

# Too many diagnoses - multimorbidity as a medical artefact?

Margret Olafia Tomasdottir, Linn Getz, Johann A. Sigurdsson, Halfdan Petursson

Department of Family Medicine, University of Iceland and Department of Public Health and General Practice/ General Practice Research Unit (AFE), Norwegian University of Science and Technology (NTNU) Contact: margretolafia@gmail.com

## Contemplations:

Is multimorbidity a true epidemic on the rise, or another aspect of too much medicine?

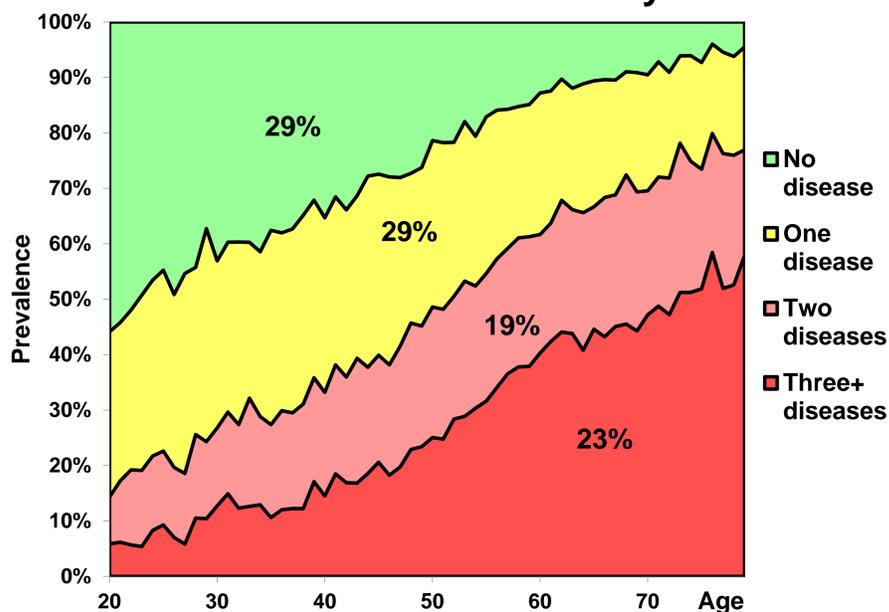
Does the prevalence stem from real health problems, or flawed in the biomedical thinking?

## Aims:

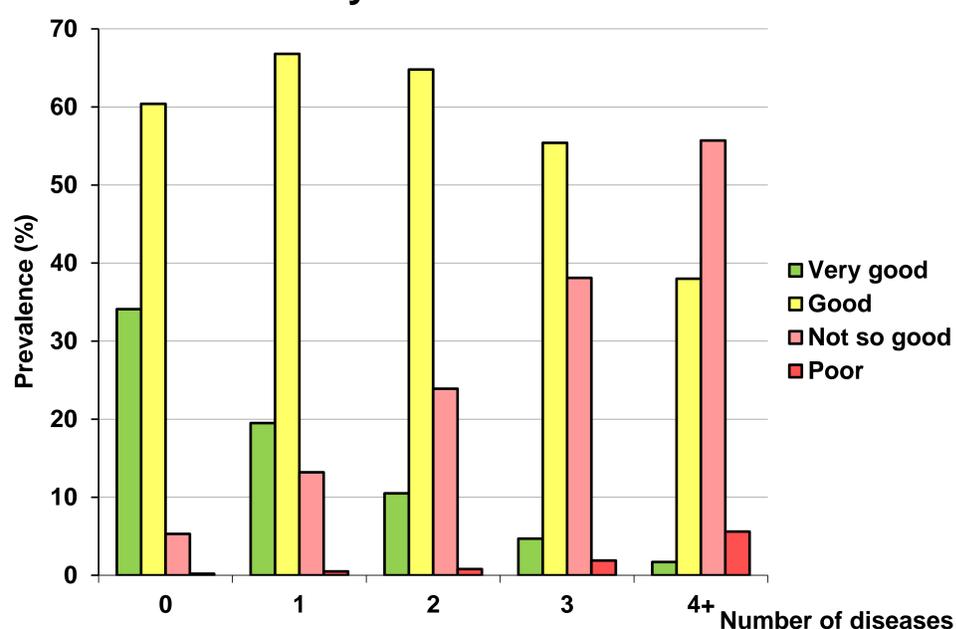
To look at the overwhelming prevalence of multimorbidity in the light of self-perceived health

To look at possible explanatory patterns of multimorbidity

Prevalence of multimorbidity



Multimorbidity and self-rated health



## Background:

Multimorbidity is by convention defined as two or more co-existing chronic diseases or conditions. It seems to be increasing in prevalence and has been termed one of the biggest medical challenges of the 21<sup>st</sup> century, has even been described as a “normal state” for people seeking help in GP’s office. A logical consequence of multimorbidity is polypharmacy. Medicine has no good grip on the notion of common “root causes” beneath the more disease-specific causes.

## Results:

The age-standardized prevalence of multimorbidity was 42% (39% for men and 46% for women). Most of the diseases were strongly associated with multimorbidity clusters and patterns were not easily identified. Most people with two or three diseases still identified their health as good and only those with four or more chronic diseases felt predominantly in ill health.

## Methods:

We used data from the Nord-Trøndelag Health Study, HUNT 3 (2006-8), a renowned population based study with 47.959 participants aged 20-79 years. 21 chronic disease conditions were used in estimation of multimorbidity and association between diseases evaluated. The connection between self-rated health and multimorbidity was estimated with chi-square.

## Conclusions:

**Most multimorbid people still identify their health as good**

**Multimorbid disease clusters typically defy not only diagnostic categories within the somatic and mental health domains, but also the dichotomy between these**

**Multimorbidity, as currently conceptualized might, to a certain extent, represent an artefact of the reigning biomedical classification system**

**The current definition of multimorbidity might lack clinical meaning as it does not correlate well with changes in self-rated health**

