



The Impact of Chronic Condition List on Prevalence and the Relationship between MCCs and Disability, Social Participation, and Self-Rated Health: Data from the Canadian Longitudinal Study on Aging

Lauren Griffith
McMaster University

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Methodologic Issues

- Multimorbidity prevalence estimates vary widely (3.5%-98.5%)¹
 - Harrison et al.² if MM operationalization impacted prevalence estimates
 - Impact of which diseases are included in MM list
 - Impact of MM definition: 2+ or 3+ chronic conditions
- Population-based patient cohort
- Did not examine effect of sex
- Only examined at prevalence

Objectives

We aimed to build on this work using weighted data from all 51,338 CLSA participants

- Compare prevalence estimates of a larger group of MM lists/definition (by age and sex)
- Examine the association between MM list/definition and person-important outcomes:
 - Disability
 - Social Participation Restriction
 - Self-rated Health

Methods

Self-Reported Chronic Conditions

- Lasting (or expecting to last) ≥ 6 months
- Diagnosed by health professional

Definitions:

- *Disability*: Needing help with or unable to do any of 7 ADLs or 7 IADLs
- *Social Participation Restriction*: Prevented from participating in social activity because of health condition/limitation
- *Self-rated health*: physical, mental, and healthy aging on 5 pt Likert scale (excellent \rightarrow poor)

Multimorbidity Lists

Disease System ⁵	CLSA Chronic Conditions	Diederichs ³	Fortin-20 ⁴	Fortin-Prev ¹ [12 most prevalent]	Willadsen ⁵		
					Diseases	Risk Factor	Symptom
Musculoskeletal	Osteoarthritis	✓	✓	✓	✓		
	Rheumatoid arthritis						
	Osteoporosis		✓	✓		✓	
Respiratory	Asthma		✓	✓	✓		
	COPD	✓			✓		
Cardiac	Heart disease (including CHF)	✓	✓	✓	✓		
	Angina		✓				
	Myocardial infarction	✓	✓		✓		
Vascular	Hypertension	✓	✓	✓		✓	
	Peripheral vascular disease						
Endocrine-Metabolic	Diabetes	✓	✓	✓	✓		
	Hypo-/Hyperthyroidism		✓	✓			
Neurological	Stroke or CVA	✓	✓		✓		
	Transient ischemic attack		✓				
	Parkinsonism/disease						
	Multiple Sclerosis						
	Epilepsy						
	Migraine headaches				✓		✓
Gastrointestinal (Upper and Lower)	Intestinal or stomach ulcer		✓				
	Bowel disorder		✓	✓			
	Bowel incontinence						✓
Genitourinary	Urinary incontinence		✓				✓
Ophthalmologic	Cataracts, Glaucoma, Macular Degeneration			✓			✓
Psychiatric	Mood disorder (depression)	✓	✓	✓	✓		
	Anxiety						
	Alzheimer's disease/Dementia		✓				
Renal	Kidney disease		✓		✓		
Cancer*	Cancer	✓	✓	✓	✓		
Other Risk Factors/Symptoms	Obesity		✓			✓	
	Overweight					✓	
	Back problems		✓				✓

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Multimorbidity Lists

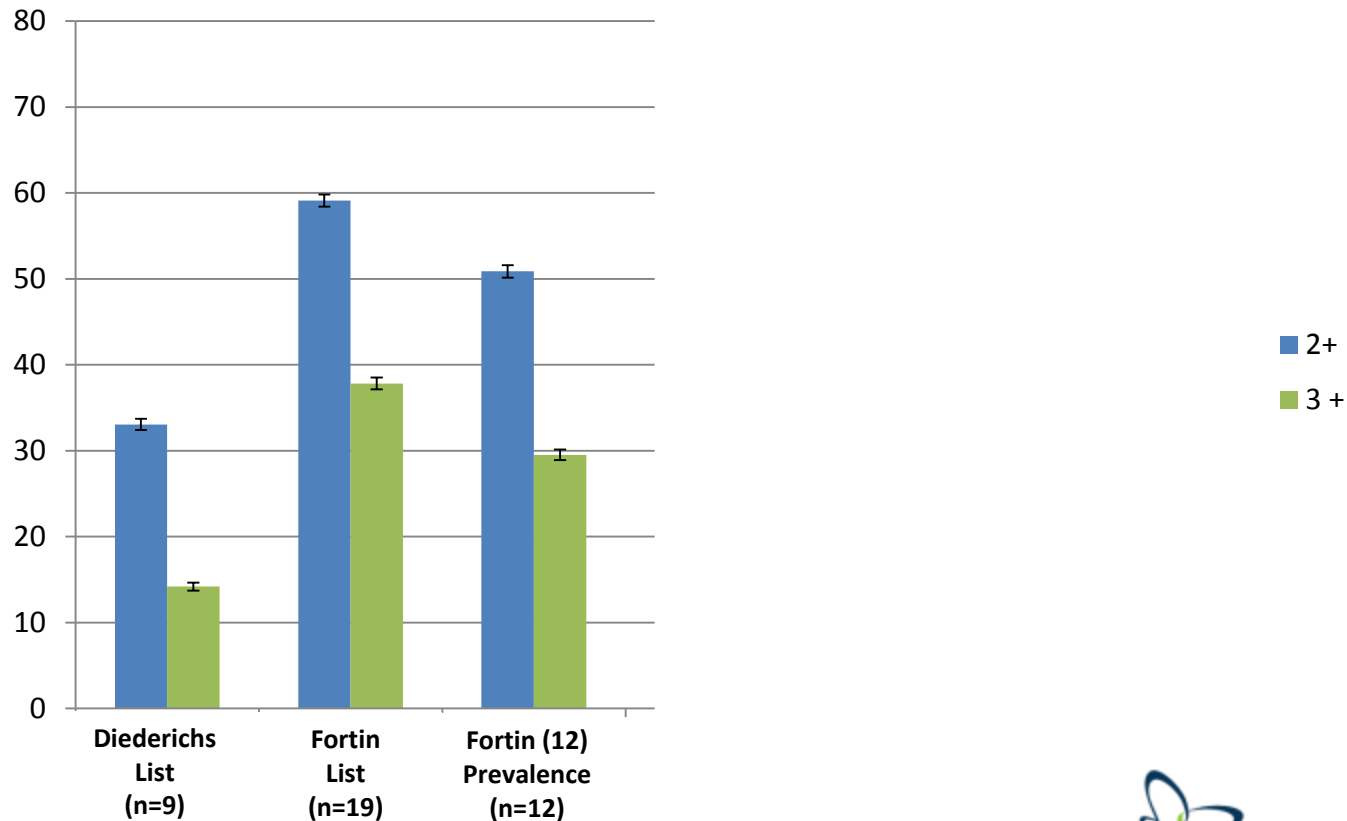
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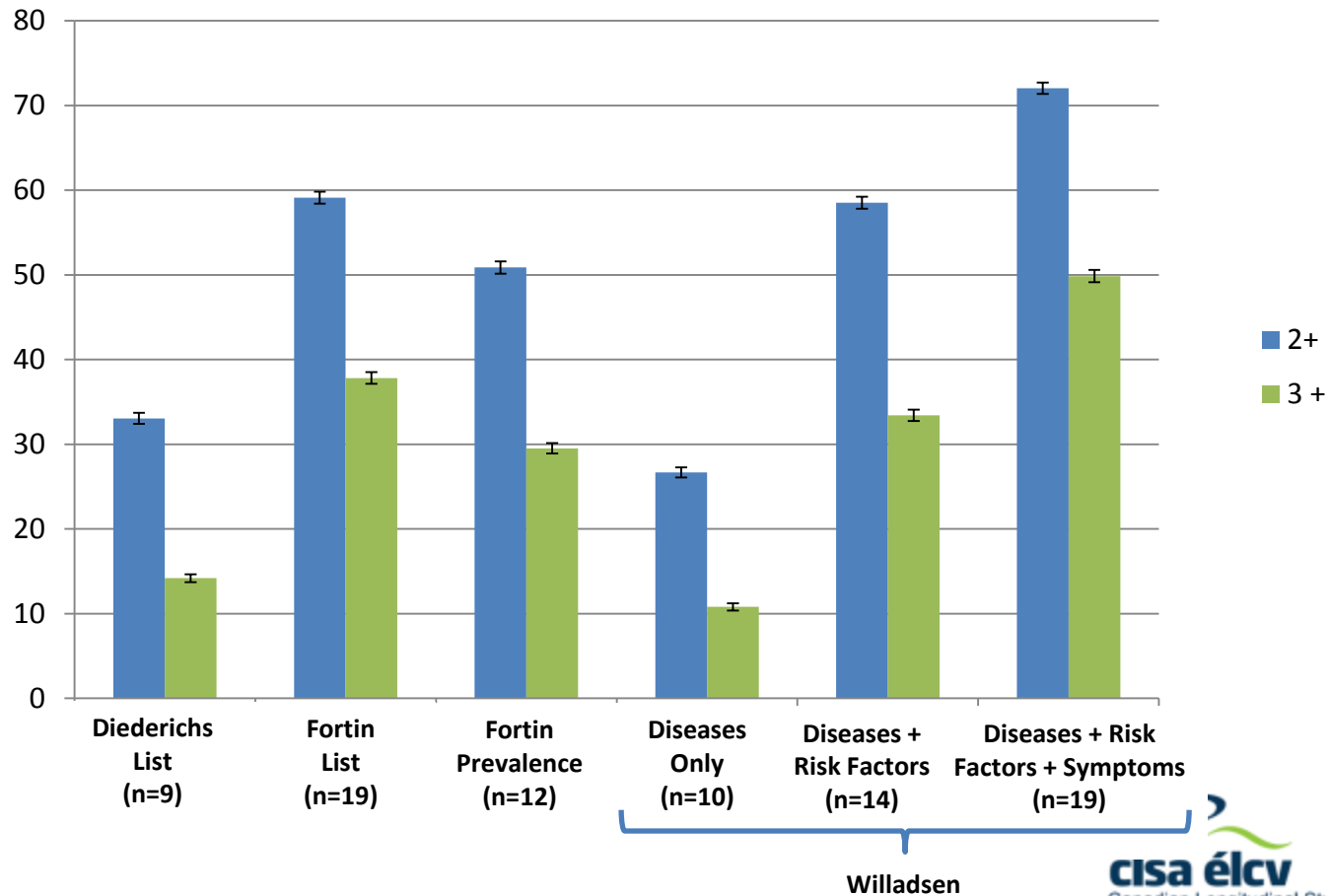
Results

Proportion of Canadians with 2+ and 3+ CCs Using Different Disease Lists



Results

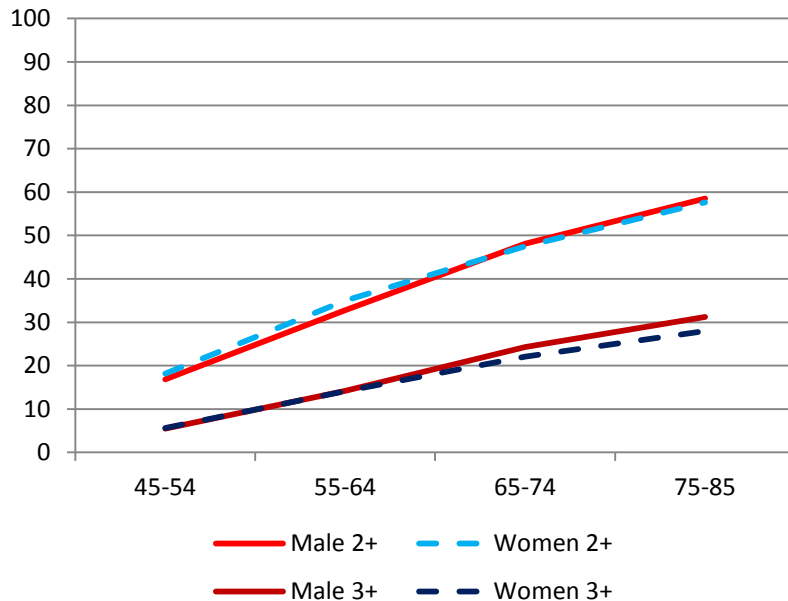
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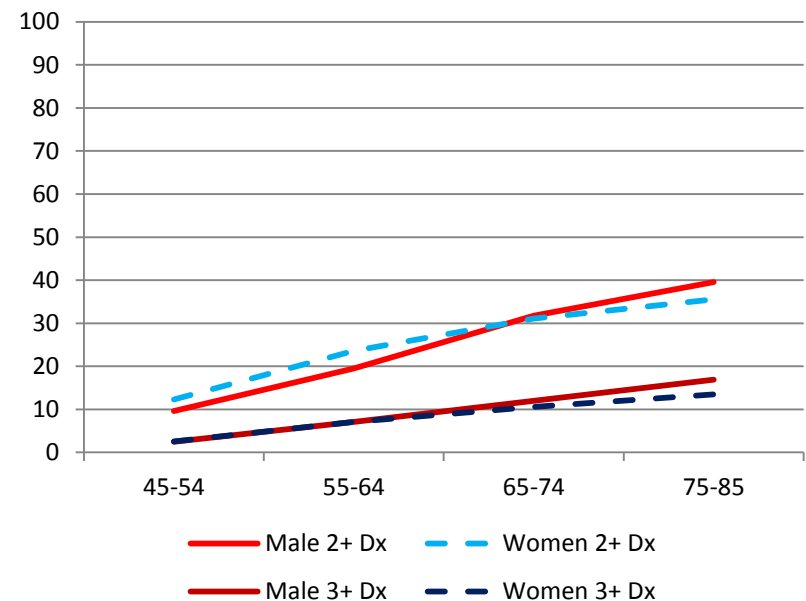
Results

Multimorbidity Prevalence (2+ and 3+ CCs) by Age Group and Sex

Diederichs any chronic conditions



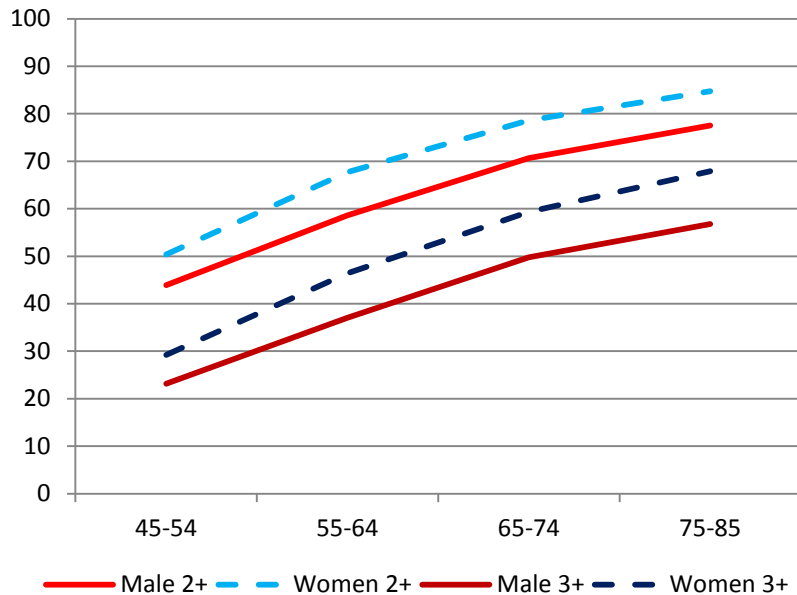
Diederichs any diseases



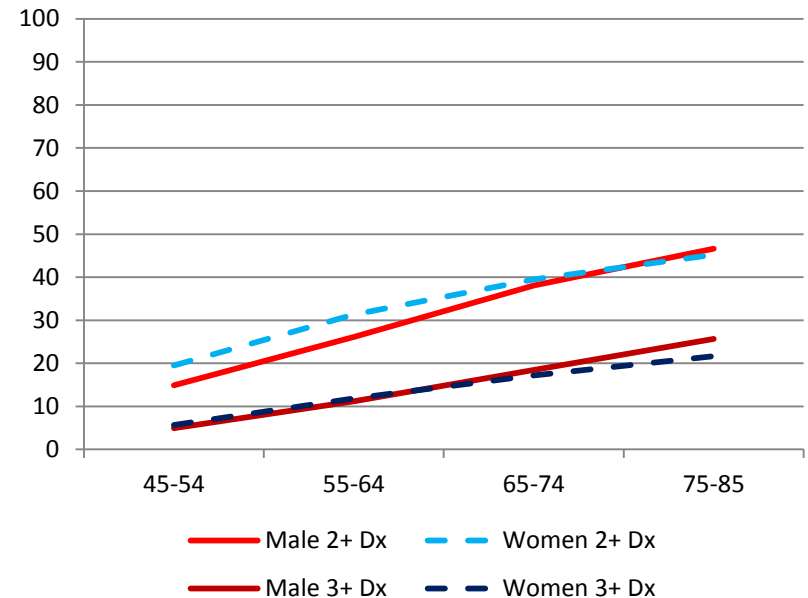
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Fortin-20 any chronic conditions



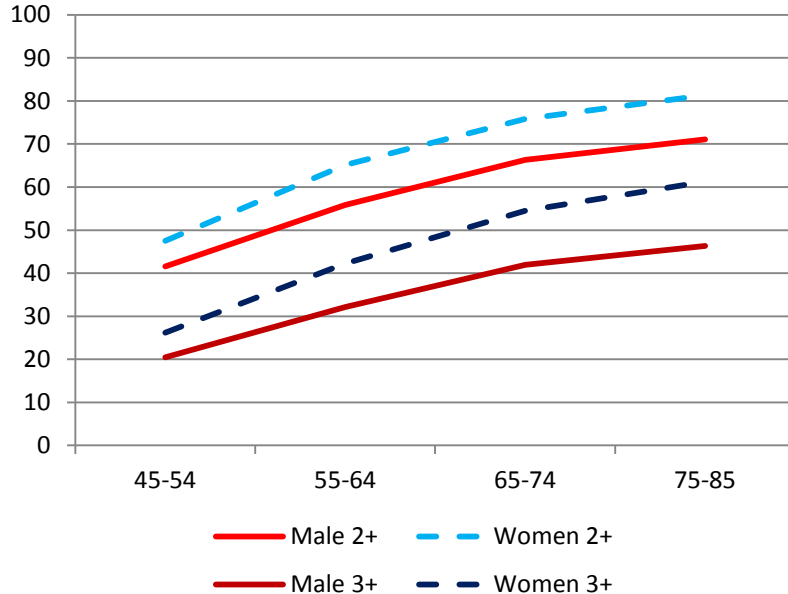
Fortin-20 any diseases



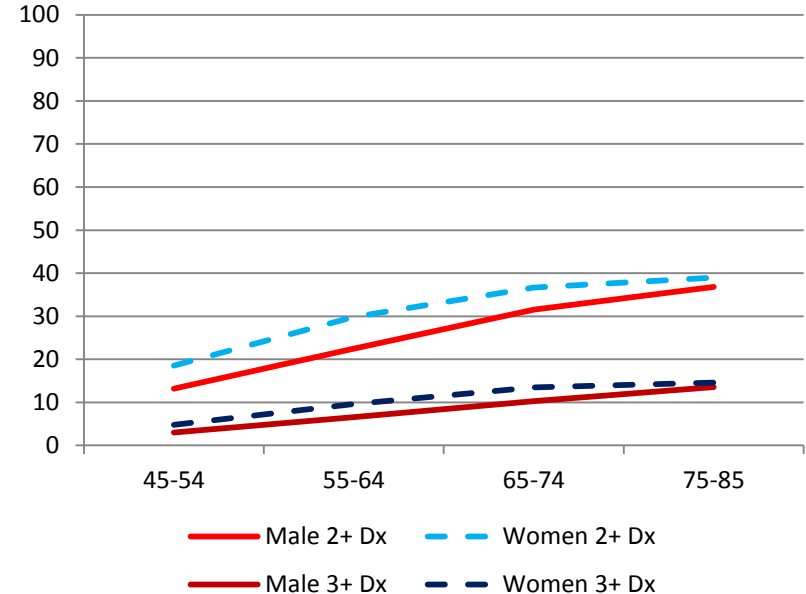
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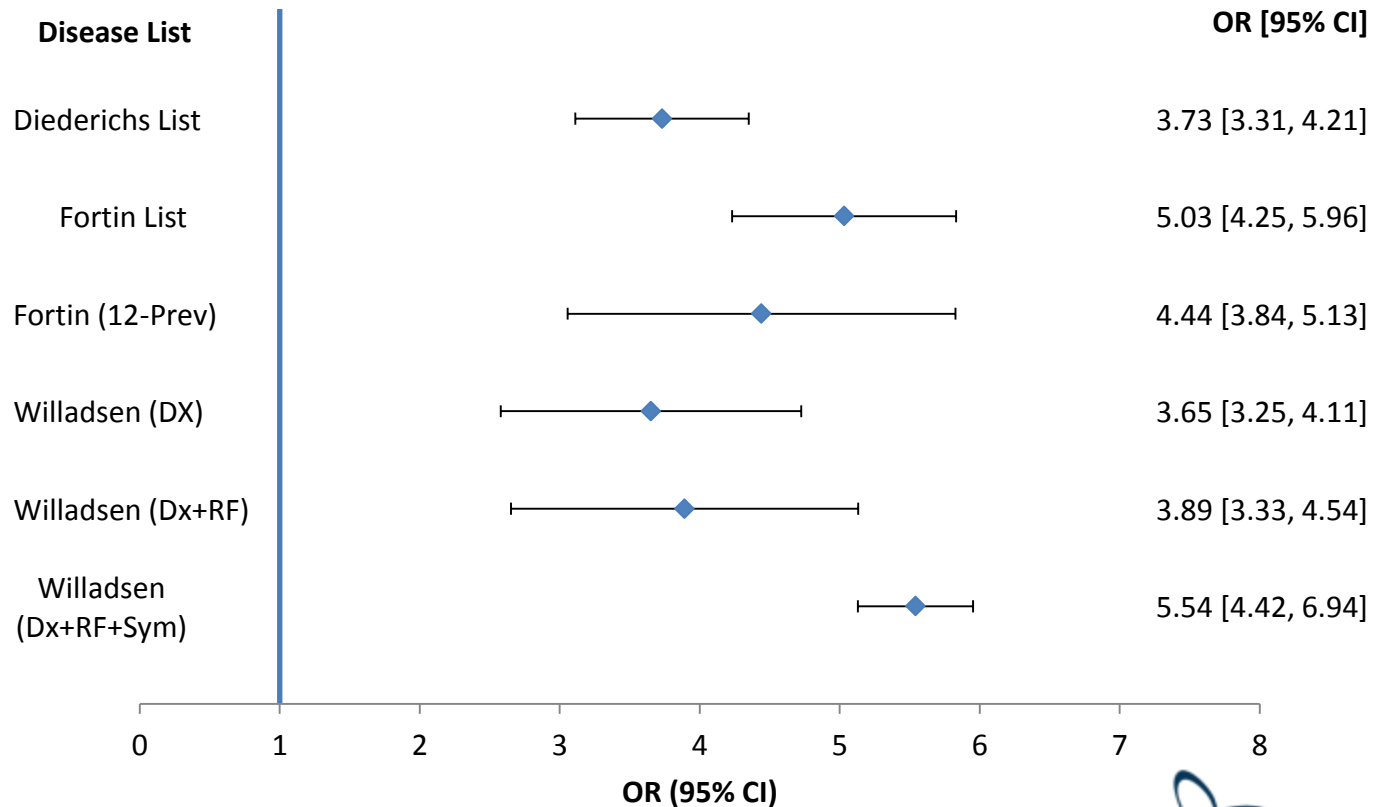


Fortin-Prev any diseases



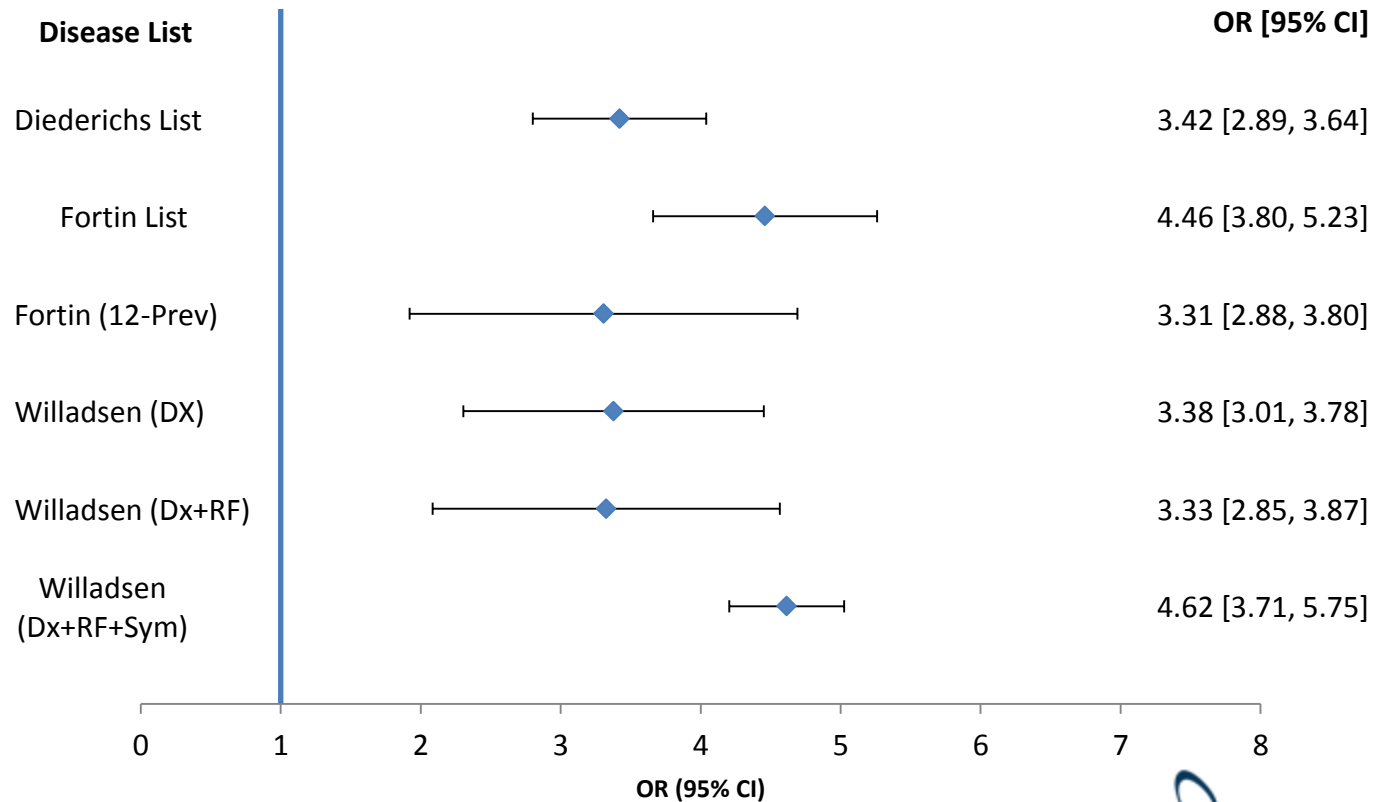
Results

ORs for Disability for People with MM (2+ CCs) Compared to those without MM Using Different Disease Lists



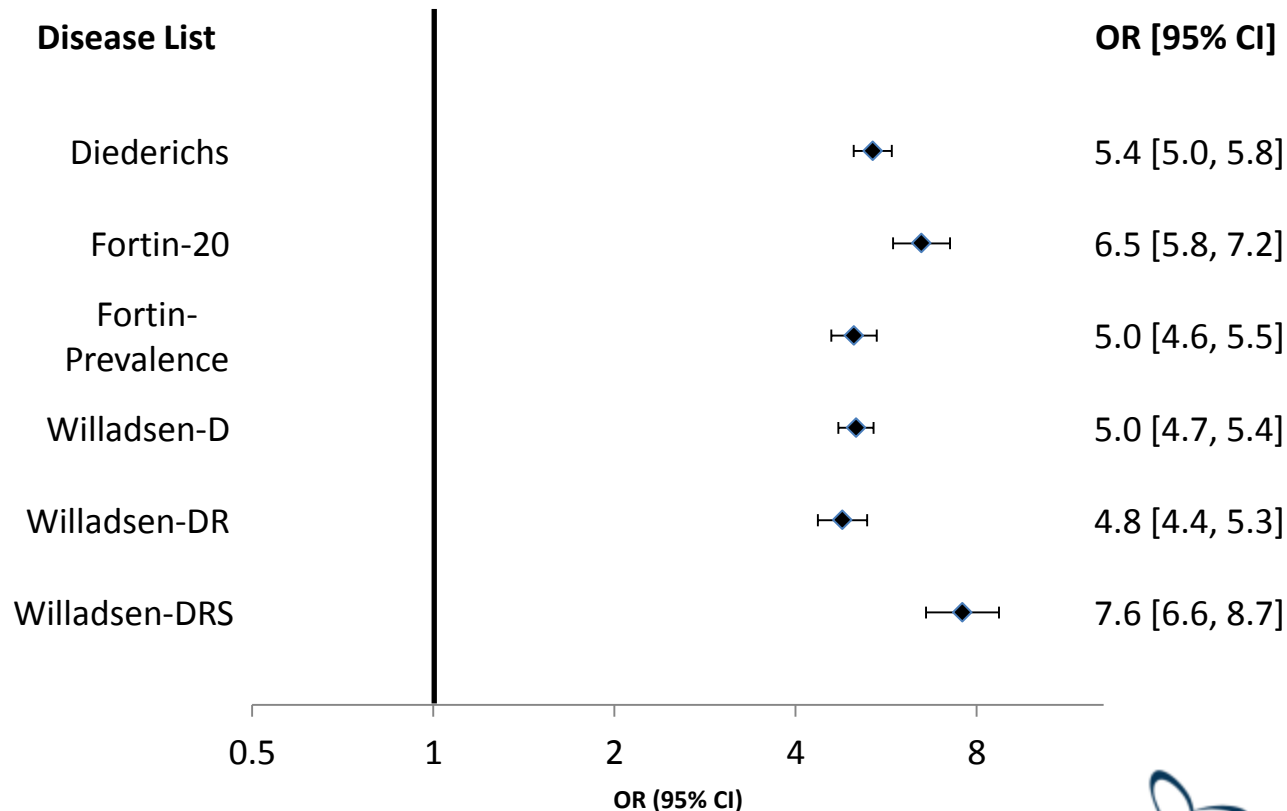
Results

ORs for Participation Restriction for People with MM (2+ CCs) Compared to those without MM Using Different Disease Lists



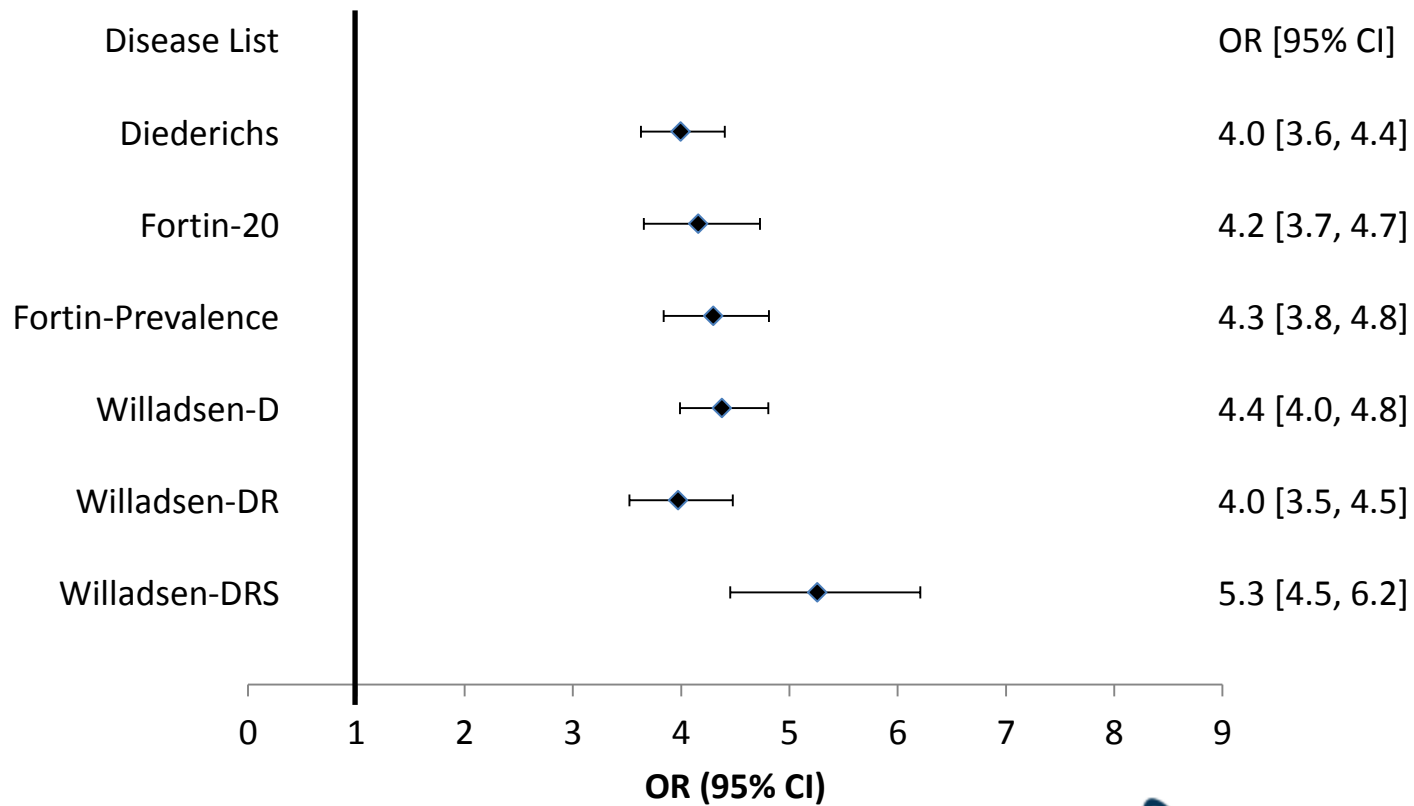
Results

ORs for Self-Reported Physical Health (poor or fair vs. good-excellent) for People with MM (2+ CCs) Compared to those without MM Using Different Disease Lists



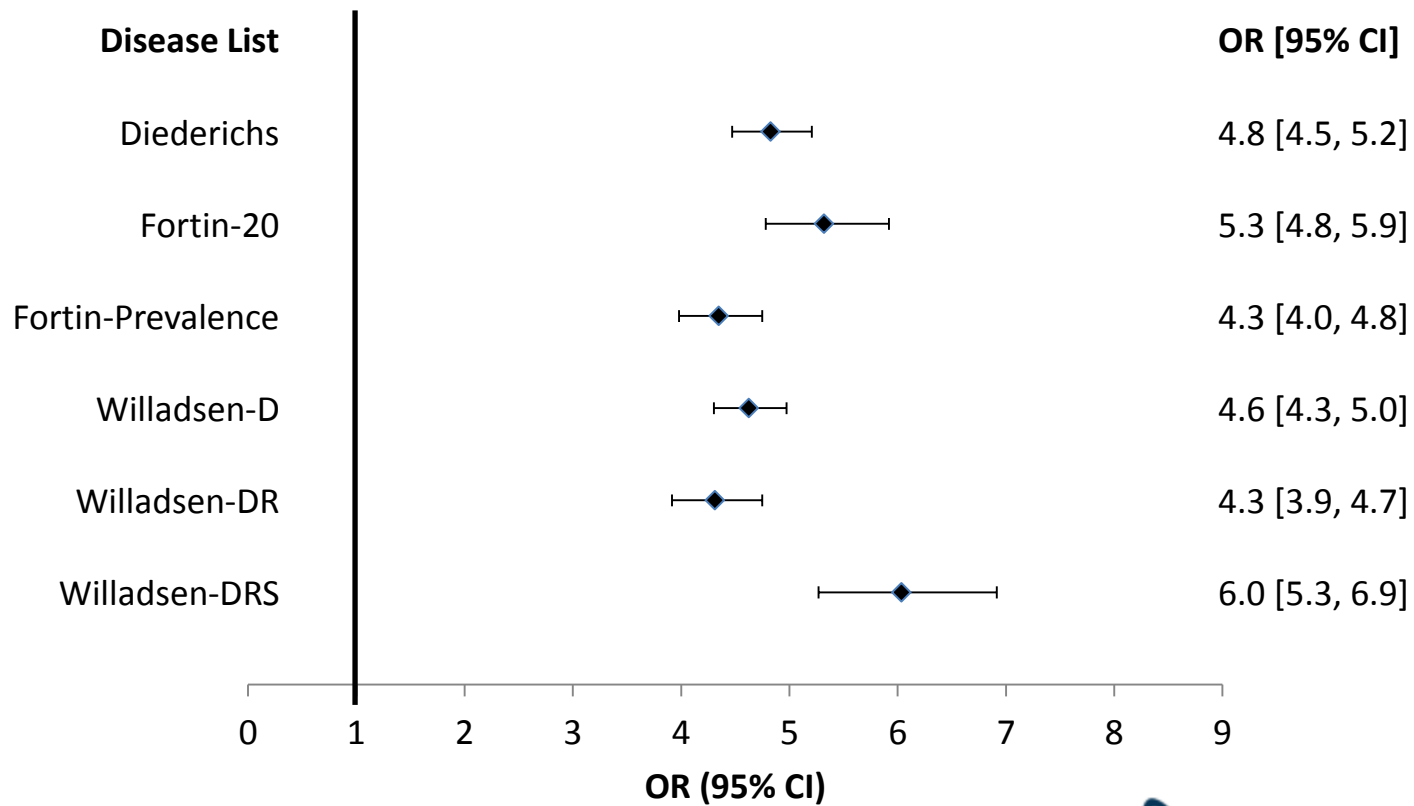
Results

ORs for Self-Reported Mental Health (poor or fair vs. good-excellent) for People with MM (2+ CCs) Compared to those without MM Using Different Disease Lists



Results

ORs for Self-Reported Healthy Aging (poor or fair vs. good-excellent) for People with MM (2+ CCs) Compared to those without MM Using Different Disease Lists



Key Messages

- Definition of Multimorbidity and/list of included conditions drives the prevalence rate of Multimorbidity across all age and sex groups
 - regardless of choosing the 2 or 3 cut point
- Some indication that the list chosen can also impact gender differences seen in Multimorbidity research
- Choice of Multimorbidity list impacts the magnitude of the association with disability, social participation, and self-rated health
 - prevalence based list not necessary include most disabling conditions
 - symptoms more likely to impact person-important outcomes than risk factors

Implications, Next Steps

- Potential clinical and public health importance
 - Clinical trials → addition of symptoms may increase the power to detect changes in patient-important outcomes
 - Intervention targeting → Additional risk factors may “dilute the denominator”
 - Public health → Risk factors may be included to help identify preventative, interventions on modifiable risk factors for future conditions
- Most research focussed on cross-sectional associations
 - Need to look at longitudinal trajectories of person-important outcomes related to multimorbidity
 - Examine how the accumulation of new conditions impacts outcomes

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