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Gerontology, *in press*

Special Section Issue on

"Bridging the gap between clinical and behavioural gerontology II:

Quality of Life in Multimorbidty"

Editorial: Quality of life in multimorbidity

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This special section is the second part of a series on gerontological research that bridges the interdisciplinary gap between clinical and behavioral perspectives on central aging phenomena. As a follow-up to the first part on the promotion of late-life mobility and independence, the second part focuses on how quality of life can be maintained or improved in multimorbid individuals.

Multimorbidity, defined as the co-existence of two or more chronic health problems [1], is the illness of old age [2, 3]. Despite its high prevalence, multimorbidity and its impact on quality of life is yet to be better understood. Compared to single disease, research on multimorbidity requires a paradigmatically different approach. In fact, not only specific illnesses, but also the complex interactions of the multiple health problems affect diagnosis, treatment, coping, and quality of life. In multimorbidity, the optimal treatment is typically the combination of, from the perspective of a single disease, multiple suboptimal treatments [4]. In addition, compliance does largely depend on the relation between the functional effects of the illnesses and individual life goals. Depending on an individual's personal goal system, treatment of the individual health problems comprising the individual case of multimorbidity are likely to be differentially prioritized.

This special section issue will bridge the gap between clinical and behavioral approaches investigating the relationship between multimorbidity and quality of life. The issue will stress the theoretical and practical relevance of using quality of life (QOL) as the overarching concept that aging individuals from midlife to old age strive to stabilize and maintain. In this context, the issue will demonstrate that treatment decisions and adherence behavior in multimorbidity have to be framed differently when using this QOL focus. Ideally, the bridge we are proposing will lay the foundation for more collaborations between psychological QOL researchers and medical researchers by providing the conceptual and paradigmatic framework to empirically examine

QOL in multimorbidity. We believe the publication of a dedicated special issue on this topic will help advance the field of gerontological as well as clinical research on how people manage to lead a good life at different levels of functioning.

In this second "bridging the gap" Special Section Issue we have invited authors from the medical-clinical as well as the psychological-behavioral field examining the interaction of severe health impairments such as multimorbidity and quality of life, including novel conceptual ideas and the application of novel methodological approaches to better understand the complex relation between QOL and multimorbidity across the adult lifespan.

Brief overview of the Special Section Issue contributions

Schulze, Maercker, and Horn [5, this issue] emphasize the role of psychosocial adjustment as a key stress-response process required to maintain quality of life under challenging circumstances, such as when faced with multiple chronic diseases. In particular, the authors focus on two relevant exemplar processes involved in adapting to multimorbidity, cognitive-affective processing of the disease in the context of illness perceptions, and interpersonal emotion regulation. As such, the authors illustrate implications for both basic research and clinical practice following from adopting a stress-response perspective of the adjustment to multimorbidity.

Freund, Knecht, and Wiese [6, this issue] approach the topic of the special section issue from a different angle: Their focus is on midlife as a period characterized more than other periods of the adult lifespan by engagement in multiple life domains (i.e., family, work, leisure), which may result in an overtaxing of personal resources through multi-domain conflict and as a result, lead to multiple psychosomatic symptoms, which themselves may contribute to later life morbidity. In contrast, multi-domain facilitation may buffer the detrimental effects of multi-

domain conflict, and thus help maintain QOL.

Using diabetes type 1 and 2 as an exemplar chronic illness condition, Djalali, Frei, Tandjung, Baltensperger, and Rosemann [7, this issue] introduce a feasibility study on the development of a novel quality and outcomes framework for Switzerland (SQOF) compared to a similar framework implemented in Great Britain. The SQOF is based on available electronic medical records from general practitioners and aims at narrowing the evidence-performance gap identified in clinical settings for vulnerable patients such as those suffering from multiple chronic conditions. Their study represents an important first step in the medical arena to adopt novel treatment and evaluation approaches that pay tribute to the complex interactions between illness and quality of life under conditions of chronic and multimorbid health impairments.

Rast, Rush, Piccinin, and Hofer [8, this issue] illustrate the usefulness of applying a novel statistical approach, the Johnson-Neyman-Technique, to identify time periods where multimorbidity may impact QOL (i.e., depression) versus times with no impact of multimorbidity on QOL-outcomes using longitudinal data from the Health and Retirement Study (HRS) that were scaled based on time-to-death rather than chronological age. Their findings indicate differential effects of multimorbidity on rates of change in depression. Given the complex task of identifying whether and which of multiple health problems may contribute to and impair a person's well-being and overall QOL, such analytical tools appear to be useful in reducing complexity.

Taken together, the contributors to this second "bridging the gap" special section issue represent psychological/behavioral as well as medical/clinical approaches, methods and concepts to link multimorbidity and quality of life from midlife to old age that we believe will help foster the development of new models of the maintenance of quality of life even under adverse health-conditions so typical particularly for late life.

References

[1] van den Akker M, Buntinx F, Metsemakers JF, Roos S, Knottnerus JA: Multimorbidity in general practice: Prevalence, incidence, and determinants of co-occurring chronic and recurrent diseases. *J Clin Epidemiol 1998*;51:367-375.

[2] Fortin M, Bravo G, Hudon C, Vanasse A, Lapointe L: Prevalence of Multimorbidity Among Adults Seen in Family Practice. *Ann Fam Med 2005* May 1;3:223–228.

[3] Marengoni A, Angleman S, Melis R, Mangialasche F, Karp A, Garmen A, Meinow B, Fratiglioni L: Ageing with multimorbidity: A systematic review of the literature. *Ageing Res Rev* 2011;10:430-439.

[4] Boyd CM, Darer J, Boult C, Fried LP, Boult L, Wu AW: Clinical practice guidelines and quality of care for older patients with multiple comorbid diseases: implications for pay for performance. *JAMA 2005*, 294:716-724.

[5] Schulze T, Maercker A, Horn A: Mental health and multimorbidity: Psycho-social adjustment as an important process for quality of life. Gerontol 2014.

[6] Freund A, Knecht M, Wiese B: Multi-domain engagement and psychosomatic complaints in middle-aged women and men. Gerontol 2014.

[7] Djalali S, Frei A, Tandjung R, Baltensperger A, Rosemann T: Swiss Quality and Outcomes Framework (SQOF): Quality indicators for diabetes management in Swiss primary care based on electronic medical records. Gerontology 2014

[8] Rast P, Rush J, Piccinin A: The identification of regions of significance in the effect of multimorbidity on depressive symptoms using longitudinal data: An application of the Johnson-Neyman Technique. Gerontology 2014.