

+ Comorbidities

The only point of care tool that supports the management of the whole patient.



We speak to Tim Mossad, a Consultant in Emergency Medicine at Chesterfield Royal Hospital. Tim explains how the Comorbidities tool from BMJ Best Practice can help patients living with multiple complex conditions achieve the best possible care when admitted to hospital.

“Working in emergency medicine we see the whole spectrum of patients, from babies to the elderly, and everyone in between. The number of patients we treat with comorbidities is increasing. Juggling comorbidities in an emergency department (ED) with rapidly changing clinical situations can be challenging.



Ten years ago around one in ten patients admitted to hospital from ED had five or more comorbidities. Today, it's closer to one in three. So, it's incredibly prevalent and something that needs to be carefully considered when treating a patient.

Recently I had an elderly man who presented with a fall resulting in a neck of femur fracture. Looking into his background we learned he'd been confused for a couple of months and hadn't been taking his medications for heart failure, diabetes and blood pressure. He'd developed delirium and was experiencing physiological issues. Together, it was a lot of problems to manage. He is a good example of someone living with many comorbidities that need to be thought about when treating his acute reason for admission to hospital.

An aging population brings with it increased complexities of healthcare needs. As people live for longer, dementia has become one of the most important health and care issues facing the world. Dementia is covered in BMJ Best Practice

Comorbidities. In treating patients with dementia we have to think about how they are living with the condition and if they have any pre-existing comorbidities. Not considering comorbidities could result in very negative consequences for the patient, their families and carers. People will stay longer in hospital, be at increased risk of falls and more likely to experience problems with malnutrition and dehydration.

By treating the patient holistically, we will have a much more positive impact on their wellbeing and quality of life.

Depression is also covered by BMJ Best Practice Comorbidities. Patients with mental health conditions like depression and anxiety can have significantly more unplanned hospital attendances for physical health issues. We also know that depression and anxiety lead to poorer outcomes amongst people with diabetes, cardiovascular disease and other long-term conditions. Therefore it becomes even more important that as emergency clinicians, we consider the impact of living with depression on the physical problems they've presented with.



BMJ Best Practice Comorbidities allows clinicians to look at the key focal diagnosis and see how to consider the other impacting chronic conditions. This is why it's important to promote BMJ Best Practice Comorbidities to junior doctors and Advanced Nurse Practitioners.

I'd like to see BMJ Best Practice Comorbidities usage ingrained into our practice, both as a learning resource and as a practical resource for checking and verifying decisions made on the ward.

Balancing a patient's health needs is becoming increasingly complex and challenging. Getting it wrong can have a significant impact on the care the patient receives, their length of stay in hospital and, ultimately, the cost of their treatment. BMJ Best Practice Comorbidities provides easy access to clinically relevant, evidenced-based content. It is a vital resource in helping to manage the increasing complexity of our patient base."

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