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The contribution of musculoskeletal disorders in multimorbidity: Implications for practice and policy

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People frequently live for many years with multiple chronic conditions (multimorbidity) that impair health outcomes and are expensive to manage. Multimorbidity has been shown to reduce quality of life and increase mortality. People with multimorbidity also rely more heavily on health and care services and have poorer work outcomes. Musculoskeletal disorders (MSDs) are ubiquitous in multimorbidity because of their high prevalence, shared risk factors, and shared pathogenic processes amongst other long-term conditions. Additionally, these conditions significantly contribute to the total impact of multimorbidity, having been shown to reduce quality of life, increase work

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disability, and increase treatment burden and healthcare costs. For people living with multimorbidity, MSDs could impair the ability to cope and maintain health and independence, leading to precipitous physical and social decline. Recognition, by health professionals, policymakers, non-profit organisations, and research funders, of the impact of musculoskeletal health in multimorbidity is essential when planning support for people living with multimorbidity.

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Introduction

The co-existence of at least two different long-term health conditions in the same individual has been variously defined in the literature as ‘multimorbidity’ or ‘co-morbidity’ but with a lack of clear consensus about the use of these definitions [1]. The term ‘comorbidity’ is generally used for any additional health condition(s) occurring at the same time in the same individual as a previously defined index condition. For the purpose of this review, multimorbidity has been defined as any individual having two or more long-term conditions. For example, a person with concomitant diabetes and asthma has ‘multimorbidity’. Importantly, these terms include long-term mental, as well as physical component health conditions. However defined, there is evidence that the prevalence of people living with two or more long-term health conditions is rising [2].

Musculoskeletal disorders (MSDs) appear to form a principal component of certain multimorbidity clusters [3] and are common in multimorbidity [4,5]. Certainly, a substantial proportion of people with MSDs now live with multimorbidity [4,6]. There are many MSDs, including inflammatory rheumatic diseases, such as rheumatoid arthritis and spondyloarthritis; degenerative conditions, such as osteoarthritis; fragility conditions, such as osteoporosis; and regional pain syndromes, such as low back pain, neck pain and, the widespread pain condition, fibromyalgia. MSDs are common throughout the life course but become increasingly common at older ages (in particular, low back pain and osteoarthritis).

This review sets out what we know about the importance of MSDs in multimorbidity, informed by the work done by the leading UK charity for people with MSDs, Arthritis Research UK [7], and a search of the literature. Our aim is to highlight the importance of multimorbidity and musculoskeletal disease to healthcare commissioners, healthcare providers, government and policymakers, and non-profit organisations to ensure that the complex needs of this growing group of people are appropriately addressed and to inform the research agenda.

The importance of musculoskeletal conditions in multimorbidity

MSDs are markedly heterogeneous, ranging from highly disabling but fortunately less common conditions such as rheumatoid arthritis, ankylosing spondylitis and systemic lupus erythematosus to considerably more common but generally less disabling conditions such as low back pain and osteoarthritis. At older ages, osteoporosis also causes a substantial burden by increasing the risk of low-trauma fractures [8].

In addition, multimorbidity and co-morbidity are defined with inconsistent criteria in the literature. Multimorbidity has been described as having co-occurring long-term conditions; co-occurring long-term conditions or acute conditions; or co-occurring long-term conditions, acute conditions or health-related risk factors [9,10]. Studies may also use completely different checklists of specific diseases or health-related risk factors. These difficulties with classification cause a particular problem when trying to define the prevalence of multimorbidity [11].

As a consequence, it is also difficult to define the impact of MSDs in multimorbidity. Furthermore, impact can be measured in a number of different ways: on an individual, on an individual's family/carers, society, healthcare resources and costs. Complete data are not available for each of the MSDs in

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