

EDITORIAL

NON-COMMUNICABLE DISEASES: A RISING PROBLEM

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Non-communicable diseases (NCDs) have risen to become a major menace to health worldwide. NCDs include cardiovascular, nervous, renal, mental, chronic lung diseases, permanent results of accidents, arthritis, cancer, diabetes, obesity, senility and blindness etc.¹

NCDs are chronic diseases having characteristics like permanency and disability due to non-reversible pathology, requiring patient rehabilitative training and care. NCDs being often asymptomatic are missed until the signs and symptoms of their complications occur. Diagnosis and prevention & control become difficult due to multifactorial causation, absence of a known agent and long latent period.²

NCDs prevalence is increasing globally, due to increasing life expectancy, rapid urbanization and globalization of unhealthy lifestyles and modern medical care. In 2016, out of 57 million global deaths, 41 million (71%) were due to four most common diseases, three quarter or 32 million occurring in the low to middle-income countries, with 16 million (46%) deaths are premature (<70 years of age). Due to CVDs 17.9 million (44%), cancers 9.0 million (22%), respiratory diseases 3.8 million (9%) and diabetes 1.6 million people die annually. Overwhelming threat to health systems is there due to NCDs- epidemic.³ If not confronted, the burden is predicted to become even heavier.

Non-modifiable risk factors of NCDs are gender,

age, family history and ethnicity. The modifiable risk factors include tobacco, insufficient physical activity, excessive alcohol consumption, inadequate or excessive nutrition, raised blood pressure, overweight/ obesity, hyperglycemia, dyslipidemia and cancer-related infections such as hepatitis B virus, hepatitis C virus, epstein-barr virus, cytomegalovirus, human papilloma virus and helicobacter pylori. Besides, oral contraceptives, type-A personality, stress, occupational hazards, possession of destructive weapons and soil, air & water pollution are some other important risk factors.⁴

An urgent public health response is needed to combat the rising load of NCDs globally. Countries must take appropriate steps to avoid the NCD-epidemic due to associated mortality, disability, morbidity and socio-economic costs to nations. The mountainous burden of disease, disability, and premature deaths can be addressed by generating behavioral/ social changes and safe environment, as early & effectively as possible to provide the greatest benefit to the greatest proportion of the population. WHO Expert Committee on the Prevention of NCDs recommended population and high risk groups (HRGs) strategies to alter and preserve healthy lifestyle practices and eating patterns, early diagnosis and treatment and to organize rehabilitation services along with research activities.⁵ Many Eastern Mediterranean countries have too non-robust health systems to manage NCDs.^{5,6}

KEY WORDS. Noncommunicable Diseases; Cardiovascular diseases; Diabetes Mellitus; Obesity; Arthritis; Chronic Disease; Risk Factors; Life Style; Premature Mortality.

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In Pakistan, top ten causes of death are NCDs, especially in the productive age group. Because of lack of resources and weak local health systems, NCDs are not comprehensively addressed necessitating an integrated approach. The partnership among the Ministry of Health, WHO & the NGO Heartfile have developed the National Action Plan on NCD Prevention, Control, and Health Promotion since 2004.^{7,8} Early diagnosis & treatment and rehabilitation in HRGs and epidemiological research-based planning, implementation and evaluation of NCD national programs

along with population-based NCD surveillance system (except cancer) have been working.^{9,10} Political will with multi-sectorial approach through inter and intra-sectorial collaboration is vital.¹¹

To attain the international target of a 25% decrease in the risk of premature deaths from NCDs by 2025, interventions are critical such as banning smoking and alcohol in the public places, tobacco advertising, and raising levies on cigarettes and alcohol, less salt & sugar consumption, polyunsaturated fat instead of trans-fat in food with public awareness about risk factors employing media, HBV vaccination, reducing soil, water and air pollution are crucial.

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CONFLICT OF INTEREST
Authors declare no conflict of interest.
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None declared.



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