
Patient-Centred Critical Care for Multimorbid Patients



Our population is ageing, and with increasing longevity, the prevalence of chronic conditions is also increasing. Multimorbidity is thus becoming a major challenge in the world of critical care.

Multimorbidity refers to the co-occurrence of two or more chronic conditions in an individual. The combination of certain diseases in patients can trigger additional interactions, resulting in an increased impact on an individual's functional abilities, quality of life and life expectancy. At the same time, it can create complex health problems.

Advanced age is one of the most important risk factors for multimorbidity. The prevalence of multimorbidity is nearly 90% in patients aged 85 years or older. Conditions that were previously fatal or devastating have now been transformed into chronic conditions due to advancements in medicine. However, managing patients with multimorbidities can be challenging and can have a significant impact on patient outcomes.

It is important to support decision-making for patients along their trajectory in healthcare. In critical care especially, there is a need for improvement and development in this direction because critical care is mainly focused on survival and outcome. What is needed is a holistic view of multimorbid elderly patients and to focus on their individual requirements. It is now recommended that comorbidities and underlying health conditions be considered when assessing the benefit of critical care for each patient. In other words, it is important to integrate multimorbidity into the decision-making processes in critical care.

To provide tailored and patient-centred care to multimorbid patients, it is important to first realise that healthcare, as we know it, is generally structured to treat single conditions. This needs to change, and factors like multimorbidity, frailty and function status should be included during assessment and care planning. It is also important to use and analyse data obtained in realistic scenarios so that clinically useful concepts of multimorbidity can be developed. In addition, it is essential to deal with medical uncertainties with time-limited trials and with multimorbid patients admitted to the ICU with patient-centred goals and limitations related to treatment escalation so that end-of-life care measures could be initiated if necessary. Finally, post-ICU care should be more carefully planned and managed in a multidisciplinary manner and should involve geriatricians, caregivers and the community.

Overall, it is important to be better prepared for the expected wave of multimorbid, very old intensive care patients by addressing these issues and by following the proposed recommendations and strategies.

Source: [Critical Care](#)

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