Community Holistic Interventions for Multimorbidity in older people: Evaluation of the evidence

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Where did it start?

Ideas for intervention study - geriatrics

Call for funding
- Generate data for NIHR bids
- Impact Liverpool CCG
- Impact NHS
What’s the point of a scoping review?

1. Map extent, range & nature of research activity
2. Check whether full systematic review worthwhile
3. Summarise & demonstrate research findings
4. Identify gaps where more research needed

Aiming for systematic review

Facilitate other activities

What’s the point of a scoping review?

1. Map extent, range & nature of research activity (aiming for systematic review)
2. Check whether full systematic review worthwhile
3. Summarise & demonstrate research findings (facilitate other activities)
4. Identify gaps where more research needed

The process of a scoping review

The process of a scoping review

**CHIME research question**
What is currently known from research about the effectiveness of community holistic interventions for older people with multimorbidity, what research is currently in progress, and what gaps in knowledge still exist?
The process of a scoping review: definitions

<table>
<thead>
<tr>
<th>Definition</th>
<th>CHIME search</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community</td>
<td>Occur in: primary care/minor injuries, patient’s usual residence, healthcare settings manned mainly or wholly by community-based practitioners</td>
</tr>
<tr>
<td>Holistic</td>
<td>Addresses needs from at least 2 aspects of health: physical, mental, social, cultural</td>
</tr>
<tr>
<td>Multimorbidity</td>
<td>2 or more concordant or discordant physical/mental illnesses</td>
</tr>
<tr>
<td>Elderly</td>
<td>Population/subgroup aged at least 60</td>
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</tbody>
</table>
The process of a scoping review: definitions

Form research question
Identify search strategy
Select relevant studies
Chart data
Collate, summarise and report

<table>
<thead>
<tr>
<th>Multimorbidity</th>
<th>Frailty</th>
</tr>
</thead>
<tbody>
<tr>
<td>e.g. 2 or more diseases</td>
<td>e.g. Fried Frailty Index (CHS criteria)</td>
</tr>
<tr>
<td>Presence of 3 of:</td>
<td></td>
</tr>
<tr>
<td>• Weight loss</td>
<td></td>
</tr>
<tr>
<td>• Low handgrip strength</td>
<td></td>
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<tr>
<td>• Slow gait</td>
<td></td>
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<tr>
<td>• Exhaustion</td>
<td></td>
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<tr>
<td>• Reduced physical activity</td>
<td></td>
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</tbody>
</table>

The process of a scoping review: definitions

The process of a scoping review: sources

- Literature reviews
- Published trials
- Ongoing trials
The process of a scoping review: sources

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- Published trials
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The process of a scoping review: sources

- Literature reviews
- Published trials
- Ongoing trials

Cochrane review
Medline
EMBASE

The process of a scoping review: sources

1. Form research question
2. Identify search strategy
3. Select relevant studies
4. Chart data
5. Collate, summarise and report

- Literature reviews
- Published trials
- Ongoing trials

- Current controlled trials (ISRCTN)
- Clinicaltrials.gov (NCT)
- Aus & NZ Clin Trials Registry (ACTRN)
- Netherlands Trial Register (NTR)
- Academy of Medical Sciences report

Academy of Medical Sciences, The. Multimorbidity: a priority for global health research. April 2018
Data flow in our scoping review

- **Reference lists:**
  - Cochrane 97
  - Academy of Medical Sciences (ongoing trials) 19

- **Database searches:**
  - 19/7/18:
    - Medline 1335
    - EMBASE 107
    - Trial registers 27

- **Journal hand searches:**
  - Ann Fam Med 0
  - BJGP 0
  - BMJ 0
  - JAMA 0

- **Assessed for eligibility:**
  - 128 full-text articles
  - 45 protocols

- **Included in synthesis:**
  - 5 completed studies (from 5 papers)
  - 3 ongoing studies

- **1585 records screened**
- **1412 records excluded based on title/abstract**
- **5 secondary studies or duplicates**
  - Excluded with reasons:
    - 118 full-text articles
    - 42 protocols
### Overlap with Cochrane review

<table>
<thead>
<tr>
<th>Difference</th>
<th>CHIME search</th>
<th>Cochrane search</th>
<th>Gain/loss</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community</td>
<td>Occur in: primary care/minor injuries, patient’s usual residence, healthcare settings manned mainly or wholly by community-based practitioners</td>
<td>Delivered by primary care professionals (i.e. treat all common conditions at all ages, ongoing relationship)</td>
<td>+1</td>
</tr>
<tr>
<td>Holistic</td>
<td>Addresses needs from at least 2 aspects of health: physical, mental, social, cultural</td>
<td>Target at least 2 different health conditions</td>
<td>-4</td>
</tr>
<tr>
<td>Multimorbidity</td>
<td>2 or more concordant or discordant physical/mental illnesses</td>
<td>2 or more chronic conditions</td>
<td>-1</td>
</tr>
<tr>
<td>Elderly</td>
<td>Population/subgroup aged at least 60</td>
<td>Any age included</td>
<td>-12</td>
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