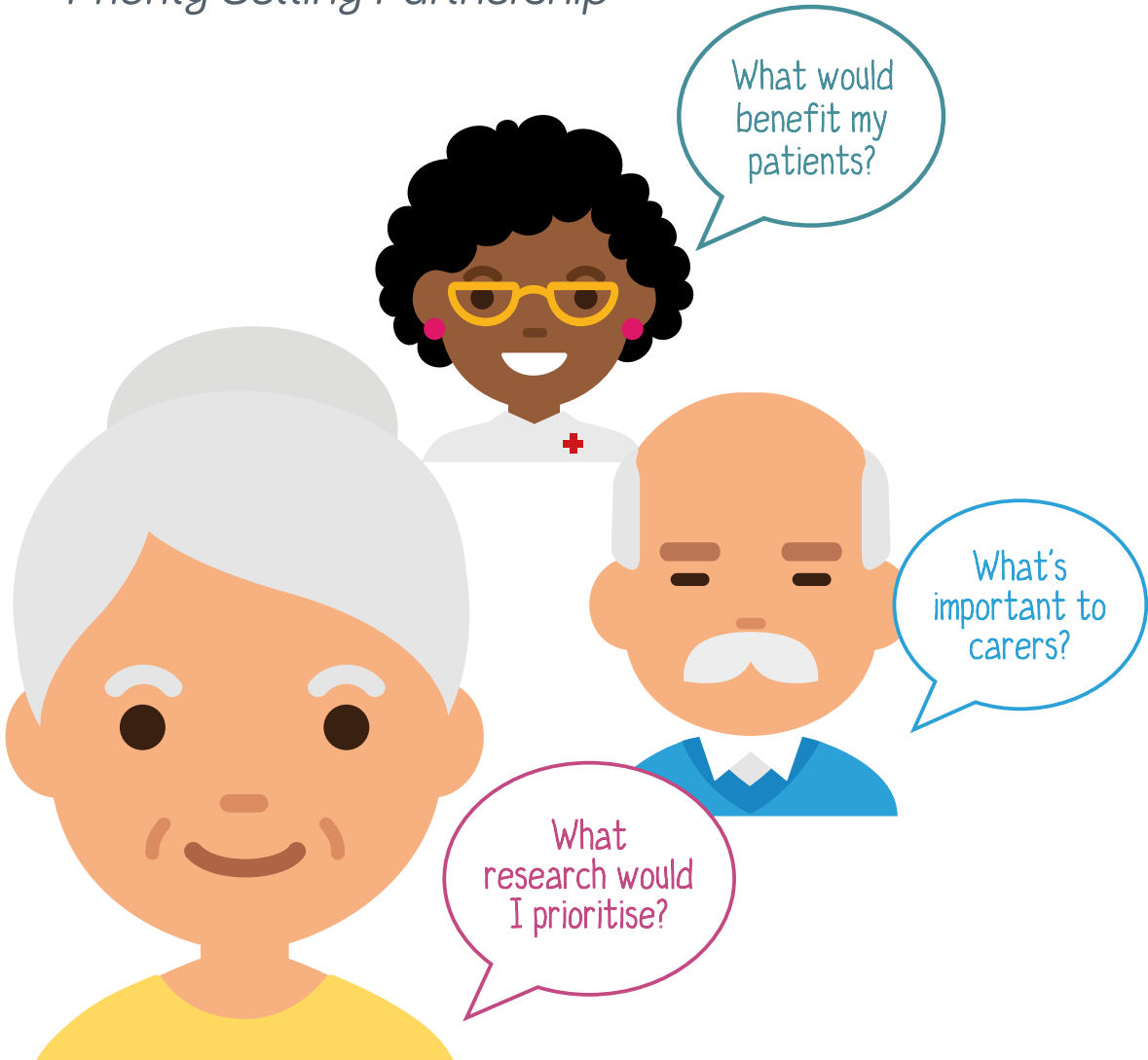
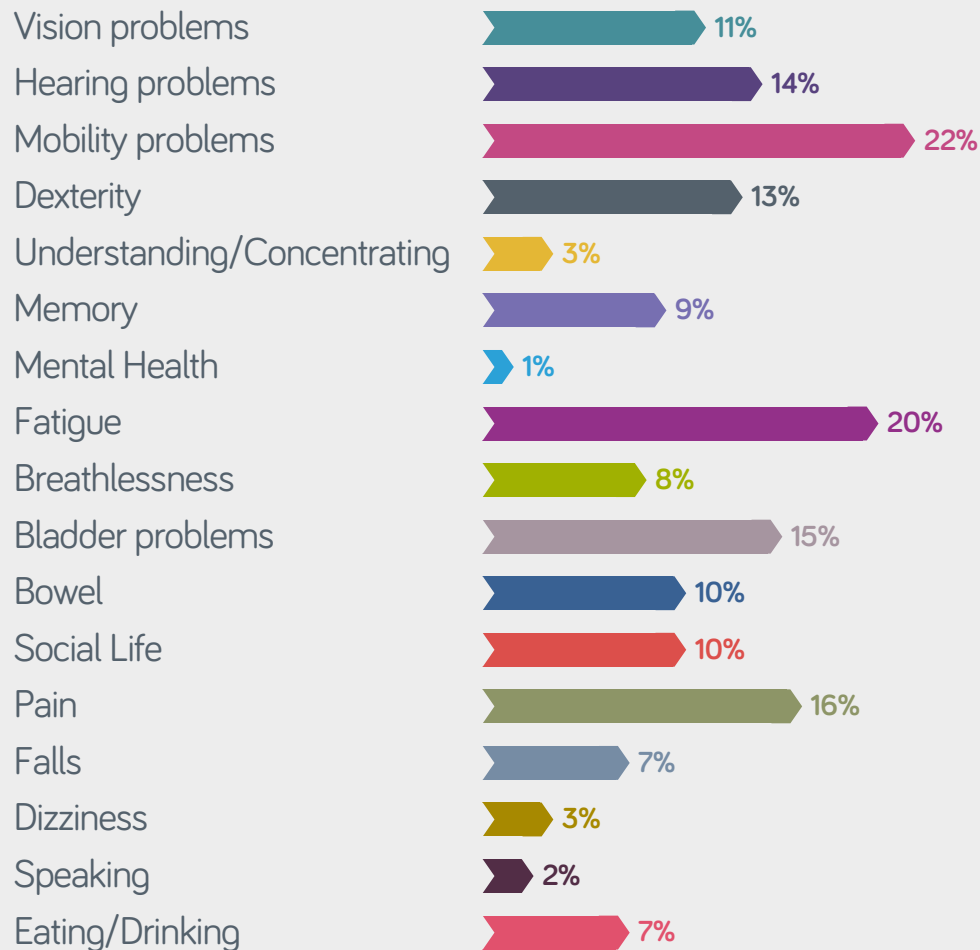


Multiple Conditions in Later Life

Priority Setting Partnership



Older people stated they suffered with problems in the following areas:



Percentages do not add up to 100% as participants were asked to report multiple issues.

Our Work

We worked together with older people, carers and health and social care professionals to find the top 10 research priorities about Multiple Conditions in Later Life. Through this collaborative process we have been able to find out what matters most to the people that have the most knowledge of Multiple Conditions in Later Life. Whether the experiences were on a personal or a professional level, we gave all views equal attention and together aim to make a real difference to future research.

Across the globe, for most nations, regardless of their geographic location or developmental stage, the 80+ age group is growing faster than any other. In the UK by mid-2039, more than 1 in 12 of the population is projected to be aged 80 or over.

Whilst this increased longevity is a great success, it is also accompanied by an increase in the number of people living with multiple conditions, and though this is not just a problem for older adults, it is much more common in this older age group.

Healthcare delivery was built, and generally remains centred, on the treatment of single diseases and, traditionally, researchers have focused on a single disease or disease pairs. This priority setting partnership (PSP) aims to draw attention and provide direction to this under-researched area.



1 24 person steering group formed
The steering group were integral, developing the survey and guiding the analysis and prioritisation process.

15 specialists
4 members of the public
1 charity
3 data specialists
1 independent chair

from the James Lind Alliance

2 Questions about Multiple Conditions in Later Life
People aged 80+ living with 3 or more conditions, carers and health and social care providers completed a survey which was available to take online, by post or one-to-one interview for 3 months.

359 people from across the UK asked

3 Working with the data
Questions were categorised, merged and summarised then checked against existing research evidence.

236 questions sorted

4 Interim priority setting
A second survey asked those with personal experience or a professional interest in multiple conditions, to pick their top 10.

97 QUESTIONS

97 questions were included in the long list

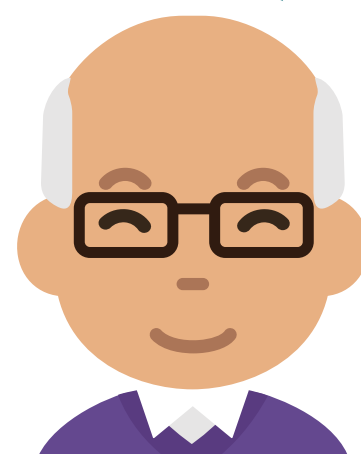
TOP 10

5 Final priority setting
A mix of people aged 80+ living with 3 or more conditions, carers and health and social care providers took part in a 1 day workshop to review and rank the 21 shortlisted questions.

25 people took part in a 1 day workshop

It was challenging, informative and fun. It was also good to meet so many different and committed individuals across the care spectrum.

David, Carer & Workshop Participant



Top 10

priorities for research into Multiple Conditions in Later Life...

1. How can current **health, social care and voluntary sectors** in the UK be **optimised** to more effectively meet the needs of older people living with multiple conditions?
2. What are the most effective, cost effective and acceptable ways to **reduce social isolation** in older people with multiple conditions?
3. What are the most effective, cost effective and acceptable strategies for the **prevention of multiple conditions** in later life?
4. In what ways can **carers** of older people with multiple conditions be supported to maintain their own physical and psychological **wellbeing**?
5. What is the most effective, cost effective and acceptable form of **exercise therapy** in different health and social care settings with older people with multiple conditions? How does exercise therapy affect outcomes in this population?
6. How can the **recognition and management of frailty** be improved in older people with multiple conditions? Would this lead to an increase in perceived quality of life?
7. How can **Comprehensive Geriatric Assessment** be optimally delivered in different patient populations experiencing multiple conditions in older age?
8. What are the most effective, cost effective and acceptable interventions to improve the **psychological wellbeing** of older people with multiple conditions?
9. How can **independent living** be most effectively and acceptably enabled in older people with multiple conditions in the UK?
10. How do older people with multiple conditions perceive and manage their **risk of falls**? How can fear of falling be effectively addressed?

I feel confident
that the process, which
involved patients and carers
themselves, articulating their own
problems, will lead to more focused
research being undertaken.

Ros, Lay Rep



For more information



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