



Monitoring morbidity associated with chronic conditions

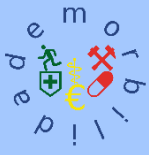
Portuguese National Health Survey 2014



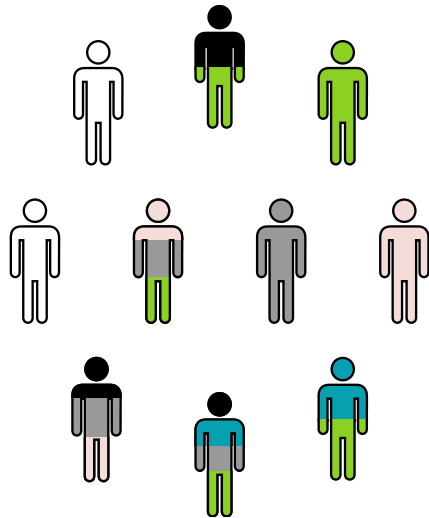
With the collaboration of:

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Multimorbidity... *how to study?*



Statistical adjustment (multivariate analysis)

Counts of coexisting diseases

Comorbidity indexes (eg: Charlson)

Observed to expected ratio

Factor Analysis / Principal Component Analysis

Cluster Analysis / Latent Class Analysis



Health and wellbeing... *how to measure?*

The study of **chronic diseases** and their **impact** on the health and wellbeing of populations is essential for evidence based **health planning, policy making** and the organization and management of **healthcare services**

- Mortality
- Morbidity
 - Prevalence / Incidence
 - Global indicators (eg: DALYs)
 - Specific indicators



Health and wellbeing... *how to measure?*

Measure of association \longrightarrow *Prevalence ratio (PR)*

Exposure
(Chronic diseases)



Outcome
(Specific morbidity indicator)

“Individual association”

Measure of impact \longrightarrow *Population Attributable Fraction (PAF)*

Exposure
(Chronic diseases)



Outcome
(Specific morbidity indicator)


“Populacion impact”



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Proposal of a model and a tool that...

- ...considers a more realistic approach to the existence of multimorbidities
- ...studies its impact on specific morbidity indicators
- ...allows its reproducibility by programming the data analysis in  code

- | | |
|----|--|
| 17 | Chronic diseases (<i>exposure</i>) |
| 14 | Specific morbidity indicators (<i>outcome</i>) |
| 4 | Confounding variables |



Conceptual model

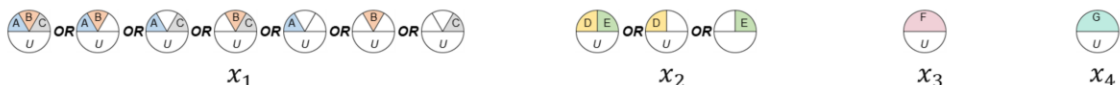
Chronic diseases



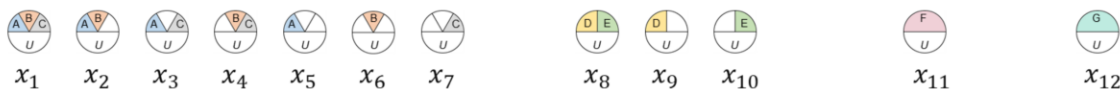
Grouping of chronic diseases by their coexistence (PCA)



LEVEL 1: Components
Principal components
(groups of diseases)



LEVEL 2: Classes
Possible classes of sufficient causes
(combinations of diseases within groups)



Log-Poisson model

$$\log(E(Y)) = \beta_0 + \beta_i x_i + \beta_1 C_1 + \dots + \beta_n C_n$$

for C_n possible considered confounders

Adjusted prevalence ratio (PR_{aj_i})

$$PR_{aj_i} = \exp(\beta_i)$$

Population attributable fraction (PAF_i)

$$PAF_i = p_i \times \frac{PR_{aj_i} - 1}{PR_{aj_i}}$$

for the p_i proportion of subjects with the outcome (Y) that report the disease(s) (x_i)



Multimorbidity pattern

Principal component analysis (*Grouping of chronic diseases*)

8 chronic diseases groups

(*components*)

Arthrosis
Low back/neck disorder
Allergy
Depression

Asthma
Chronic pulmonary disease

Visual impairment
Hearing impairment

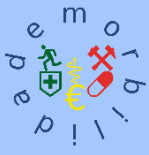
Hypertension
Diabetes
Obesity

Urinary incontinence
Kidney problems

Myocardial infarction
Coronary heart disease

Stroke

Cirrhosis

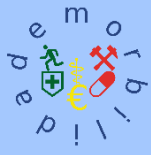


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Final considerations

Development and online publication of a tool with results of the impact of the pattern of coexistence of chronic diseases on several specific morbidity indicators, in Portugal and by region (NUTS II)

Programming in  code of the data analysis allowing its efficient use in similar studies (future national health surveys, regional health surveys, national health surveys of other countries, etc.) and in population health monitoring



```
fun06_pstregionfun <- function(fun = fun06_pcapafun,
  x = pclassses,
  level = c("componentes",
    "classses"),
  weights = TRUE,
  adjustest = TRUE) {

  ## From the results of the fun06_pcapafun function, make the analysis for Portugal
  ## and the different regions

  # Prepare the analysis
  region <- as.character(cidadesborders$REGION)
  strata <- c("Portugal",
    unique(region))
  resultregion <- list(resultes = NULL,
    result_label = NULL)

  # Analysis for Portugal and regions
  for (i in 1:length(strata)) {
    if (strata[i] == "Portugal") {
      result_tesp <- fun(x = x,
        level = level,
        weights = weights,
        adjustest = adjustest)
      result_tesp$resultes <- cbind(RESULT = rep("Portugal",
        dim(result_tesp$resultes)[1]),
        result_tesp$resultes)
    }
  }
}
```

Research and development team

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