Impact of multimorbidity on clinical outcomes in older adults with cardiovascular disease

Mayra Tisminetsky
University of Massachusetts Medical School

Let us know how access to this document benefits you.
Follow this and additional works at: https://escholarship.umassmed.edu/cts_retreat

Part of the Cardiology Commons, Cardiovascular Diseases Commons, Clinical Epidemiology Commons, Epidemiology Commons, and the Geriatrics Commons

Repository Citation

Creative Commons License
This work is licensed under a Creative Commons Attribution-Noncommercial-Share Alike 3.0 License.
This material is brought to you by eScholarship@UMassChan. It has been accepted for inclusion in UMass Center for Clinical and Translational Science Research Retreat by an authorized administrator of eScholarship@UMassChan. For more information, please contact Lisa.Palmer@umassmed.edu.
Impact of multimorbidity on clinical outcomes in older adults with cardiovascular disease

Mayra Tisminetzky MD PhD a,b,c; Robert Goldberg PhD a,b,d; Jerry Gurwitz MD a,b,c.

a Department of Quantitative Health Sciences, b Meyers Primary Care Institute, Divisions of c Geriatric and d Cardiovascular Medicine, Department of Medicine, University of Massachusetts Medical School, Worcester, Massachusetts

Objective: To synthesize the current literature on the magnitude and impact of multiple chronic conditions on clinical outcomes, including total in-hospital and post discharge mortality and hospitalizations, in older patients with cardiovascular disease (CVD).

Methods: A systematic review was conducted. Four electronic databases and article bibliographies were searched for publications from 2005 to 2015 which assessed the impact of multimorbidity on clinical outcomes in the elderly with CVD. Identified studies were screened using pre-defined criteria for eligibility.

Results: Fifteen studies met our inclusion criteria. Multimorbidity was assessed by simple counting of morbidities and by the Charlson and Elixhauser indices. Case-fatality rates ranged from between 13% and 21% for patients with a myocardial infarction. Long-term mortality ranged from 28% to 73% among patients with heart failure, and 24% of patients with heart failure and presenting multimorbidities had at least one readmission during a follow-up period of 17 months. Most of the studies reported a significant association between number of multimorbidities or particular morbidities and the risk of dying, the most frequent morbidities examined were diabetes, chronic kidney disease, anemia, chronic pulmonary disease and dementia/cognitive impairment.

Conclusions: There are limited data on the magnitude and impact of multimorbidities on clinical outcomes, and even less data on patient centered outcomes among elderly patients with CVD. There are also inconsistencies in the manner by which multimorbidities are assessed; very few studies have approached the “real” complexity of patients with CVD and multimorbidities and how best to manage these high risk patients.

Contact Information: Mayra Tisminetzky, MD PhD MPH Assistant Professor
Division of Geriatrics, Dept. of Medicine and, Quantitative Health Sciences
University of Massachusetts Medical School
368 Plantation Street AS8-1076 Worcester MA 01605
Email: mayra.tisminetzky@umassmed.edu
Phone: 774-455-3773/ 508-856-3586