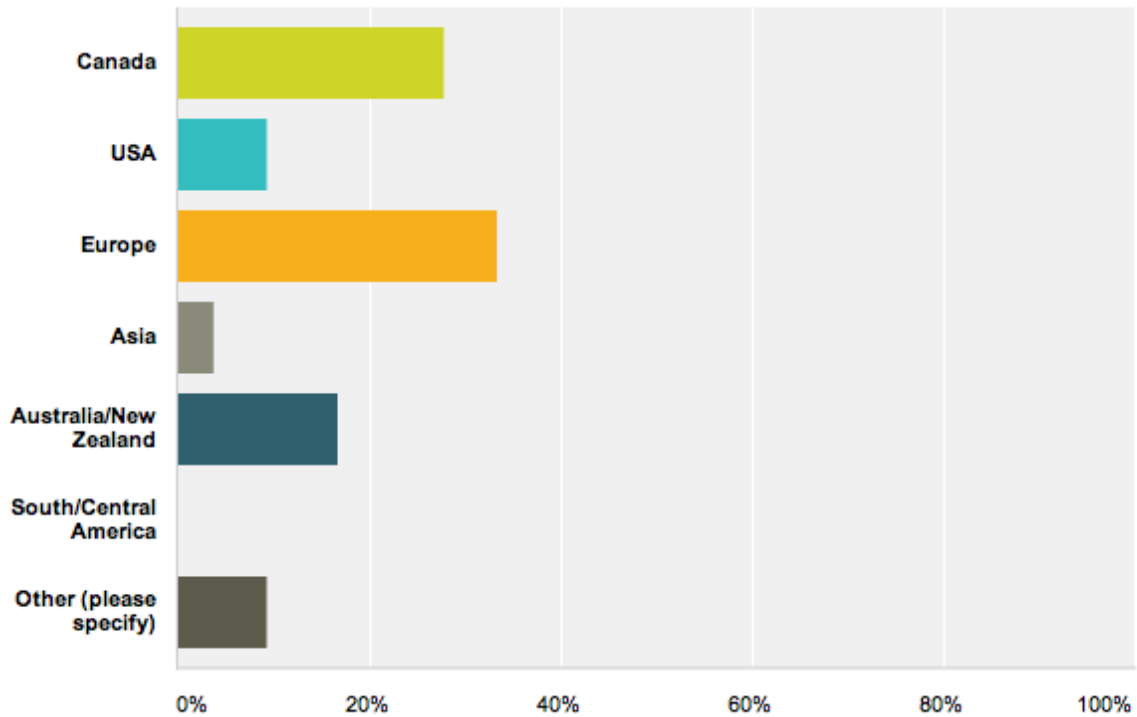


SURVEY ON THE DEFINITION OF MULTIMORBIDITY

Question 1

Where are you from?

Répondues : 54 Ignorées : 0

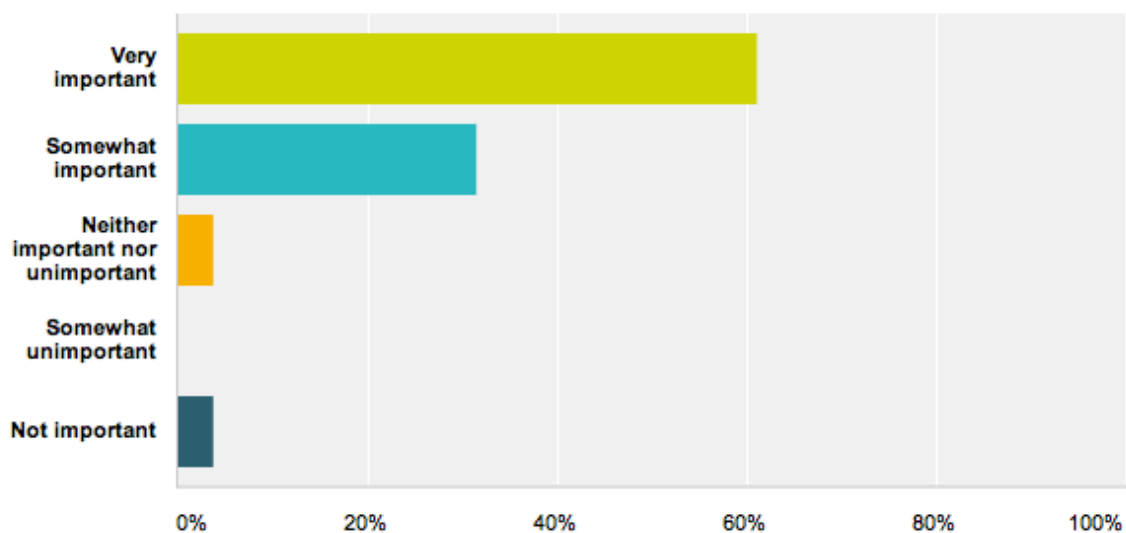


Choix de réponses	Réponses
Canada	27,78% 15
USA	9,26% 5
Europe	33,33% 18
Asia	3,70% 2
Australia/New Zealand	16,67% 9
South/Central America	0% 0
Other (please specify) Développer	9,26% 5
Total	54

Question 2

Many different definitions of multimorbidity have been used in previous studies. How important is it that future studies use definitions that are similar to those previously used, to allow comparisons with prior and future work?

Répondues : 54 Ignorées : 0

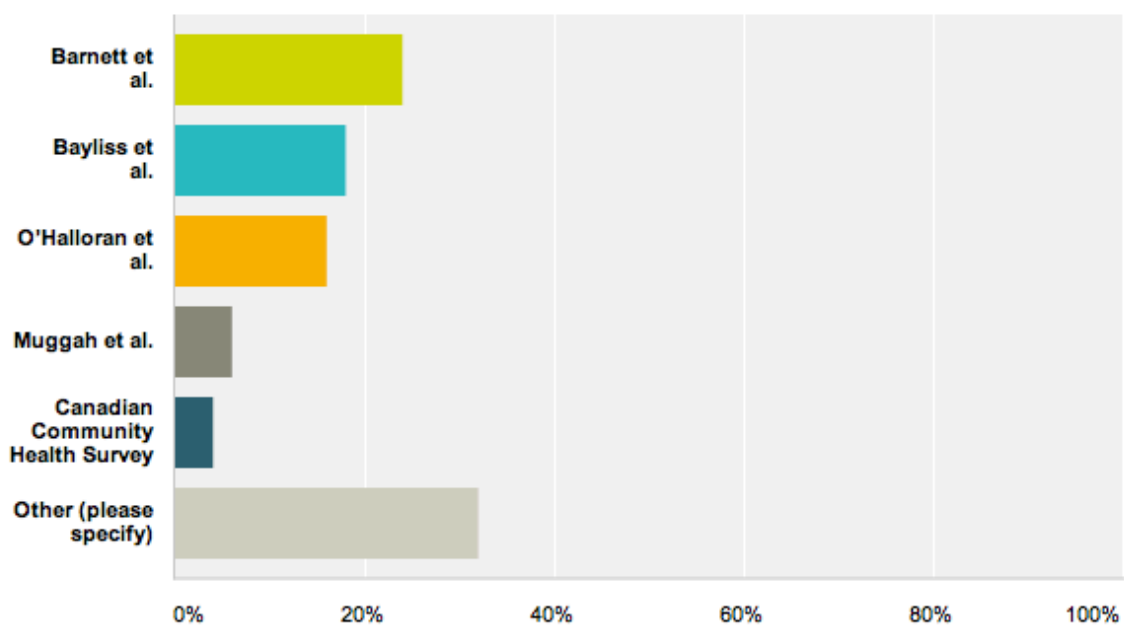


Choix de réponses	Réponses
Very important	61,11% 33
Somewhat important	31,48% 17
Neither important nor unimportant	3,70% 2
Somewhat unimportant	0% 0
Not important	3,70% 2
Total	54

Question 3

If asked to recommend an existing list of chronic conditions or diseases that should be more broadly used in future studies on the operational definition of multimorbidity in adult populations, which would you suggest?

Répondues : 50 Ignorées : 4



Choix de réponses	Réponses	
Barnett et al.	24%	12
Bayliss et al.	18%	9
O'Halloran et al.	16%	8
Muggah et al.	6%	3
Canadian Community Health Survey	4%	2
Other (please specify) Développer	32%	16
Total		50

Question 3 : Other :

1. A list as extensive as possible since misclassifying people with a chronic disease as "not having a chronic disease" since the list applied does not include his/her specific disease is worrisome. Of those mentioned my preference goes to O'Halloran et al since it is comprehensive and uses the ICPC-2 system. But I would also advocate to personalize the concept of chronicity since some diseases may have a chronic course in some but not all patients. We applied this method in our paper published in BMC Medicine in 2012 (Luijks et al).

2. Fuchs 2012: Prevalence and patterns of morbidity among adults in Germany: Results of the German telephone health interview survey German Health Update (GEDA) 2009 Measured presence of 22 self-reported diseases and grouped them accordingly Cardiometabolic conditions (hypertension, hypercholesterolemia, diabetes, obesity (BMI \geq 30)); Cardiovascular disease (myocardial infarction (MI), angina pectoris or any other coronary heart disease, chronic heart failure, stroke); Lower respiratory disease (asthma, chronic bronchitis) Liver/renal diseases (Chronic liver disease, chronic renal disease); Upper gastric disease (gastritis, gastric ulcer); Musculoskeletal disease (Osteoarthritis, rheumatoid arthritis, osteoporosis, chronic back pain); Cancer (life-time); Depression; and severe sensory limitations (Severe hearing or visual impairment)

3. GBD 2010 (<http://www.healthmetricsandevaluation.org/gbd/visualizations/gbd-2010-change-leading-causes-and-risks-between-1990-and-2010>) and Disease Burden Morbidity Assessment (DBMA) by self-report

4. All chronic diseases

5. None of these - I think the topic needs further work and there are several important issues to consider

6. Would specify that list be very broad to cover genetic, acquired, lifestyle and iatrogenic conditions as well as comorbid and idiopathic ones because it is a safety issue when some are disregarded

7. I am not in favour of making use of lists.

8. I would suggest a review of authors you quote but I would also advise that researchers understand what the profile of common chronic conditions are in their own context.

9. Bernabeu-Wittel, M., et al., A multi-institutional, hospital-based assessment of clinical, functional, sociofamilial and health-care characteristics of poly pathological patients (PP). Arch. Gerontol. Geriatr. (2011), doi:10.1016/j.archger.2010.12.006 AND Bernabeu-Wittel M, et al, Development of a new predictive model for poly pathological patients. The PROFUND index, Eur J Intern Med (2010), doi:10.1016/j.ejim.2010.11.012

10. Salisbury et al. (2011, BJGP)

11. Barnett or Bayliss. some geriatric things missing (dizziness falls chronic anticoagulation neuropathy anemia). also think anemia is missing from both. but o'halloran is too long. choice somewhat depends on purpose

12. I do not feel it is possible to recommend one above the other and would welcome a degree of consensus

13. Salisbury et al.

14. I would prefer not to exclude conditions but to count any coded chronic condition. The Barnett et al list is comprehensive in that it includes mental health conditions as well

15. Sorry I am relatively new to this area and am not familiar with all of these yet.

16. Any as long as it is replicable