Multimorbidity and COVID-19

The concept of multimorbidity is described as the co-existence of more than two diseases that persists over a long period of time in an individual. The types of medical conditions can be chronic conditions, or both acute and chronic, physical conditions alone, or both physical and psychiatric conditions. Comorbidity, on the other hand, is when a person is suffering from more than one illness or diseases simultaneously. It can involve the co-occurrence of medical and psychiatric disorders, such as dementia associated with other visible physical conditions or vice versa, where medical disorders may contribute to the pathogenesis of depression. Studies find that depression being a common mental disorder among elderly predate the onset of medical illnesses and can present as an early symptom of medical illnesses. Multimorbidity is often measured by the burden of comorbidity at the time of diagnosis of a coexisting disease or condition.

The occurrence of comorbidity and multimorbidity especially with regard to non-communicable diseases is becoming more common among the elderly population in low and middle-income countries due to the current changing trend in demographics coupled with rapid urbanisation and lifestyle changes. This is supported by literature which indicates the prevalence of self-reported multimorbidity cases among the elderly population in India to be 58.02% with Kerala having the highest cases (42.02%), followed by Punjab (35.78%), Maharashtra (23.42%), and West Bengal (23.15%). The increasing prevalence is also accompanied by higher health care service usage, health expenditure and impaired physical and mental quality of life.

Source – Cambridge Centre for Health Services Research
The COVID-19 pandemic has made it evident that people with comorbidities and multimorbidity are directly affected by not only being more susceptible to the virus but also becoming severely ill and succumbing to the virus. According to WHO, people are 12 times more likely to die and six times more likely to be hospitalised with severe coronavirus disease. Studies have found that the risk is relatively higher among people with two or more morbidities than those with only one morbidity. Also, post-COVID symptoms are being experienced after recovery ranging from short term symptoms such as fever, fatigue and breathlessness, to, severe and long-lasting physical and psychological illnesses like impairment of renal and cardiovascular function, myalgia and depression. These after-effects place a patient with two or more morbidities more at risk of death as they are already immuno-compromised, which can further lessen their physical and mental quality of life.

Regular doctor consultations and utilisation of health services of patients without COVID-19, especially in rural India, have reduced due to the fear of contracting the virus or overburdened health system. Considering all these factors in the backdrop and with the likelihood of increasing prevalence of two or more coexisting morbidities in the future, it is crucial to implement early detection and prevention measures such as screening camps, mobile clinics, awareness events, and communication focused on behavioural changes for adopting a healthy lifestyle, by the authority along with cooperation by the community to adhere to these measures.

PAC has undertaken mortality assessment from village level data to ring-fence taluks with high mortality in Karnataka. PAC plans to work with the Department of Health and Family Welfare and AYUSH services, to utilise data on disease burden with regard to mortality and morbidity for health resource optimisation.