

# EFFECTS OF GOAL ORIENTED CARE FOR ADULTS WITH MULTIMORBIDITY. A SYSTEMATIC REVIEW AND META-ANALYSIS

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## Abstract

**Objective.** To systematically review the evidence from randomised controlled trials evaluating the effects of goal oriented care against standard care for multimorbid adults. **Data sources/Study setting.** Existing literature presenting the results of randomized trials assessing the outcome of goal oriented care compared with usual care for adults with multimorbidity. **Study design.** Systematic review and meta-analysis. **Data collection/Extraction methods.** We searched the Cochrane Database of Systematic Reviews (CENTRAL), EMBASE, MEDLINE, CINAHL, trial registries such as ClinicalTrials.gov and World Health Organizational International Clinical Trials Registry Platform (ICTRP) and the references of eligible trials and relevant reviews. **Goal-oriented care** was defined by the following: goal setting at the individual level; collaborative identification of goals; valuing and using the individuals' resources and skills combined with the medical standpoint; full entitlement of the person in the goal choice. A total of 197 studies were reviewed. Ten trials were included. We extracted outcome data on quality of life, hospital admission, patients' satisfaction, patient and caregiver burden. Risk of bias was assessed and certainty of evidence was evaluated using GRADE. **Principal findings.** No study was found fully free of bias. No effect was found on quality of life (Standardized Mean Difference (SMD) 0.10; 95% CI -0.06 to 0.26) and hospital admission (Risk Ratio (RR): 0.87; 95% CI 0.65 to 1.17). A very small effect was observed for patients' satisfaction (SMD: 0.15; 95% CI 0.00 to 0.29) and caregiver burden (SMD -0.13; 95%CI -0.26 to 0.00). Certainty of evidence was low for all outcomes. **Conclusions** Despite its sound rationale and the strong push towards its dissemination, the results of this meta-analysis prevent to reach firm conclusions about effects of goal-oriented care. Future research should overcome the shortcomings of studies assessed in this meta-analysis. A sound application of the indications for research of complex healthcare interventions is warranted.

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