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Background: Little is known about multiple long-term conditions (MLTCs) patterns in migrants. To aimed to synthesise evidence on the burden of MLTCs among migrant populations in high-income countries.

Methods: We searched five databases for studies reporting the prevalence of two or more health conditions among migrants in high-income countries between 2012 and 2024. The identified conditions were grouped into three categories: communicable, non-communicable-physical, and mental health. We explored the most commonly reported combined patterns of MLTCs (clusters) and summarised the findings using narrative synthesis and forest plots.

Findings: We included 165 studies reporting co-prevalence of two or more conditions in 3,491,883 migrants. The migrants were from a wide range of countries, but most studies were conducted in 22 countries mostly in Europe (97/165, 58.8%) and North America (53/165, 32.1%). 61.2% (101/165) reported on communicable-related clusters, 44.8% (74/165) on non-communicable-physical conditions clusters, and 33.3% (55/165) on mental health clusters. The most common clusters were communicable conditions: HIV-tuberculosis (TB) (32/101, 32%) and HIV-viral hepatitis (29/101, 29%). Highest in the non-communicable-physical cluster were diabetes-TB (10/74, 14%) and diabetes-hypertension (8/74, 11%). Mental health conditions were not often reported alongside non-communicable or communicable conditions, and common clusters were depression-PTSD (18/55, 32%) and depression-anxiety (17/55, 31%). Narrative review showed that migrant status, poor living conditions, time to diagnosis, and length of stay in the resident country were significant risk factors for developing and managing several conditions.

Conclusions: Migrants experience a significant burden of MLTCs, particularly a high burden of long-term communicable diseases. Mental health disorders appeared to be under-investigated in the context of other health needs. Interventions to address MLTCs in migrants must consider communicable diseases and mental health needs in addition to non-communicable diseases and integrate a holistic approach acknowledging the structural, systemic, and social determinants of health driving comorbid health needs.

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96 Prevalence and patterns of multiple long-term conditions amongst migrants in high-income countries: a systematic review

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