

# Guiding patients through complexity: Motivational interviewing and multimorbidity

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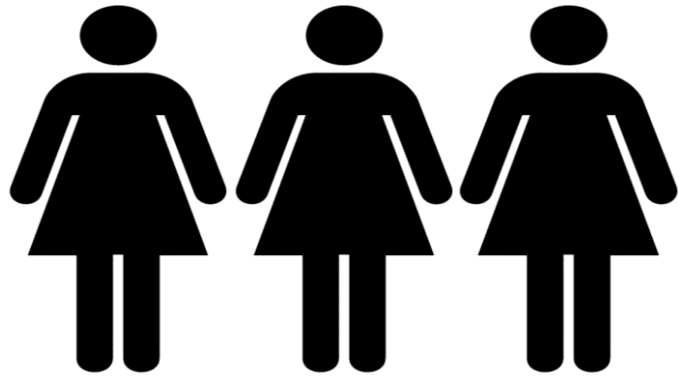
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**RAISE YOUR HAND IF YOU**





**MULTIMORBIDITY:**  
More than one long-term condition

(Violan et al 2014)

# ONE IN FOUR Australians (5.3 million people)

## Have at least 2 of:

- arthritis
- asthma
- back pain
- cancer
- cardiovascular disease
- COPD
- diabetes
- mental health condition



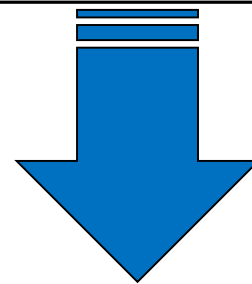
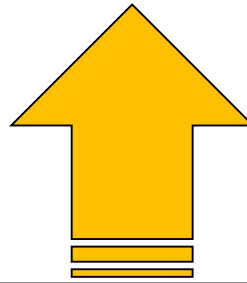
(AIHW, 2016)

# MULTIMORBIDITY is associated with:

Referral to specialist care

Health costs

Use of services



Poorer physical  
outcomes

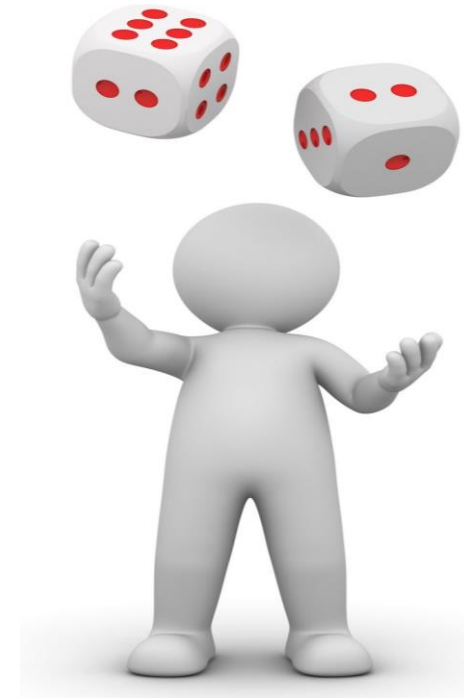
(van Oostrom et al. 2014, Teljeur et al 2013, and France et al 2012)

## Clinicians working with multimorbid patients have little guidance...

Proliferation of single disease guidelines

But for people with >1 condition:

- Following multiple guidelines can be burdensome
- 1 guideline can recommend an intervention contraindicated by another



(Barnett et al, 2012, Bayliss, et al. 2007)

# Recommendations for multimorbidity intervention...

- ✓ Patient-centred
- ✓ Integrated into routine care
- ✓ Focused on communication skills
- ? Address lifestyle factors



## Motivational Interviewing

(WHO 2005, Smith et al 2013, Fortin et al 2014, Lewis et al 2016)

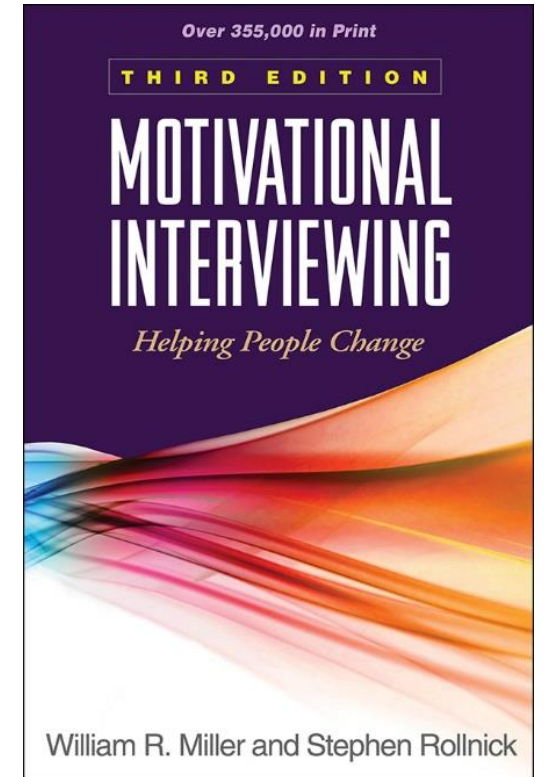
# Motivational Interviewing

“ ... way of helping people find *their own* motivation for change...”

*(Bill Miller, 2010)*

Motivational Interviewing is a form of collaborative conversation for strengthening a *person's own motivation* and commitment to change.

*(Miller & Rollnick, 2013)*





# SYSTEMATIC REVIEW

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McKenzie, Pierce and Gunn (2015)

## Potential of motivational interviewing to address the lifestyle factors relevant to multimorbidity

by lifestyle factors

by clinician type



THE UNIVERSITY OF  
MELBOURNE

# SYSTEMATIC REVIEW

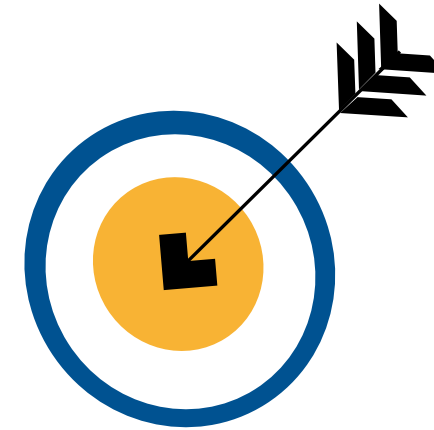
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McKenzie, Pierce and Gunn (2015)

# 12

ARTICLES

**MOTIVATIONAL INTERVIEW\***  
**meta-analysis**  
**SYSTEMATIC REVIEW**



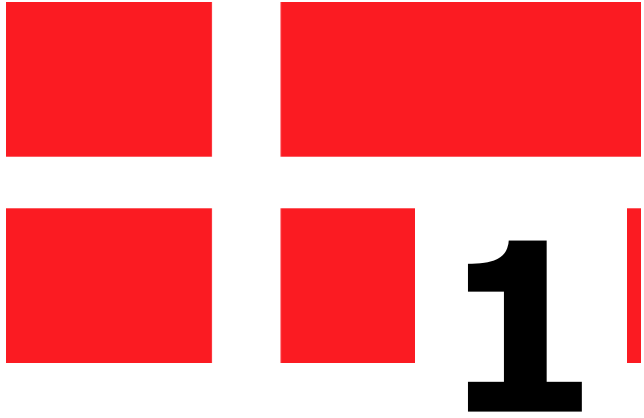
**STUDIES & PARTICIPANTS PER REVIEW**

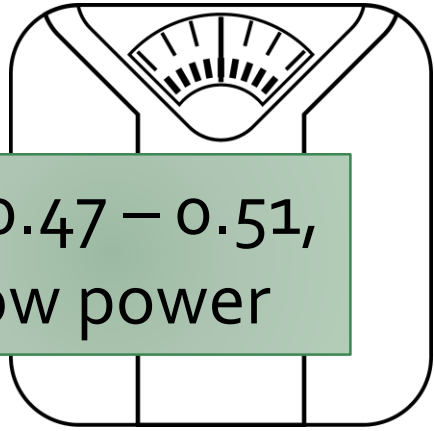
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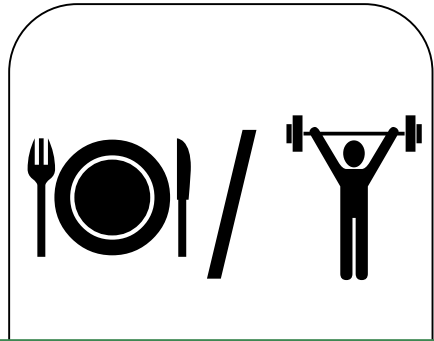
**2003**  
to  
**2013**

**11-119 STUDIES**

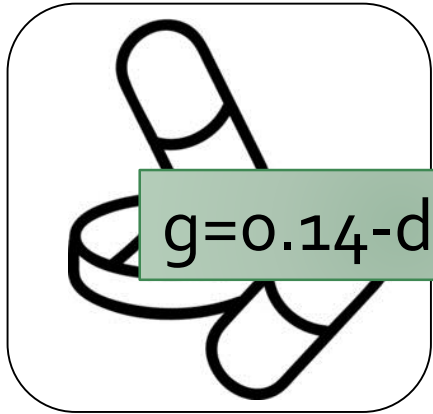




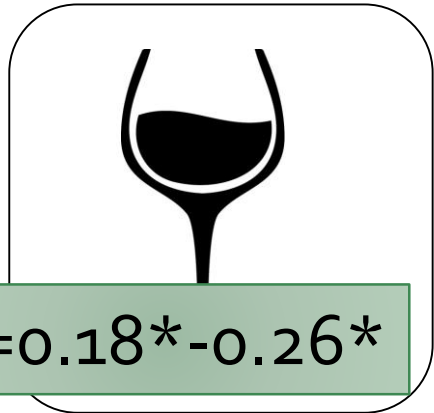
$d=0.47 - 0.51,$   
low power



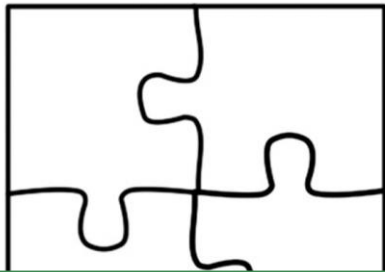
$d=0.07- d=0.78^*$



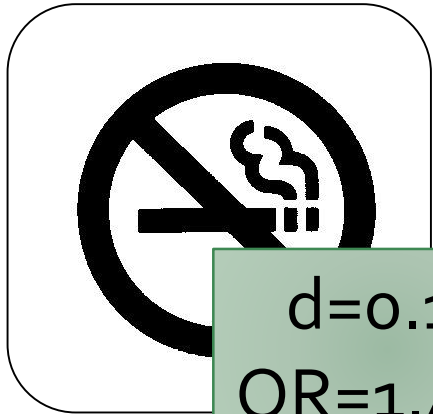
$g=0.14-d=0.72^*$



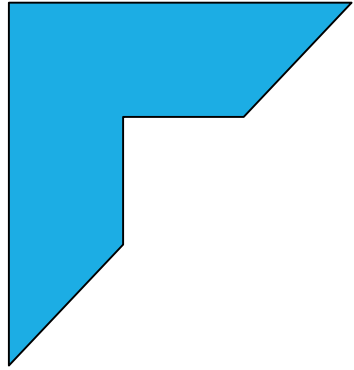
$d=0.18^*-0.26^*$



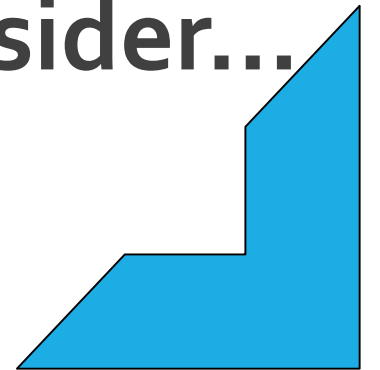
$d=0.18^*-0.77^*,$   
 $OR=1.55^*$



$d=0.11$   
 $OR=1.45^*$



**MI may be helpful across a range of  
lifestyle factors,  
but there are a few more issues to consider...**



... is it MI?



**What do we know about treatment integrity?**

... who can deliver it?

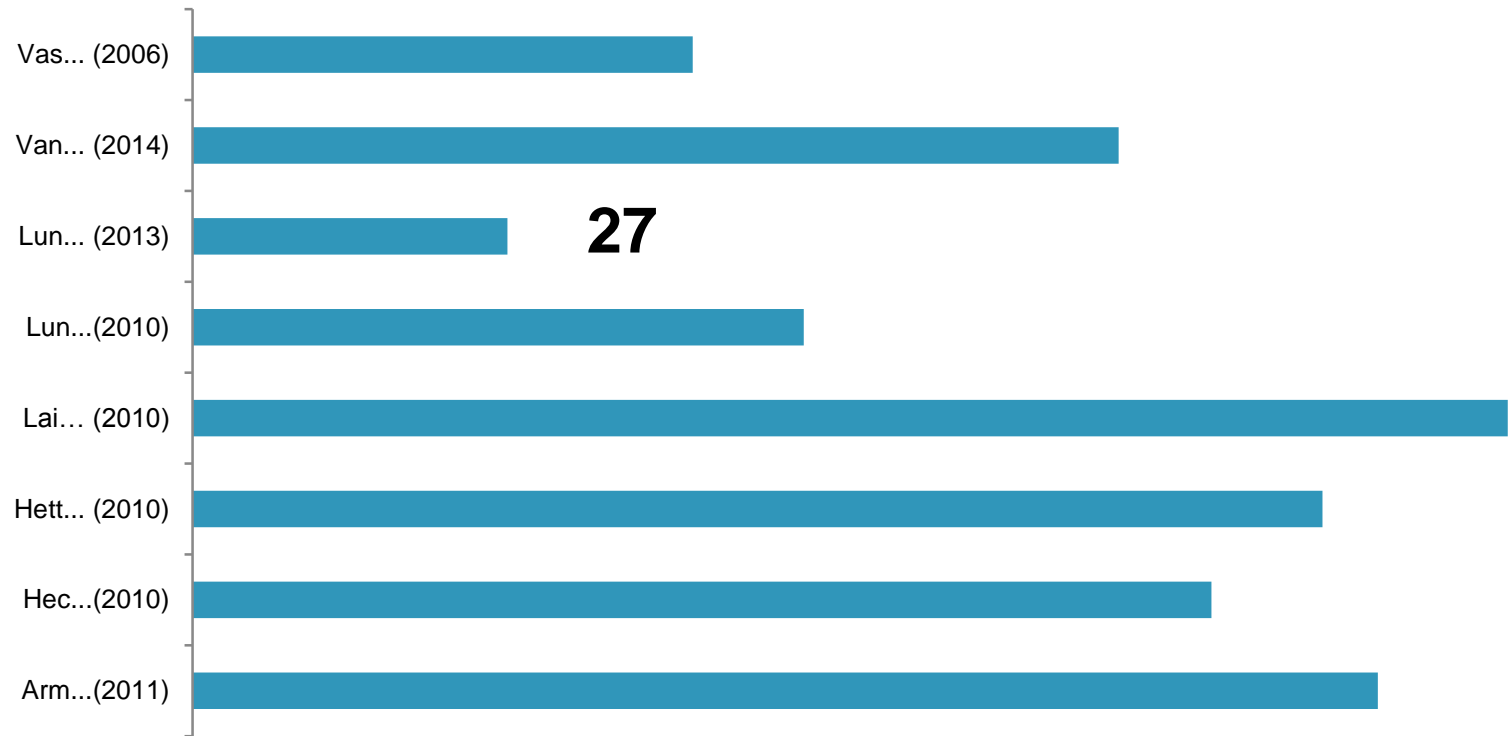


**What type of clinician?**

# TREATMENT INTEGRITY

coding or supervision process to check intervention

4 / 12  
X



% Included Trials Reporting Treatment Integrity



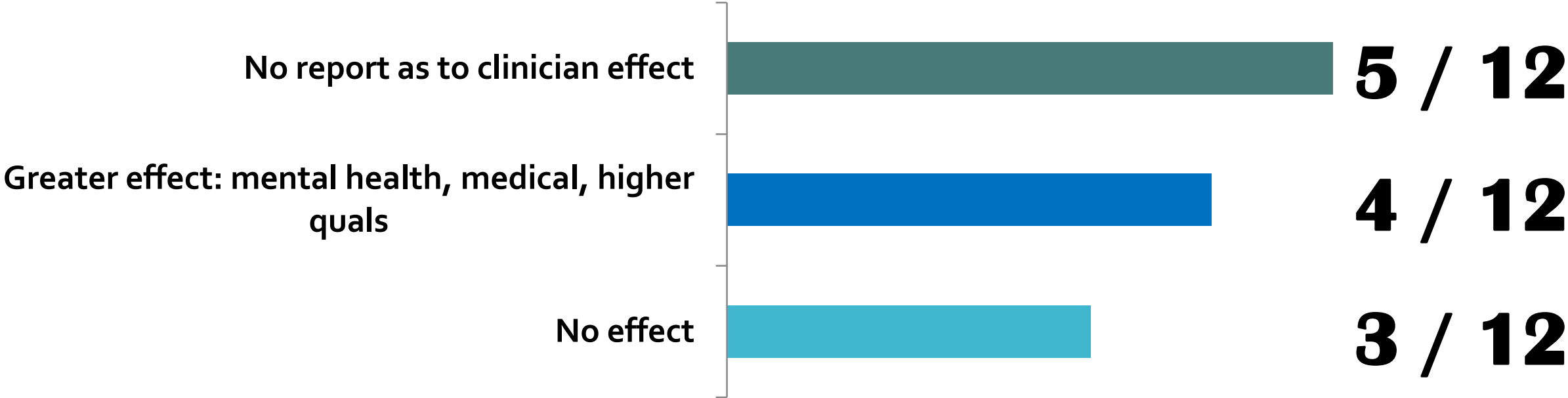
# CLINICIAN EFFECT

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11

REVIEWS

REPORTED MIXED  
PROVIDER TYPES





# What do we conclude about MI?

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mostly small to medium effect sizes



better than no intervention



as good as other interventions



broad applicability, may be additive to standard care  
has been used by a variety of clinicians

# What next?

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Evaluate routine care



Incorporate treatment integrity into studies



Directly examine the effectiveness of MI for multimorbidity.



# Guiding patients through complexity

*Motivational interviewing for patients with multimorbidity*



Kylie J McKenzie, David Pierce,  
Jane M Gunn

## Background

Multimorbidity is an increasing and

**ONE IN FOUR** Australians, or 5.3 million people, have at least two of the following chronic diseases: arthritis, asthma, back pain, cancer, cardiovascular disease, chronic obstructive pulmonary disease, diabetes or a mental health condition.<sup>1</sup>

guidelines emphasise the importance of eliciting patient preferences, identifying common ground, developing a shared treatment plan, and building and maintaining a relationship with patients living with multimorbidity.<sup>11,12</sup> With the

# Thank you

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