

Patients with more comorbidities have better detection but poorer management of chronic diseases

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Background:

The burden of non-communicable diseases (NCDs) is rising rapidly in middle-income countries (MICs), where NCDs are often undiagnosed, untreated and uncontrolled. How comorbidity impacts diagnosis, treatment, and control of NCDs is an emerging area of research inquiry and have significant clinical implications as highlighted in the recent National Institute for Care Excellence (NICE) guidelines for treating patients suffering from multiple NCDs. This is the first study to examine the association between increasing numbers of comorbidities with being undiagnosed, intreated, and uncontrolled for NCDs, in six large MICs.

Methods:

Cross-sectional analysis of WHO SAGE Wave 1 (2007-10), which consisted of adults aged ≥ 18 years from six populous MICs including, China, Ghana, India, Mexico, Russia and South Africa (overall $n = 41,557$).

Results:

Higher number of comorbidities was associated with better detection of hypertension, angina and arthritis, and better odds of having treatment for hypertension and angina. However, increasing comorbidity had the opposite effect on being uncontrolled, and was associated with increased odds of uncontrolled hypertension, angina, arthritis, and asthma. Comorbidity with concordant conditions was associated with improved diagnosis and treatment of hypertension and angina. Comorbidity with concordant conditions was not associated with decreased nor increased odds of being uncontrolled for all NCDs.

Conclusions:

Patients with more comorbidities have better diagnosis of chronic conditions, but this does not translate into better management and control of these conditions. Improving continuity of care and monitoring treatment are priorities for health systems with ageing populations.

Key messages:

- Patients with more comorbidities have better diagnosis of chronic conditions.
- but this does not translate into better management and control of these conditions.