

# Better guidelines for better care: accounting for multimorbidity in clinical guidelines – structured examination of exemplar guidelines and health economic modelling

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**Declared competing interests of authors:** Bruce Guthrie has been a member of the National Institute for Health Research (NIHR) Health Services and Delivery Research researcher-led panel since April 2014, and is the chairperson of the guideline development group of the National Institute for Health and Care Excellence (NICE) multimorbidity clinical guideline. Phil Alderson is employed by NICE, which produces clinical guidelines for the NHS in England and Wales, and is a member of the NIHR Systematic Reviews Programme Advisory Group and Cochrane panel. Moray Nairn is employed by the Scottish Intercollegiate Guidelines Network, which produces clinical guidelines for the NHS in Scotland.

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## Plain English summary

### Accounting for multimorbidity in clinical guidelines

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## Plain English summary

Many people have more than one long-term medical condition, particularly older people. Since people are living longer, living with more than one long-term condition is becoming more common. Guidelines help the NHS provide care based on the best available evidence, but they usually focus on single diseases, which can cause problems in people with more than one long-term condition. For example, treatments recommended for different conditions can interact with each other, and preventative treatments with benefits over a long time may not be appropriate in people with other conditions that independently reduce life expectancy. In this project, we worked with guideline developers to examine these kinds of problem. We identified three ways in which guideline development could be feasibly changed, which we believe would better account for people with more than one long-term condition. First, development could make more use of detailed information about the characteristics of people with the condition addressed by the guideline. This could be used to systematically identify interactions with other treatments, and to make it clearer whether or not to make recommendations for people with a condition who would have been excluded from the research informing those recommendations. Second, guideline developers could make it easier for health professionals and patients to compare the effectiveness of treatments for different conditions by presenting the evidence more clearly. Third, guideline development could take more account of how long it takes for treatment benefit to happen, and could better account for people with short life expectancy due to other conditions.

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