

O58

Applicability of clinical practice guidelines on patients with comorbid conditions

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Background: Guidelines traditionally focus on the diagnosis and treatment of single diseases. As almost half of the patients with a chronic disease have more than one disease, the applicability of these guidelines to patients with multiple conditions may be limited.

Purpose: To assess the extent that guidelines address comorbidity and to assess the evidence-base of recommendations related to comorbidity.

Methods: We focused on three highly prevalent chronic conditions: osteoarthritis, depressive disorder and COPD. Evidence-based guidelines were selected from the National Guideline Clearinghouse (NGC) and the Guidelines International Network Library (G-I-N). Data were abstracted from each guideline on the extent that comorbidity was addressed (general comments, specific treatment recommendations), the type of comorbidity discussed (concordant, discordant), the focus of recommendations (drug therapy, life style, other), and the supporting evidence of recommendations related to comorbidity.

Results: 12 guidelines met the inclusion criteria. Nearly all selected guidelines addressed the issue of comorbidity and two-thirds of them provided specific recommendations on comorbidity. If specific recommendations were provided, it mostly concerned concordant comorbidities, such as dementia in guidelines on depressive disorders. Most guidelines did not provide specific guidance for addressing burden impact and priority setting of treatment goals. Nearly all specific recommendations regarding comorbidity concerned drug therapy; few focused on life style advice. The link with the underlying evidence was often poorly described and the available evidence was scarce.

Discussion: Our study showed that guidelines have limited applicability to patients with comorbid conditions. Most guidelines do not provide explicit guidance on treatment of patients with specific combinations of diseases. This may be due to lack of evidence as patients with comorbidity are often excluded from clinical trials. Guidelines should be more explicit about the applicability to patients with comorbidity. Tools on shared decision making and priority setting could be included to support self management.