

**Decision Making for Older Adults  
With Multiple Chronic Conditions:  
Executive Summary for the  
American Geriatrics Society Guiding  
Principles on the Care of Older  
Adults With Multimorbidity**

# BACKGROUND

- Caring for older adults with multiple chronic conditions (MCCs) is challenging
- The AGS Guiding Principles for the Care of Older Adults With Multimorbidity were developed using a systematic review of the literature and consensus

# Guiding Principles

1- Elicit and incorporate patient preferences into medical decision making.

2- Recognize the limitations of the evidence base, and interpret and apply the medical literature specifically for this population.

3- Consider treatment complexity and feasibility when making clinical management decisions

4- Use strategies for choosing therapies that optimize benefit, minimize harm, and enhance quality of life.

- **Health outcome goals:**

The activities most important to the individual.

The more specific, actionable, and reliable, the better the health outcome goals can inform decision making.

- **Health priorities:**

The health outcome goals patients most desire within the context of their healthcare preferences.

# Uncertainty of Disease-Specific Guidelines

- o lack of applicable evidence and limitations of disease-based decision making
- Older adults with MCCs are excluded from randomized controlled trials that generate evidence or are not enrolled in representative numbers.

- Most trials focus on survival or specific disease measures or events. These trials may not include function, symptom relief, or quality of life, outcomes important to older persons with MCCs.

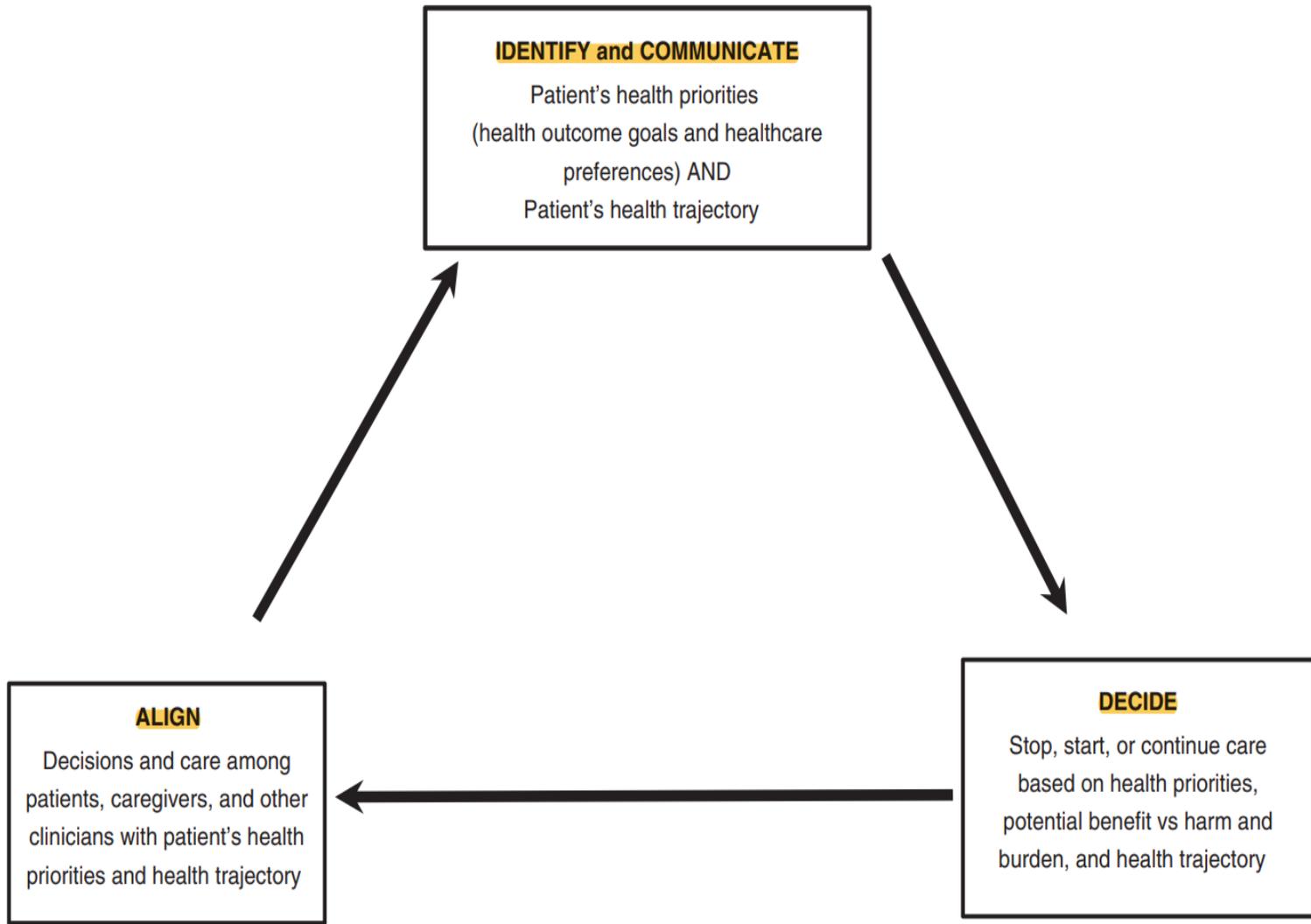


Figure 1. Patient priorities-aligned decision making for older adults with multiple chronic conditions.

Are disease-specific evidence-based guidelines applicable

Yes

Uncertain

No

- >10 y life expectancy
- Few conditions
- Fit and functional

- 2-10 y life expectancy
- Increasing number/severity of conditions
- Impaired function

- <1-2 y life expectancy
- Advanced/end-stage disease (eg, dementia, cancer, and heart failure)

Disease-based guidelines as consistent with patient preferences

Health Priorities-Aligned Care: Current Care Planning

Deescalate treatments  
Palliative care  
Symptom management

# MCC ACTION

## PATIENTS' HEALTH PRIORITIES AND HEALTH

- Assess patients' health trajectory:
  - Estimate life expectancy, health trajectory, and lag time
  - Estimate life expectancy:
    - ePrognosis is a repository of evidence-based prognostic indices for older adults and includes a calculator for translating mortality risk into median life expectancy.

- Consider patients' health trajectory:
  - While there are few predictive tools to address prognosis for outcomes such as function or quality of life, consider likely changes over 1 to 2 years.
    - Lack of return to prehospital function predicts poor health trajectory.

- Estimate lag time (time horizon) to benefit:
  - Time to benefit for treatments (lag time) may be longer than the individual's projected life span and varies for different interventions.
  - Consider time frames of 1 to 2, 2 to 5, 6 to 10, and 10 or more years.

# MCC ACTION: STOP, START, OR CONTINUE CARE BASED ON HEALTH PRIORITIES( GOALS )

- **STOP CARE** that is harmful, inconsistent with the patient's health priorities, too burdensome, or inappropriate based on health trajectory if stopping is consistent with the patient's care preferences.

- **START OR CONTINUE CARE** that is beneficial and consistent with the patient's health priorities and not too burdensome

## **ALIGN DECISIONS AND CARE AMONG PATIENTS, CAREGIVERS, AND OTHER CLINICIANS WITH PATIENTS' HEALTH PRIORITIES AND HEALTH TRAJECTORY**

- Patient's health priorities, health trajectory, amount of benefit for outcomes that matter to the patient, and likelihood of adverse effects (eg, falls with antihypertensive medications, bleeding from anticoagulation).

- Family perspectives and concerns
- Life context and stresses that affect outcomes and help or hinder adherence to treatments

- Competing conditions that affect outcomes, response to interventions, and patients' priorities
- Encourage patients and family/caregivers to participate in decision making

# **Align decisions when patient and clinician have different perspectives**

- Identify and change bothersome aspects of treatment
- Accept patient's decision