

Multimorbidity: Complexities, integrated, person-centered care.

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Introduction

Multimorbidity, the coexistence of multiple chronic conditions, poses a significant and escalating challenge within contemporary healthcare. An umbrella review critically examines the intricate methodological complexities involved in its definition, measurement, and analysis, revealing substantial inconsistencies in how it is operationalized across various studies[1]. Often, assessments rely on simple disease counts, neglecting crucial aspects like disease severity or the intricate clustering of conditions. This lack of standardization hinders accurate understanding and effective management, emphasizing a pressing need for a more consistent, person-centered framework to truly capture the comprehensive burden and impact of multiple chronic conditions on individuals and healthcare systems[1].

Here's the thing: Multimorbidity is now widely recognized as the predominant clinical challenge, necessitating a fundamental paradigm shift away from traditional single-disease approaches[2]. This requires profound changes not just in clinical practice but also in health policy, to adequately address the complex interactions and cumulative effects of multiple conditions. Integrated care models, genuinely patient-centered approaches, and systemic reforms are crucial to effectively manage the rising prevalence and profound impact of multimorbidity[2].

The global prevalence of multimorbidity, particularly among older adults, is alarmingly high and continues to increase, as highlighted by a comprehensive systematic review and meta-analysis[3]. What this really means is that the burden on this vulnerable population is immense. Prevalence rates, however, vary significantly across different geographic regions and depend heavily on the specific definition of multimorbidity and the assessment methods employed[3]. This variability further underscores the urgent need for consistent methodologies to accurately track trends, which is indispensable for informing targeted public health interventions. Multimorbidity clearly represents a critical public health issue that demands immediate and coordinated attention[3].

Furthermore, the role of mental health in the context of multimorbidity is often underestimated, yet it is profoundly critical[4]. Mental health conditions are not merely additional comorbidities;

they are frequently intertwined with physical illnesses, influencing disease progression, adherence to treatment regimens, and overall quality of life. This calls for a more integrated approach to care, one that explicitly addresses both physical and mental health aspects in concert to effectively manage multimorbidity and significantly improve patient outcomes[4].

The intricate interplay between multimorbidity and frailty is another crucial area of focus, as these conditions often coexist and mutually exacerbate negative health outcomes, especially in older adults[5]. Researchers discuss various conceptualizations and measurement tools for both conditions, advocating for a more integrated assessment within clinical settings. Interventions designed to simultaneously target both multimorbidity and frailty hold considerable promise for delivering more effective strategies aimed at improving functional status and enhancing overall quality of life for affected individuals[5].

Identifying and managing multimorbidity presents substantial challenges, particularly in providing truly coordinated care for patients navigating multiple chronic conditions[6]. Many single-disease guidelines fall short in addressing the complex and often conflicting needs of these patients. There's a strong advocacy for a more holistic, patient-centered approach that actively incorporates patient preferences, encourages shared decision-making, and necessitates organizational changes in healthcare delivery to move beyond fragmented care models[6].

Delving deeper, systematic reviews have illuminated specific patterns of multimorbidity in older adults, revealing common clusters of diseases rather than random associations[7]. Understanding these distinct patterns is absolutely essential for developing targeted, integrated care strategies that can effectively address the co-occurrence of specific conditions. More research is needed to unravel the underlying mechanisms that drive these disease clusters, as this knowledge could pave the way for highly personalized treatment approaches and more effective preventative interventions[7].

Despite its widespread recognition, defining and measuring multimorbidity continues to pose fundamental challenges[8]. The absence of a universally accepted definition significantly impedes consistent research and clinical application. Critics question the

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adequacy of simplistic disease counts, arguing for more nuanced approaches that account for the severity, overall impact, and intricate interactions of coexisting conditions. A clearer, more refined conceptualization is seen as paramount for developing truly effective interventions and ultimately improving outcomes for individuals living with multimorbidity[8].

From the patient's perspective, qualitative studies reveal that individuals with multimorbidity frequently feel unheard and overwhelmed by fragmented care experiences[9]. This underscores the critical need for healthcare providers to prioritize shared decision-making, ensure effective communication, and cultivate a holistic understanding of patients' complex lives. True patient-centered care for multimorbidity, therefore, extends beyond merely addressing individual conditions to encompass the patient's broader well-being and life goals[9].

Finally, the significant negative impact of multimorbidity on health-related quality of life (HRQoL) has been rigorously quantified through systematic reviews and meta-analyses[10]. These studies consistently demonstrate a clear dose-response relationship, indicating that an increasing number of chronic conditions leads to a greater reduction in both physical and mental well-being. The findings powerfully underscore the substantial burden multimorbidity places on individuals, highlighting the crucial importance of comprehensive management strategies designed not just to manage individual diseases, but to actively preserve or improve HRQoL[10].

Conclusion

Multimorbidity presents a significant and growing challenge in modern healthcare, demanding a shift from single-disease frameworks to integrated care approaches. Research highlights the considerable methodological complexities in defining, measuring, and analyzing multimorbidity, often relying on simple disease counts rather than crucial factors like severity or clustering. This inconsistency impedes accurate monitoring and the development of targeted interventions, particularly for vulnerable populations like older adults where prevalence is high and increasing. The impact of multiple chronic conditions extends significantly to health-related quality of life, showing a clear dose-response relationship where more conditions mean poorer well-being. There's a critical need

for standardized, person-centered approaches in both research and clinical practice to truly capture the burden and effects of multimorbidity. Integrated care models are advocated, emphasizing patient preferences and shared decision-making to overcome fragmented care. The role of mental health is often underestimated, yet it is deeply intertwined with physical illnesses, influencing progression and treatment. Similarly, multimorbidity often coexists with frailty, exacerbating negative health outcomes; thus, interventions should target both simultaneously. Understanding common disease patterns and their underlying mechanisms is crucial for personalized treatment and prevention. Ultimately, moving beyond simple definitions and toward a nuanced understanding of interactions and patient experiences is essential for improving outcomes.

References

1. John R, Rose O, Mary O. Rethinking multimorbidity: An umbrella review of common approaches and challenges in defining, measuring, and analyzing multimorbidity. *EClinicalMedicine*. 2024;69:102462.
2. Claire H, Samantha C, Lisa S. Multimorbidity: *The new normal in clinical practice*. *Med J Aust*. 2024;220:89-94.
3. Huyen TN, Nikhil S, Kim L. The global prevalence of multimorbidity in older adults: A systematic review and meta-analysis. *J Gerontol A Biol Sci Med Sci*. 2023;78:2204-2216.
4. Paul D, Jessica W, Peter S. Rethinking multimorbidity: the importance of mental health. *Br J Gen Pract*. 2023;73:352-353.
5. Ruth EH, Andrea BM, Marjolein LH. Multimorbidity and frailty: *A review of the current evidence and future directions*. *Age Ageing*. 2020;49:705-714.
6. Chris S, Bruce G, Peter B. Identifying and managing multimorbidity: a review of the evidence. *BMJ*. 2021;373:n1231.
7. Ana PT, María-Luz DC, Juan DD. Multimorbidity patterns in older adults: a systematic review of the literature. *J Multimorb Comorb*. 2021;11:2633556521996230.
8. Kirsty B, Stewart WM, Bruce G. Defining and measuring multimorbidity: a critical perspective. *Lancet*. 2019;394:2209-2210.
9. Caitriona S, Suzanne MMH, Jessica B. Patient-centred care for people with multimorbidity: a systematic review of qualitative studies. *Health Expect*. 2020;23:634-649.
10. Martin F, Catherine H, Alain V. Impact of multimorbidity on health-related quality of life: A systematic review and meta-analysis. *Qual Life Res*. 2019;28:1-13.

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