Chronic diseases of lifestyle in SA

Chronic diseases of lifestyle (CDL) were responsible for some 206 000 deaths in 2000 – more than half of these people younger than age 65 – and this number is expected to rise to more than 243 000 per year by 2010, according to the Medical Research Council’s recent report ‘Chronic Diseases of Lifestyle in South Africa: 1995-2005’.

The report says that the majority of the South African population has moved towards a Western lifestyle disease profile and that there are about 6 million South Africans with hypertension, 5 million with high blood cholesterol, 1.5 million with diabetes and more than 7 million smokers. The rates also differ substantially between population groups, with mortality rates per 100 000 from CDLs ranging from 767 in the white and 769 in the African populations to 867 in the coloured and 1 000 in the Indian populations. However, little difference was found between the provinces, with the poorer provinces having similar mortality rates to the more developed provinces.

The report finds that in addition to the standard risk factors for chronic diseases (i.e. unhealthy diet, lack of exercise, tobacco use), the degree of urbanisation was found to be an independent predictor of patients having hypertension or diabetes. This is of particular concern, given the high degree of urbanisation in South Africans.

Although smoking rates have decreased in South Africa since the tobacco control legislation and policies have been implemented, hypertension, diabetes and other chronic conditions are poorly diagnosed and controlled. Thus there is the need for proper health care for people with CDLs, particularly at primary care level, in order to diagnose these diseases and their risk factors early and to treat them effectively.

The report also notes that, despite the significant policy developments that have taken place at the national level, the implementation of a national strategy for CDLs has not yet been achieved.

Source: www.mrc.ac.za

‘Unite for diabetes’

The ‘Unite for Diabetes’ campaign has been launched by the International Diabetes Federation (IDF), with the aim of highlighting the rise of diabetes worldwide and encouraging governments to support a United Nations (UN) Resolution on diabetes.

New data from the Federation show that more than 200 million people – almost 6% of the world’s adult population – now live with diabetes. This number is expected to grow to 350 million in less than 20 years if action is not taken. Diabetes is also increasing faster in the world’s developing economies than in developed countries, and by 2025 almost 80% of all diabetes
cases are expected to be in low- and middle-income countries.

According to the World Health Organization, the disease could reduce life expectancy globally for the first time in 200 years.

The IDF believes that reversing the current trend of diabetes is not just a health issue, but requires a whole-of-government approach and the attention of the international community. A UN resolution on diabetes would recognize the global burden of diabetes and focus world attention on the need for immediate action, and thereby prompt decision-makers to take preventive actions against its growing health challenge.

The intention is that the resolution would be secured on or around World Diabetes Day (14 November) in 2007.

Source: www.idf.org/www.unitedfordiabetes.org

Call for guidelines for prevention, control of cardiovascular disease

Countries should formulate national and regional guidelines for the prevention and control of cardiovascular disease (CVD) using the principles for clinical guidelines developed by the World Heart Federation (WHF), according to the Federation’s three officers, chairman of the Scientific Advisory Board Sidney Smith, chief executive officer Janet Voûte, and president Valentin Fuster.

Writing in Nature Clinical Practice Cardiovascular Medicine (September 2006), the WHF officers remind that CVD is the world’s biggest killer, responsible for 17.5 million deaths in 2005, according to the World Health Organization, and they say that such guidelines should take account of cultural, social, medical and economic circumstances and reflect national or regional priorities and resources.

‘The health care budget for each nation should reflect a thoughtful determination to assess the specific benefits for primary and secondary prevention programmes based on local epidemiological factors,’ the officers say.

The WHF has also been chosen by the World Economic Forum as a key partner on its Workplace Wellness initiative, ‘Working Towards Wellness’, which is aimed at helping businesses, health experts and policy makers to address and prevent the key risk factors that threaten employee health. The WHF’s role is to ensure that chronic diseases, including CVD and stroke, are high on the agenda of the initiative, and the Federation will work closely with international companies to take a hands-on approach on how to establish or expand programmes to improve employee wellness.

Source: www.worldheart.org