

National Institute on Aging (NIA)/National Institutes of Health (NIH): Clinical Practice Guidelines for Comorbidities

Clinical practice guidelines (CPGs) are based on clinical evidence and consensus of experts to guide physicians and standard care. Most CPGs focus on a single disease, and don't always address the needs of the approximately half of persons 65 years and older who have three or more concurrent medical conditions. An NIH-supported study demonstrated that for older patients with co-occurring medical problems, adherence to CPGs for individual diseases may be counterproductive and sometimes harmful.

Lead Agency:

National Institute on Aging (NIA)

National Institutes of Health (NIH)

Agency Mission:

- Support and conduct genetic, biological, clinical, behavioral, social, and economic research related to the aging process, diseases and conditions associated with aging, and other special problems and needs of older Americans.
- Foster the development of research and clinician scientists in aging.
- Communicate information about aging and advances in research on aging to the scientific community, health care providers, and the public.

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General Description:

In recent years, Clinical Practice Guidelines (CPGs), which are based on clinical evidence and the consensus of experts, have been developed to guide physicians regarding the management of common medical problems, thus to standardize care and improve its quality for many chronic conditions. However, most CPGs focus on a single disease, and approximately half of persons 65 years or older have three or more concurrent medical conditions. To explore the applicability of current CPGs to the care of older individuals with several co-occurring diseases, NIH-supported researchers identified the most common chronic medical problems among older adults and assessed whether the corresponding CPGs addressed issues relevant to older patients with combinations of co-occurring diseases. Issues included goals of treatment, burden to patients and caregivers, patient preferences, and quality of life. Researchers discovered that most CPGs did not modify or discuss the application of their recommendations for

older patients with comorbidities, did not comment on short- or long-term goals of treatment or the burden of care associated with treatment, did not give guidance about incorporating patient preferences into the treatment plan, and in general did not “fit together” well for patients with multiple medical problems. Overall, this study demonstrated that, for older patients with co-occurring medical problems, adherence to CPGs for individual diseases may be counterproductive and even sometimes harmful.

Excellence: What makes this project exceptional?

This research provides crucial information to better understand the special clinical care needs of older patients and improve their quality of care.

Significance: How is this research relevant to older persons, populations and/or an aging society?

This research is specific to the clinical care of patients 65 years or older and addresses a crucial issue for the treatment of older patients with comorbidities for whom appropriate practice guidelines could lead to improved health.

Effectiveness: What is the impact and/or application of this research to older persons?

Addressing the clinical management problems identified by this research could greatly improve the clinical care of older patients.

Innovativeness: Why is this exciting or newsworthy?

This research provides a dramatic illustration of the need to expand guidance for the management of health care specific to the needs of older patients.