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SYMPOSIUM. POLYPATHOLOGY

Prognostic stratification and the healthcare approach in patients with multiple pathologies[☆]

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Abstract Polypathological patients constitute a prevalent, fairly homogeneous population, which is characterized by high clinical complexity, substantial vulnerability and significant resource consumption, in addition to high mortality and the need for comprehensive, coordinated care. It is particularly important to establish a reliable prognosis in these patients. It is also extremely useful for professionals involved in the decision-making process for patients and their families in vital planning and their preferences, for strategic health planning in management fields, and for clinical research, by facilitating their incorporation into clinical trials and other intervention studies. Two prognostic instruments stand out in terms of suitability for polypathological patients: PROFUND and PROFUNCTION. The former faithfully stratifies the risk of dying at 12 months and four years and the latter, the risk of suffering a significant functional deterioration at 12 months. In terms of the healthcare approach in patients with multiple pathologies, creating and executing a consensual, personalized action plan that is adapted to the patient's reality is encouraged. The plan will consider the prognosis, and the evidence and viability of interventions; its ultimate aim will be to ensure the synergy and alignment of the health team's goals and strategies with peoples' values and preferences, in order to achieve a more proactive health model focused on supporting patients in their ability to manage their illnesses. In the personalized action plan, the main areas of intervention are: health

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promotion and prevention; patient and caregiver activation and self-management; activation of a social support network and social support; optimization of pharmacotherapy; rehabilitation, functional and cognitive preservation measures; and anticipated decision planning.

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PALABRAS CLAVE

Paciente
pluripatológico;
Pronóstico;
Plan de acción
personalizado;
Comorbilidad;
Multimorbilidad

Estratificación pronóstica y abordaje asistencial de los pacientes pluripatológicos

Resumen Los pacientes pluripatológicos constituyen una población prevalente y homogénea, caracterizada por su complejidad clínica, vulnerabilidad, consumo de recursos y mortalidad que requiere una asistencia integral y coordinada. Establecer un pronóstico certero en esta población resulta de utilidad para la toma de decisiones clínicas por parte de los profesionales, la planificación de las preferencias de pacientes y familiares, y el diseño de estrategias en el ámbito de la gestión sanitaria. También es importante para la investigación clínica, al facilitar la posible incorporación de estos pacientes a ensayos clínicos y otros estudios de intervención. Los índices PROFUND y PROFUNCTION son 2 instrumentos pronósticos que predicen de manera fidedigna el riesgo de fallecer o de sufrir un deterioro funcional, respectivamente. Para el abordaje asistencial de los pacientes pluripatológicos se propugna la construcción y ejecución de un plan de acción personalizado, consensuado y adaptado a la realidad del paciente. Este tendrá en cuenta el pronóstico, la evidencia y viabilidad de las intervenciones, así como la sinergia de las metas y estrategias del equipo sanitario con los valores y las preferencias de las personas para conseguir un modelo de salud centrado en apoyar la capacidad de las mismas para gestionar sus enfermedades. En este plan los principales ámbitos de intervención son: la promoción y prevención de la salud, la activación y autogestión del paciente y el cuidador, la red de apoyo social, la optimización farmacoterapéutica, la rehabilitación y medidas de preservación funcional y cognitiva, y la planificación anticipada de decisiones.

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Polypathological patients. Paradigm of an emerging and homogeneous clinical-care population

Life expectancy has increased in recent years, and, as a result, there has been a gradual aging of the population. Socioeconomic advances and biomedical innovations have helped drastically reduce the mortality of numerous diseases (mainly infectious, cardiovascular and neoplastic diseases). The price of surviving these diseases is none other than the creation of chronic conditions.^{1,2} We increasingly treat patients with multiple concomitant diseases, many of them interrelated. A prevalent paradigm of this public health phenomenon is the polypathological patient (PPP).³

PPPs constitute a homogeneous population with a series of common, easily identifiable characteristics such as advanced age, clinical vulnerability, a tendency toward functional impairment, high mortality during hospitalization and clinical follow-up, low health-related perceived quality of life and a high prevalence of dependence on the caregiver.⁴⁻⁹ Various studies have profiled the main clinical characteristics of these patients, finding numerous similarities, regardless of the environment and temporal

framework. Table 1 lists the main clinical characteristics of PPPs in the various studies.⁴⁻⁹

The PPP group has special clinical susceptibility and frailty that entail the frequent demand for care due to intercurrent exacerbations and the onset of interrelated disorders, which worsen the patient's condition with progressive impairment of their autonomy and functional capacity. PPPs constitute a group that is especially susceptible to the deleterious effects of healthcare fragmentation and superspecialization. PPPs can therefore be considered "sentinel" elements of the "overall health" of the health-care system, as well as its level of coordination.

Impact of comorbidity and polypathology on the patient's vital and functional prognosis

Impact of comorbidity

There is evidence to confirm that the presence of comorbidity worsens the vital and functional prognosis, the health-related quality of life and the overall health results for all diseases evaluated on this subject. Paradigmatic examples of this are coronary artery disease, heart failure,

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