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Patterns of multimorbidity and mortality in in the oldest old of the community. Five years of Octabaix Study follow-up

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Background and Aim: Multimorbidity has been associated with higher mortality. The objective of the study is to explore the association between patterns of multimorbidity and mortality in an elderly population.

Method: A community-based, prospective cohort involving 328 subjects aged 85 at baseline with a follow-up period of 5 years was analysed. Socio-demographic variables and data on functional and cognitive status, comorbidity, nutritional and falls risk, quality of life, social risk and long-term drug prescription were evaluated. Information on the presence of sixteen common chronic conditions was collected: hypertension, diabetes mellitus, dyslipidemia, ischemic cardiomyopathy, heart failure, stroke, chronic obstructive pulmonary disease (COPD), atrial fibrillation, peripheral arterial disease, Parkinson's disease, cancer, dementia, anemia, chronic kidney disease (CKD), visual impairment and deafness. Hierarchical cluster analysis was performed.

Results: At baseline, the rate of multimorbidity (>1disease) was 95.1%. The mean (SD) number of comorbid conditions was 4.5 (3.5-5.4). During follow-up, 129 (39.1%) subjects died. Patterns of multimorbidity for two and three diseases showed a significant Hazard ratio (and 95% Confidence Interval) of death of 3.02 (1.6;5.6) for anemia and malignancy, 2.99 (1.7;5.3) for hypertension, CKD and malignancy, and 2.9 (1.7;4.9) for dyslipidemia, malignancy and visual impairment.

Conclusion: The most important pattern of multimorbidity that increased the risk of death was anemia and malignancy, in this oldest old community-dwelling subjects after 5 years of a follow-up period.