

Curtailing Non-communicable Diseases (NCDs): A Step Towards Healthy Life

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Non-communicable diseases are non-transmissible and generally chronic disease and of longer duration. The factors responsible for NCDs are behavioral, physiological, genetics and environmental. The major types of NCDs are diabetes, cardiovascular diseases (stroke and heart attacks), cancers, chronic respiratory problems and neurological/mental health diseases. The risk factors for NCDs are behavioral (tobacco use, excess intake of salt and physical inactivity) and metabolic (overweight, obesity, raised blood pressure and high blood glucose level).¹

The NCDs annually kill 41 million individuals which is equal to 71% of all the deaths. Globally 15 million people lost their lives in the age of 30-69 years due to NCDs and 85% of these deaths in low and middle income countries. In South East Asia, 55% deaths are due to NCDs contributing as a major cause of disease burden and mortality.² The mental health problems/neurological disorders accounts for 10.2% of the global DALYs.³

The NCD risk factors survey among adults from two big provinces of Pakistan showed that use of tobacco was 19.7%, overweight 26.3%, obesity 14.9%, stage-I hypertension 37% and stage II hypertension was 15.9%.⁴ The survey also showed that low level of physical activity was in 41.5% population and about 96.5% were not taking healthy diet as per WHO recommendations. The 2nd national survey on diabetes showed that 1 in every fourth Pakistani is diabetic.⁵ The survey on pediatric NCDs from one of the larger provinces (Sindh) from Pakistan revealed high prevalence of risks which are leading to non-communicable diseases.⁶

A comprehensive model proposed by the American Heart Association on healthy life style

interventions depicts inter-connectivity between Government organizations, education system, health fitness industry, insurance industry, mobile health technology, media and Employers.⁷ The Mexico has developed and implemented Casalud Model for control and prevention of NCDs. It has five pillars including prevention and detection of chronic diseases, their management, continuous supply of medications, capacity building of health care personnel's followed by patient engagement. The model was reviewed for effectiveness and found that political support, adaptable to latest technical improvement, alignment with health trends and capacity building are the enablers for this system.⁸ A systematic review on different approaches for controlling NCDs revealed that, for less developed countries, passive case finding approaches should be used along with counseling of patients on diet and lifestyle and uniform pattern for diagnostics and treatment.⁹

Based on above statistics, there is a need for multi- sectoral approach by involving all the stakeholders for tackling NCDs. The capacity in terms of research and surveillance should be strengthened. The findings emerged from the research on NCDs needs to be translated into the health policy. The Government must focus on providing quality care in primary health care Unit for NCDs with special emphasis on prevention.

As there are behavioral factors involved in the NCDs, therefore it is suggested that interventions must be promoted in schools related to healthy diet habits and physical activity. Awareness campaigns among school children can also yield good results. It is very important to take all stakeholders including religious leaders on board for awareness/educational drive against NCDs.

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