increased awareness and acknowledgement of a need for action, physical health care of this population still remains inadequate with a notably reduced life expectancy due to predominantly cardiovascular and metabolic disease as a result.

The current existing single disease model of care in which health care professionals are trained and operate, and the ongoing fragmentation of healthcare systems only exacerbate the problem of effectively helping people who experience multimorbidity.

New ways of thinking are therefore required to redesign our health care models to become effective for early intervention and prevention and to enable clinicians to effectively adopt a more integrated person centered approach. It is only by doing so that we can start to optimise opportunities for screening, early diagnosis and effective early interventions with the aim to achieve better clinical outcomes and ultimately reduce levels of morbidity, mortality and increase life expectancy.

The growing evidence therefore supports the need to adopt a more integrated collaborative person centered approach which is individualised and focuses on the engagement of the individual with a personalised care plan to prevent disease and manage multiple coexisting conditions systematically.

The Global Action Plan for NCDs (2013 – 2020) highlights the need to focus on prevention of NCDs by modifiable risk factors such as lifestyle and diet which play a fundamental role in the wellbeing of the mentally ill and in determining the outcome of co-existing physical conditions [5]. An integrated model has been outlined by the WHO (2014) with a focus on transforming health care systems with evidence based approaches for integrated effective and efficient services [6].

Planning and Integration must take place at both the macro and micro level to effect change as current treatment gaps are clear with a lack of collaboration between health care specialists causing a short fall in service delivery. Redesign of education and training programmes is essential to ensure health care professionals receive the necessary training throughout their career progression to ensure the assessment and management of comorbid conditions using a more holistic, collaborative person centered approach to the care and treatment of the patients [7].

### **A Call for Person-centered Care through Early Intervention and an Integrated Approach**

The Tenth Geneva Conference celebrated promoting health lives and offered an opportunity for the International College of Person-Centered Medicine to review its achievements to date but also consider the challenges for the future. The call to action emphasised the priorities of the International College of Person Centered Medicine including building person-centeredness in medicine and health and emphasised the value of multidisciplinary working with strong collaborative relationships with organisations of patients and families/care givers and advocates with integration at all levels across primary care and specialist levels. Education and research is considered crucial and is ongoing in the field to strengthen the evidence base to enable clinicians to deliver person-centered care. With the challenge of multimorbidity it is even more necessary now to ensure a fit for purpose health care system is in place to deliver person-centered care across an integrated specialist and primary care health care system.

At the Tenth International Conference, The International College of Person-Centered Medicine has reaffirmed its commitment to its continued dedicated collaborative work with all relevant institutions to advance the fulfilment of the whole person's health and well-being across the world. Providing preventative person-centered holistic care is the only way to address multimorbidity especially in the context of mental and physical health conditions. It is the only way to provide efficient effective care to prevent and manage long term conditions and achieve optimum benefits for the individual and society.

## **References**

1. Millar H L & Abou-Saleh M T (2015). Multimorbidity in Mentally Ill People: The Need for a Person-centered Integrated Approach. *Int J Person Centered Medicine*; 5 (1): 28-33.
2. Feinstein AR (1970). The pre-therapeutic classification of comorbidity in chronic disease. *Journal of Chronic Diseases*; 23 455-468.
3. Goldberg D (2011). The Need for a special classification of mental disorders for general practice: towards ICD 11. *Primary Care European Psychiatry*: 26:53 – 56.
4. Prince M et al (2007). No health without mental health. *Lancet*; 370: 859-877
5. WHO World Health Action Plan (2013 – 2020): Global Action Plan for the Prevention and Control of NCDs.
6. World Health Organisation and Calouste Gulbenkian Foundation (2014). Integrating the response to mental disorders and other chronic diseases in health care systems.
7. Millar H L & Salloum I M (2016). Psychiatry and General Medical Co-morbidity. In: Mezzich J, Botbol M, Christodoulou G N, Cloninger C R et Salloum I M: *Person Centered Psychiatry*. Switzerland: Springer International Publishing.