

Multimorbidity: Who Will Manage?

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Increasingly aging population worldwide and changing health care landscape highlight a problem of multimorbidity [1-4]. Multimorbidity is characterized by coexistence of two or more concurrent long-term health conditions and currently it represents one of the most significant challenges [2-7], taken into account that more than two thirds of older individuals are affected [4]. Co-existing chronic diseases have an impact on quality of life, life expectancy and economic component of care [5-9]. The vast majority of patients with multimorbidity have chronic Cardiovascular Disease (CVD) [4, 10-12].

Recently a close attention was paid on the problem of multimorbidity in older patients with CVD [13]. Patients with heart failure in 40% of cases have 5 or more comorbidities (atrial fibrillation, hypertension, diabetes, renal failure, stroke, depression, cancer [14].

The general consensus is that current management of multimorbidity patients with cardiovascular disease is suboptimal, requires close attention and has a room for improvement.

CVD represent the major component in the multimorbidity structure as was stated above. More than 17 million people die annually from CVD. Recently on 22 September, 2016 new initiative from the World Health Organization (WHO) and partners launched on the margins of the UN General Assembly aimed to “beat back the global threat on cardiovascular disease, including heart attacks and strokes – the world’s leading cause of death” [15]. Diabetes mellitus also is a major cause of blindness, kidney failure, heart attacks, stroke and lower limb amputation [15].

The retina is unique place in the whole human organism, where the vessels of alive person are visible. The eye, specifically light sensitive tissue retina works as a mirror reflecting changes in the body, therefore an eye exam should be considered amongst patients with CVD as it is a common practice in diabetes mellitus. Changes to the retinal microvasculature might be a useful biomarker as it could be detected at earlier stages in the disease process compared with assessments of cardiovascular disease risk by coronary angiography.

From one hand the patients with high blood pressure appear to be at increased risk for retinal arterial and venous occlusions,

glaucoma, but antihypertensive medication may reduce the risk of ocular comorbidity and thus may have a preventive effect on aforementioned eye diseases. From the other hand, a patient with vision loss due to retinal vein occlusion have examined first by an ophthalmologist, revealing undiagnosed earlier latent systemic hypertension. Further cooperation with therapist, cardiologist is mandatory to prevent life-threatening complications, such as heart attack, stroke, etc.

Answering the title question, the general principle in modern medicine on multimorbidity will be a multispeciality approach intended to benefit from teaming up with general practitioner, cardiologist, endocrinologist, ophthalmologist, nephrologists and psychiatrist to provide patients with the best care possible.

Declaration

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