

# Long-term conditions and multi-morbidity

Part of [Time to Think Differently](#)

About 15 million people in England have a long-term condition (1). Long-term conditions or chronic diseases are conditions for which there is currently no cure, and which are managed with drugs and other treatment, for example: diabetes, chronic obstructive pulmonary disease, arthritis and hypertension.

## Long-term conditions

Long-term conditions are more prevalent in older people (58 per cent of people over 60 compared to 14 per cent under 40) and in more deprived groups (people in the poorest social class have a 60 per cent higher prevalence than those in the richest social class and 30 per cent more severity of disease) (1).

People with long-term conditions now account for about 50 per cent of all GP appointments, 64 per cent of all outpatient appointments and over 70 per cent of all inpatient bed days.

Treatment and care for people with long-term conditions is estimated to take up around £7 in every £10 of total health and social care expenditure (1).

Projections for the future of long-term conditions are not straightforward. The Department of Health (based on self-reported health) estimates that the overall number of people with at least one long-term condition may remain relatively stable until 2018. However, analysis of individual conditions suggests that the numbers are growing, and the number of people with multiple long-term conditions appears to be rising (1).

## Socio-economic distribution of long-term conditions

Most individual long-term conditions are more common in people from lower socio-economic groups, and are usually more severe even in conditions where prevalence is lower – for example, stroke. General Household Survey data (2006), analysed by the Department of Health below, shows those from unskilled occupations (52 per cent) suffer from long-term conditions more than groups from professional occupations (33 per cent).

 Link between socio-economic group and long-term conditions prevalence and severity

Key: I Professional, etc, occupations, II Managerial and technical occupations, III Skilled occupations, (N) Non-manual, (M) Manual, IV Partly skilled occupations, V Unskilled occupations.

Source: Department of Health analysis of General Household Survey 2006

## Multi-morbidity and deprived populations

Some people living in a deprived area will have multiple health problems 10–15 years earlier than people in affluent areas.

The number of people with three or more long-term conditions is predicted to rise from 1.9 million in 2008 to 2.9 million in 2018 (1).

The ageing population and increased prevalence of long-term conditions have a significant impact on health and social care and may require £5 billion additional expenditure by 2018 (1).

Multi-morbidity is more common among deprived populations – especially those that includes a mental health problem (2) – and there is evidence that the number of conditions can be a greater determinant of a patient's use of health service resources than the specific diseases (3).

There will be rising demand for the prevention and management of multi-morbidity rather than of single diseases (2).

## **Patterns of selected co-morbidities between most affluent and most deprived deciles**

 Patterns of selected co-morbidities between most affluent and most deprived deciles

Source: Barnett K, Mercer SW, Norbury M, Watt G, Wyke S and Guthrie B (2012). Research paper. [Epidemiology of multi-morbidity and implications for health care, research and medical education: a cross-sectional study](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)60240-2/fulltext) ([http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(12\)60240-2/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)60240-2/fulltext)). *The Lancet online*

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## **References**

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2. Barnett K, Mercer SW, Norbury M, Watt G, Wyke S, Guthrie B (2012). Research paper. [Epidemiology of multimorbidity and implications for health care, research, and medical education: a cross-sectional study](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2812%2960240-2/abstract) (<http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2812%2960240-2/abstract>). *The Lancet online*
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