

German National Library, Frankfurt / Main
October 17th, 2012

Evidence-Based Medicine meets Multimorbidity: A Blind Date ?

Applying Evidence to Individual Patients with Multimorbidity - Comment

Ulrich Thiem, MD

Department of Geriatrics, Marienhospital Herne

Department of Medical Informatics, Biometry and Epidemiology

University of Bochum

Applying Evidence

Evidence for treatment and management decisions is inevitable.

Even with evidence gaps, the application of the existing evidence is mandatory.

But:

The application of evidence has a simple, yet fundamental prerequisite:

The patient must conform with the (treatment) goals (and willing to risk possible side effects).

Applying Evidence

Example: 72 year old pensioner with Parkinson's Disease has gingivitis and frequent caries.

Question: Why should we bother about this patient's gingivitis and caries?

Possible scenario 1:

The patient suffers oral discomfort and pain, especially while eating and drinking liquids. He hopes for symptom relief, i.e. absence of pain and discomfort.

Applying Evidence

Example: 72 year old pensioner with Parkinson's Disease has gingivitis and frequent caries.

Question: Why should we bother about this patient's gingivitis and caries?

Possible scenario 2:

Mobility impairment has worsened, and the patient had two falls at home during the last week. In fact, the underlying Parkinson's disease has worsened, with more pronounced motor symptoms, i.e. bradykinesia and tremor.

Applying Evidence

Example: 72 year old pensioner with Parkinson's Disease has gingivitis and frequent caries.

Question: Why should we bother about this patient's gingivitis and caries?

Possible scenario 3:

The patient's wife died three years ago, and since then he is living alone. A small, but steady functional decline over months made it more and more difficult for him to perform basic activities of daily living, like dressing, bathing or brushing teeth.

Applying Evidence

Example: 72 year old pensioner with Parkinson's Disease has gingivitis and frequent caries.

Question: Why should we bother about this patient's gingivitis and caries?

Possible scenario 4:

The patient has Parkinson's disease related dementia, which has been unrecognised. Due to his cognitive decline, he is no longer reliable in performing usual every day activities.

Applying Evidence

Example: 72 year old pensioner with Parkinson's Disease has gingivitis and frequent caries.

Possible solutions:

Depending on the circumstances given, i.e. individual needs and preferences, the patient may need

- better oral care (including electric tooth brushing),
- an intensified anti-Parkinson medication and physiotherapy, or
- psycho-social interventions, like supporting ambulatory care or dementia care (among others).

Conclusion

1. To assess the complex needs of patients with multimorbidity and hence to define possible treatment goals, a function-oriented and patient-centered approach appears to be more appropriate than a disease-oriented approach.
2. When patient needs and treatment goals are defined, the available evidence should be assessed and adopted.