

The Art of Prioritising People's Experiences of Dealing with Multiple Medicines for Multimorbidities

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Multimorbidity

Health professionals should offer care that is tailored to the person's personal goals and priorities and seeks to address the complexities surrounding the person's multiple conditions and treatments

Farmer C, Fenu E, O'Flynn N, Guthrie B. Clinical assessment and management of multimorbidity: summary of NICE guidance. *BMJ* 2016;354:i4843

Multimorbidity

Aim

to broadly capture peoples' experiences of 'multimorbidity' and the health service response, focus on medicine use.

Method

Narrative interviews with 38 people living with multiple health conditions in England and Wales.

Participants contacted via GPs, social media, steering group and patient groups.

Living with multiple health problems

Topics

People's Profiles

Resources & Information

Credits

Overview

▼ The experience of multiple health problems (2)

Causes of health problems: certain and uncertain

The personal impact of multiple health problems

▼ The impact of multiple health problems (5)

Impact on medical care of multiple health problems

Interactions between different symptoms, conditions and medicines

Continuity of Care

When treatments only go so far

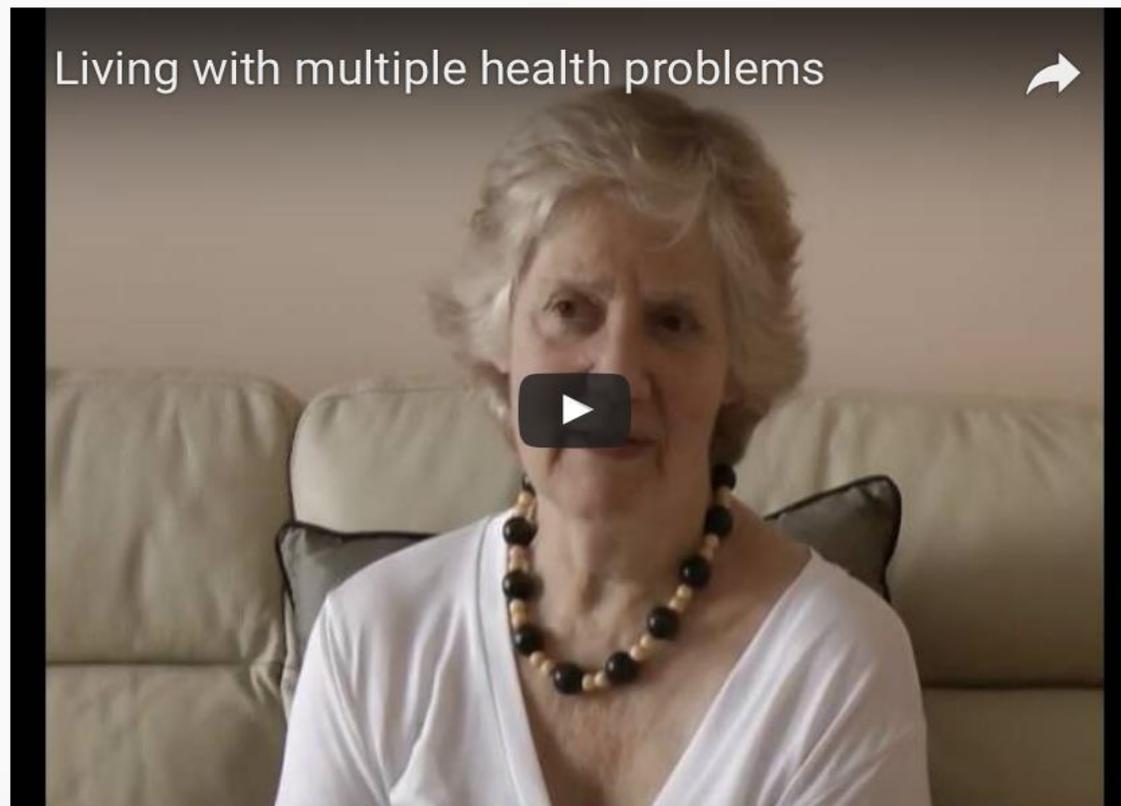
Risks and potential harms for patients

Next Topic ►



Overview

Living with multiple health problems



- People prioritised their conditions
- Main way in which people did this is according to whether or not they can successfully control them by treatment or self-management.
- Lottie's epilepsy has a bigger impact on her life than her diabetes as she can't control it.
- Nigel takes 30 tabs a day and prioritises his diabetes over his other issues



- Anne considers epilepsy the more serious condition.
- She feels that epilepsy has affected her mental outlook.
- She regards the seizures as an inconvenience, and her asthma (diagnosed a few years later) “*just an irritation*”



- People found that they got conflicting advice from all the different health professionals that they saw and often decided themselves which condition to prioritise often based on perceived seriousness
- Several people said that they preferred to control their conditions without medicines where possible.
- Ann's doctor had advised her to lose weight and start taking insulin but Ann preferred to try to lose weight first since it might prevent her from needing insulin.
- [Mohammed](#) was pleased that he was able to control his diabetes mainly through diet rather than medicines.

Conclusions

Issues were raised which lead to people prioritising their medicines which may help pharmacists better tailor care and address complexities.

People tend to prioritise in order of what they think is the most important condition that causes them most problems.

People make their own decisions, often contrary to health professional advice.

People use dietary control or self management rather than medicines where they feel it is more appropriate.

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<http://www.healthtalk.org/peoples-experiences/long-term-conditions>