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This Symposium is accredited **TWO (2) CME Points**

PROGRAMME

2.00pm	Opening Address Welcome & Congratulations of 2021 FCFP(S) graduands  Prof Teo Eng Kiong Master Academy of Medicine, Singapore
2.05pm	Multimorbidity By Dr Lee Eng Sing 
2.30pm	From Breathlessness to Heart Failure By Dr Julian Loh 
2.55pm	Clearing the Air about Pulmonary Fibrosis By Dr Michelle Kam 
3.20pm	Break
3.30pm – 4.30pm	Panel Discussion: Role of Family Physicians in the Management of Multimorbidity Moderator: A/Prof Tan Boon Yeow Panel: Prof Teo Eng Kiong, A/Prof Lee Kheng Hock, Dr Christopher Lien, Dr Lee Eng Sing & A/Prof Tan Tze Lee

THE EPIDEMIC IN COVID PANDEMIC

The COVID-19 pandemic had put a spotlight on individuals with multiple comorbidities. This frail and vulnerable group have poorer health outcomes and mortality, and may risk being left on the side bench for preventive strategies.

Multimorbidity, defined as the co-occurrence of multiple chronic conditions, has moved onto the priority agenda for many health policymakers and healthcare providers. The prevalence of multimorbidity has been estimated to be 66.2% in those >50 years of age in one primarycare study. Physical-mental comorbidity constituted a much greater proportion of overall morbidity in both younger patients and those with a lower socioeconomic status. Patients with multimorbidity are high utilizers of healthcare resources and are some of the most costly and difficult-to-treat patients. The management of multimorbidity with drugs is often complex, resulting in polypharmacy with its attendant risks. Patients with multimorbidity have a high treatment burden in terms of understanding and self-managing the conditions, attending multiple appointments, and managing complex drug regimens. Qualitative research highlights the “endless struggle” patients experience in trying to manage their conditions well. Patients often describe poor experiences with health care systems that treat each of their health conditions separately, resulting in fragmented, uncoordinated care.

Primary care physicians are increasingly managing patients with multimorbidity and they have reported challenges in doing so. They described an ongoing tension between applying single condition guidelines to patients with multimorbidity as security against uncertainty or penalty, and potentially causing patients harm. Above all, they chose to prioritise their long-term relationships in exchange for the numerous gains such as mutual trust, deeper insight into a patient’s unique circumstances, and useable knowledge of each individual’s capacity for the work of illness and goals for life.

Preventing multimorbidity and improving the way it is managed is now a key priority for many countries, and work is underway to develop sustainable models of care. Incorporating multimorbidity into healthcare strategies, developing integrated models of care and multimorbidity management guidance, changing health system structures and models of practice to remunerate time and space for nurturing trustful therapeutic partnerships would address this epidemiologic transition and allow primarycare physicians to provide the patient-centred, coordinated care that patients need.

In addition, a firm commitment to increase awareness of multi-morbidity, encouraging innovation, optimizing the use of existing resources, and coordinating the efforts of different stakeholders across the healthcare landscape are some of the pieces to complete this jigsaw puzzle.

SO WHAT DOES IT MEAN TO BE **BREATHLESS IN THE COVID-19 ERA?**

Join us in this symposium on **13 Nov 2021**

to understand the challenging interplay between differential diagnoses, multimorbidity and treatment, as well as, the latest development in multimorbidity.

