

The Role of Discordant and Concordant Comorbidities in Hypertension Self-Management.

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BACKGROUND:

Most VA patients have 2 or more chronic conditions. As a result, there is great interest in understanding how comorbid conditions influence patients' chronic disease self-management (SM). Researchers have done this quantitatively by examining the role of concordant (sharing pathophysiology and/or clinical management strategies) and discordant comorbid conditions on patients' self-management. This disease-based approach does not consider how patients with comorbidities perform SM tasks in their daily lives. We used qualitative methods to explore how the characterization of comorbid conditions as concordant and discordant compared with patients' views and actions related to SM for hypertension (HTN).

METHODS:

As part of a larger study of HTN management among 1169 patients with diabetes in 9 VA facilities, we conducted structured, open ended phone interviews with a purposeful sample of 37 patients. Interviews covered comorbidities, disease prioritization, medication management, and several aspects of self-management. We analyzed the data using 2 different qualitative techniques: content coding and a case-based approach. For each case, we triangulated interview data with survey data and medical records. A clinician and social scientist produced structured case summaries and developed within-case, then higher level abstractions based on cross-case themes.

RESULTS:

Although content coding was useful in exploring barriers and facilitators of HTN control, the case-based approach offered richer insights into the complexities of overall management burden and conflicting priorities among management of comorbidities. Using the case-based approach, we found that some patients viewed particular SM tasks for diabetes and cardiovascular disease as discordant with HTN, even though they are pathophysiologically concordant. For example, several patients focused on sugar and carbohydrate intake to control diabetes to the detriment of reducing saturated fat, cholesterol, calories and salt important for HTN and cardiovascular disease SM. Stroke and heart disease were often concordant with HTN SM in patients early in their course or with mild symptoms; these patients described being more aware that it was important to control diabetes and HTN. SM for patients with more severe stroke or heart disease symptoms eclipsed SM efforts for HTN. HTN medication management was made more difficult by the presence of both concordant and discordant comorbidities, due to large numbers of medications, complex regimens and side effects. Discordant conditions such as pain, obesity, sleep disturbance, and mental health problems affected the energy, motivation, and insight needed for HTN SM. Finally, both discordant and concordant conditions affected motivation and ability to exercise.

CONCLUSIONS:

The current characterization of comorbid diseases as clinically concordant or discordant does not adequately describe the complex ways that comorbidity influences SM in patients' daily lives. The disease-by-disease approach commonly used by physicians leaves the patient to translate clinical recommendations into workable and effective self-management regimens, with little guidance on how to combine management of different diseases. Physicians and patients need to work together to triangulate clinical recommendations into selfmanagement plans organized around patients' understanding of their diseases and daily tasks such as diet, medications, and exercise.