

Interventions for involving older patients with multimorbidity in decision-making during primary care consultations: A Cochrane systematic review.
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Background

The number of older people with more than one long-term health problem is steadily increasing worldwide. Such individuals can have complicated health care needs. Although they often want to be involved in making decisions about their health care, they are less often involved than younger, healthier people. As a result, they may not be offered the same treatment options.

We reviewed the evidence about the effects of interventions for involving older people with more than one long-term health problem, in decision-making about their health care, during primary care consultations.

Study characteristics

We found three relevant studies involving 1,879 participants. Studies were from three countries. Participants were aged over 65 years with three or more long-term health problems on average. Intervention components included:

- Patient workshops and individual patient coaching
- Patient coaching including Cognitive Behavioural Therapy
- Whole-person patient review, practitioner training and organisational changes

Key results

None of the studies reported the main outcome 'patient involvement in decision-making about their health care', or whether there was less patient involvement as a result of the intervention. Interventions were not found to cause adverse outcomes.

We present a narrative synthesis of secondary outcomes along with a conceptual model of the theory underpinning the included interventions.

The quality of the evidence was limited by small studies, issues with study design, and by studies choosing to measure different outcomes, resulting in a lack of data that could be combined in analyses.

Conclusions

Further research in this developing area is required to be able to draw firm conclusions.