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Multiple Chronic Conditions and Psychosocial Limitations in a Contemporary Cohort of Patients Hospitalized with an Acute Coronary Syndrome

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\textbf{Background:} As adults live longer, multiple chronic conditions have become more prevalent over the past several decades. We describe the prevalence of, and patient characteristics associated with, cardiac and non-cardiac-related multimorbidities in patients discharged from the hospital after an acute coronary syndrome (ACS).

\textbf{Methods:} We studied 2,174 patients discharged from the hospital after an ACS at 6 medical centers in Massachusetts and Georgia between April, 2011 and May, 2013. Hospital medical records yielded clinical information including presence of 8 cardiac-related and 8 non-cardiac-related morbidities on admission. We assessed multiple psychosocial characteristics during the index hospitalization using standardized in-person instruments.

\textbf{Results:} The mean age of the study sample was 61 years, 67\% were men, and 81\% were non-Hispanic whites. The most common cardiac-related morbidities were hypertension, hyperlipidemia, and diabetes (76\%, 69\%, and 31\%, respectively). Arthritis, chronic pulmonary disease, and depression (20\%, 18\%, and 13\%, respectively) were the most common non-cardiac morbidities. Patients with \geq 4 morbidities (37\% of the population) were slightly older and more frequently female than those with 0-1 morbidity; they were also heavier and more likely to be cognitively impaired (26\% vs. 12\%), have symptoms of moderate/severe depression (31\% vs. 15\%), high perceived stress (48\% vs. 32\%), a limited social network (22\% vs. 15\%), low health literacy (42\% vs. 31\%), and low health numeracy (54\% vs. 42\%).

\textbf{Conclusions:} Multimorbidity, highly prevalent in patients hospitalized with an ACS, is strongly associated with indices of psychosocial deprivation. This emphasizes the challenge of caring for these patients, which extends well beyond ACS management.

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