

⁵NIHR Leicester Biomedical Research Centre (BRC), University of Leicester, Leicester, United Kingdom

⁶Development Centre for Population Health, University of Leicester, Leicester, United Kingdom

⁷Department of Infection and HIV Medicine, University Hospitals of Leicester, Leicester, United Kingdom

⁸Institute of Health Informatics, University College London, London, United Kingdom

⁹Leicester Real World Evidence Unit, University of Leicester, Leicester, United Kingdom

¹⁰Department of Population Health Sciences, University of Leicester, Leicester, United Kingdom

¹¹Cardiovascular Research Centre, University of Leicester, Glenfield Hospital, Leicester, United Kingdom

¹²College of Population Health, University of New Mexico, United States

OP 33: Diseases and Interventions 1, B304 (FCSH), September 5, 2025, 09:00 - 10:00

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.

Abstract citation ID: ckaf180.206

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

*Winifred Ekezie^{1,2,3}, Dan Pan^{3,4,5,6,7}, Rebecca F. Baggaley^{4,6,8},
Yogini Chudasama^{2,9}, Aiden J. Smith¹⁰, Anneka Welford^{2,3}, Ellen
V. Hopwood^{2,3}, Sian Jenkins^{2,3}, Ayesha A. Butt^{2,3}, Shirley Sze^{5,11},
Joshua Nazareth^{4,5,6,7}, Laura Nellums¹², Kamlesh Khunti^{2,3,9},
Manish Pareek^{2,4,5,6,7}*

¹Centre for Health and Society, Aston University, Birmingham, United Kingdom

²Diabetes Research Centre, University of Leicester, Leicester, United Kingdom

³National Institute for Health and Care Research (NIHR), Applied Research

Collaboration East Midlands (ARC EM), Leicester, United Kingdom

⁴Department of Respiratory Sciences, University of Leicester, Leicester, United Kingdom