de zorgbehoefte van de chronisch zieke patiente

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Context: The prevalence of multimorbidity is increasing. One in two persons aged over 65 suffers from 3 chronic diseases and 20% has more than 5. In primary care multimorbidity has become the rule instead of the exception. Most consultations in primary care involve people with multimorbidity. How to deal with with multimorbidity however remains unclear as evidence-based-medicine has mainly been developed in single disease trials.

Onderzoeksvraag: In this study we try to gain a better understanding of the care needs of the chronic ill patients, relating their use of resources to multimorbidity scores and functional status.

Methode: We confined our study to the patients eligible for flu vaccination in a rural primary care practice in Flanders, Belgium, which implies all patients aged over 65 and those suffering from a chronic illness. Patients were asked for participation and informed consent at the point of care. If they agreed to participate in the study a questionnaire was completed together with the treating physician. Sociodemographic information on age, sex and family situation was collected and consumption of care was questioned by means of the number of GP contacts, number of specialist contacts, frequency of support by a nurse, contact with physiotherapist and other types of support (meals, cleaning, peer support). To gain a comprehensive understanding of patients functional status the COOP-WONCA questionnaire was completed. To measure multimorbidity a CIRS (Cumulative Illness Rating Scale) score was allocated to each patient based on the problem list and chronic medication in the EMR

Resultaten: We included 80 patients. Participants had a median age of 72 years old, 55% (n=44) were female and 45%(n=36)were male. Multimorbidity (CIRS≥ 5)was present in 61 patients (76,3%) and 29 patients even presented with a CIRS > 10.(36.3%). Functional status was measured by means of the COOP/WONCA charts and showed a median total COOP of 13.8. Pearson statistical analysis showed a strong correlation between the number of contacts with both GP?s and specialists and CIRS scores (Pearson correlation coefficient 0.515, p<0.000 for GP consultations and 0.417, p<0.000 for specialist consultations). The same was observed for COOP scores although this association showed lesser strength(Pearson correlation coefficient 0.289, p<0.009 and 0.336,P< 0.002). COOP scores were more strongly related to the aid by nurses and householdaid(Pearson correlation coefficient 0.343, p< 0.002 and 0.453, p<0.000). Physiotherapy showed no correlation to CIRS or COOP. COOP-subtypes seem to influence the way patients use resources.

Conclusie: We can clearly confirm a relationship between use of resources, multimorbidity and functional status in our study sample. The number of consultations with GP and specialist seems to be especially related to multimorbidity, whereas the need for a nurse or householdaid seems to be equally or even more determined by patients functional status. The perceived influence of COOP-subtypes on the use of resources indicates the need on further research on how patients characteristiscs, beyond morbidity, determine personal needs